

TOWN OF HUDSON
VICTIM/WITNESS STATEMENT

DATE OF VIOLATION: _____

TIME OF VIOLATION: _____

DATE/TIME SHERIFF'S OFFICE NOTIFIED: _____

NAME OF VICTIM/WITNESS: _____

NATURE OF COMPLAINT/VIOLATION:

1. _____
2. _____
3. _____
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16. _____
17. _____
18. _____
19. _____
20. _____

VICTIM/WITNESS SIGNATURE: _____

DATE: _____