



TOWN OF ASHLAND, NEW HAMPSHIRE POLICE DEPARTMENT



P.O Box 885
20 Highland Street
Ashland, New Hampshire 03217

Chief William R Ulwick
Tel: (603)968-4000
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Voluntary Statement Form

Case Number: _____

Statement of: _____ DOB: _____ SS# _____

Address: _____ Phone: _____

Date/Time _____ / _____ Statement given to: _____

PLEASE WRITE IN INK ONLY. IF YOU MAKE ANY MISTAKES, PUT **ONE** LINE THROUGH THE MISTAKE AND CONTINUE. START FROM THE BEGINNING AND WRITE EVERYTHING YOU FEEL IS IMPORTANT FOR US TO KNOW IN ORDER TO INVESTIGATE THIS INCIDENT.

641:3 Unsworn Falsification. – A person is guilty of a misdemeanor if:
I. He or she makes a written or electronic false statement which he or she does not believe to be true, on or pursuant to a form bearing a notification authorized by law to the effect that false statements made therein are punishable; or
II. With a purpose to deceive a public servant in the performance of his or her official function, he or she:
(a) Makes any written or electronic false statement which he or she does not believe to be true

