



Rockaway Township Police Department
65 Mount Hope Road
Rockaway, New Jersey 07866
Main - (973) 625-4000 Fax - (973) 586-0047
Witness Statement Form



*** Form must be submitted in person to Law Enforcement Officer of Rockaway Township Police ***
This statement is unofficial unless the Rockaway Township Police Department affixes Official seal to this copy

Case Information
Incident Report Number: Statement Date:
Witness Name: Witness Address:
Day Phone Number: Evening Phone Number:
Statement taken at:
Statement witnessed by:

Statement Section
I, _____ of _____
Name Street Address

City State Zip
voluntarily offer the following facts/statement to the above incident and wish to have it made part of the official record of the incident:

The undersigned witness does willingly give this statement knowing that a person commits a crime of the fourth degree if he/she makes a written false statement which he/she does not believe to be true, on/or pursuant to a form bearing notice, authorized by law, to the effect that false statements therein are punishable according to N.J.S. 2C:28-3.

Signature of Person Making Statement: _____
Signature must be witnessed by Officer _____