SCARBOROUGH POLICE DEPARTMENT
WITNESS STATEMENT FORM

NAME OF WITNESS: _____DATE OF BIRTH: _____

ADDRESS: _____TOWN: _____STATE: _____

TELEPHONE: (HOME): _____ (WORK): _____

DATE/TIME OF STATEMENT: _____

TYPE OF CRIME: _____**CASE NUMBER**: _____

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

TITLE 17-A ss 509 FALSE PUBLIC REPORT

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 and on conviction thereof shall be punished a fine of not more than $500 or by imprisonment of a set definite period of less than one year.

_____ _____

Witnessed Officer Signature Witnessed