

**SALISBURY TOWNSHIP POLICE DEPARTMENT  
VOLUNTARY STATEMENT**

1: NAME		2: INCIDENT NUMBER		3: PAGE NUMBER OF	
4: ADDRESS		5: CITY		6: STATE	7: ZIP
8: PHONE NUMBER	9: DOB	10: RACE	11: SEX	12: ETHNICITY	
13: DATE BEGAN	14: TIME BEGAN	15: DATE ENDED		16: TIME ENDED	

**STATEMENT TO BE COMPLETED IN INK BY THE PERSON GIVING THE STATEMENT**

17: STATEMENT

THE UNDERSIGNED IS HEREBY NOTIFIED THAT BY SIGNING THIS STATEMENT, ANY FALSE INFORMATION WHICH THE UNDERSIGNED KNOWS TO BE UNTRUE, OR ANY FALSE INFORMATION IMPLICATING ANOTHER OF A CRIME, IS PUNISHABLE UNDER THE CRIMES CODE OF PENNSYLVANIA, SECTION 4904 AND 4906 (UNSWORN FALSIFICATION TO AUTHORITIES AND FALSE REPORTS TO LAW ENFORCEMENT AUTHORITIES).

18: WITNESS	19: SIGNATURE OF PERSON GIVING THE STATEMENT
20: OFFICER	21: SECOND OFFICER