VOLUNTARY TRAFFIC ST Hamden Polic 2900 Dix Hamden O	CATEMENT e Department well Ave.	CASE#:
DATE of Statement:	TIM	ME of Statement:
DATE of Accident:	TIME of accident:	LOCATION:
What is your full name: _		
What is your Address: _		
What is your date of birth	1: Tel#: _	Cell#
YOUR VEHICLE INFO		OTHER VEHICLE INFO
MAKE:	YEAR:	MAKE: YEAR:
COLOR:	TYPE:	COLOR: TYPE:
COLOR: PLATE:		COLOR: TYPE: PLATE: STATE:
PLATE:		

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 **

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Department of Police Services	Page:	_ of
Hamden, Connecticut, 06518		

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

	¶ NORTH	
Continued statement of:	(Your Name and Initial)	
SIGNATURE OF AFFIANT:	DATE:	
Subscribed and Sworn before me at		
THISDAY OF	, <u>20</u>	

Hamden Police: TRAFFIC Statement form/ Revision 080205