VOLUNTARY STATEMENT
TRAFFIC STATEMENT
Hamden Police Department
2900 Dixwell Ave.
Hamden CT 06518

CASE#:

DATE of Statement: _____ TIME of Statement: _____

DATE of Accident: _____ TIME of accident: _____ LOCATION: _____

What is your full name: _____

What is your Address: _____

What is your date of birth: _____ Tel#: _____ Cell# _____

YOUR VEHICLE INFO

MAKE:_____ YEAR: _____

COLOR: _____ TYPE: _____

PLATE:_____ STATE:_____

DRIVER LIC#: _____

STATE OF DRIVER LIC: _____

OTHER VEHICLE INFO

MAKE:_____ YEAR: _____

COLOR: _____ TYPE: _____

PLATE:_____ STATE:_____

DRIVER LIC#: _____

STATE OF DRIVER LIC: _____

I know that this statement may be used in a court of law. I also know that if I intentionally make a false statement intended to mislead a public servant in the performance of his official duties, I can be punished by law for violation of section 53a-157 of the Connecticut General Statutes.

PLEASE DESCRIBE IN YOUR OWN WORDS HOW THE ACCIDENT HAPPENED.

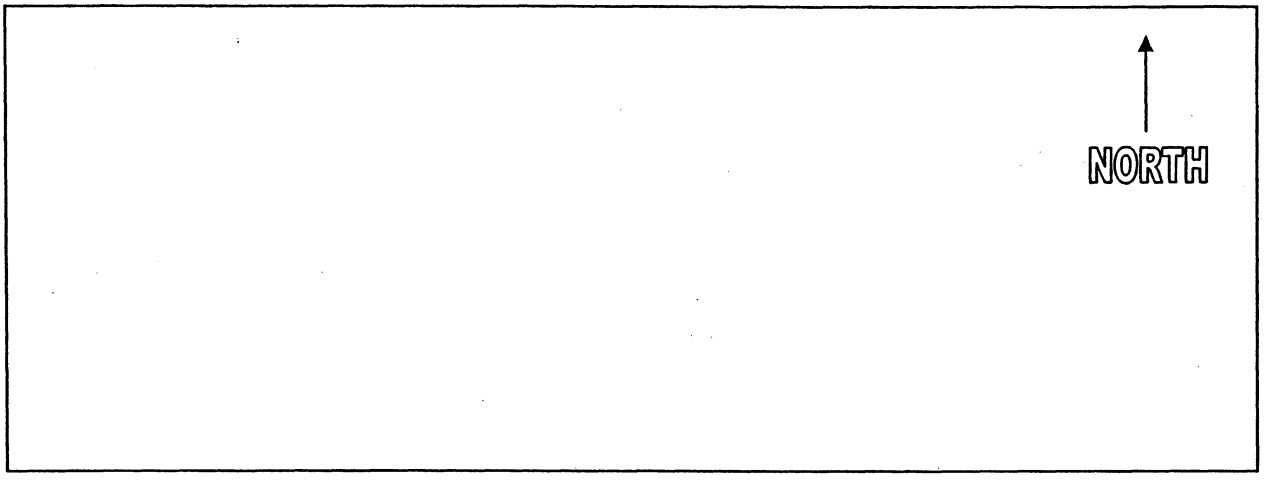
Initials for front page > <

** SIGN BACK OF STATEMENT **

Department of Police Services
Hamden, Connecticut, 06518

Page: _____ of _____

(If you wish you may draw a diagram of your accident in the following box)



Continued statement of: _____ (Your Name and Initial)

SIGNATURE OF AFFIANT: _____ DATE: _____

Subscribed and Sworn before me at _____, Connecticut

Officer/Supervisor Signature: _____

THIS _____DAY OF _____, 20_____