

## TOWN OF DUXBURY POLICE DEPARTMENT Victim/Witness Statement



Please use this form to describe exactly what happened to you. Describe persons, vehicles, weapons and other important information as exactly and fully as possible. Date: \_\_\_\_\_ Incident # \_\_\_\_\_ This report is true and accurate to the best of my knowledge. I understand that Massachusetts General Laws Chapter 269 Section 13A provides that anyone who intentionally and knowingly makes or causes to be made a false report of a crime to police officers shall be punished by a fine of not less than one hundred nor more than five hundred dollars or by imprisonment in a jail or house of correction for not more than one year, or both. Signed under the pains and penalties of perjury: Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Address: \_\_\_\_\_\_Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Witnessed by: Printed Name: