



Rockaway Township Police Department  
 65 Mount Hope Road  
 Rockaway, New Jersey 07866  
 Main – (973) 625-4000 Fax – (973) 983-2913



**Driver 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:		
Statement of Driver Number:	Location of Incident:			
Witness of Statement:			If officer – Badge Number:	
Are you or were you injured:	Please describe your injuries (if any):			
Was this vehicle operated for:	Personal Use Machinery in Use	Business/Commercial Use Other: _____	Government Use	Responding to Emergency

Incident Report Number:				
I, _____ of _____				
Driver's Name		Street Address		
_____	_____	_____	_____	_____
City	State	Zip	Primary Contact Number	
Voluntarily offer the following accounts 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