

WARWICK POLICE DEPARTMENT

CHECK ONE OF THE FOLLOWING BOXES

CR # 95-4367

STATEMENT OF COMPLAINING WITNESS-----

TIME: 1615 hrs.

STATEMENT OF DEFENDANT-----

DATE: 5-5-95

STATEMENT OF WITNESS-----

PLACE: W.P.D.

POLICE OFFICER STATEMENT-----

I, Lisa Lupino, voluntarily,

without threats or promises, make the following statements.

Q. What is your name?
A. Lisa Lupino

Q. What is your date of birth?
A. 5/7/81

Q. What is your present address?
A. 189 East St

Q. What is your occupation?
A. School

Q. What is your home phone number?
A. 403-3933

Q. What is your business phone number?
A. _____

~~I had sex once prior to the incident on March 9th 1995 I did not receive any medical treatment after the two sexual assaults~~

Lisa Lupino
SIGNATURE

Statement taken by: [Signature]

Witnesses: David Lupino