Salisbury Police Department

181 Beach Road, Salisbury, MA 01952

OFFENSE REPORT

Name_____ DOB_____ SS#_____ Case #_____

Address_____ Phone_____

Offense_____ Place of Occurrence_____

Date and Time Offense Committed_____ Officer Assigned_____

Report Received by_____at_____ M.Date_____20_____How Reported_____

Time of Investigation_____ M.Date_____

Suspects and/or Persons Arrested_____

DETAILS OF OFFENSE (State fully all the circumstances of this offense and its investigation)

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Signed on this day,_____ of my own free will under the pains and penalties of perjury.

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By completing this portion of the Offense Form, you acknowledge that you understand and agree to the request to authorize us to use your electronic signature in the form of your typed name instead of a physical signature.