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