

Statement of Alleged Incident Continued

Have you made this statement of your own free will?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is this statement true and correct to the best of your knowledge?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was any threat, promise or inducement held out to you to make this statement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were you cautioned prior to making this statement that you were not obliged to make any statement, as anything you say or do may be used in evidence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there anything else you wish to say in relation to this matter?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<i>Signature of Witness making statement</i>
Date: