

**SCARBOROUGH POLICE DEPARTMENT
WITNESS STATEMENT FORM**

NAME OF WITNESS: _____ DATE OF BIRTH: _____

ADDRESS: _____ TOWN: _____ STATE: _____

TELEPHONE: (HOME): _____ (CELL): _____

DATE/TIME OF STATEMENT: _____ EMAIL: _____

TYPE OF CRIME: _____ CASE NUMBER: _____

*****WITNESS IS TO NOTIFY POLICE DEPARTMENT OF CHANGE OF ADDRESS*****

TITLE 17-A § 509

A person is guilty of false public report if he/she knowingly gives or causes to be given false information to any law enforcement officer with the intent of inducing such officer to believe that a crime had been committed or that another has committed a crime, knowing the information to be false. False public report is a Class D crime.

Signature of Officer

Signature of Witness