SOUTHWEST HARBOR POLICE DEPARTMENT

Witness/Complainant Statement

DATE: _____ TIME: _____ PLACE: _____

I, _____, whose date of birth is: _____
(name of person making statement)

of: _____
(STREET TOWN STATE ZIP TELEPHONE)

make the following written statement to _____
(Police Officer's Name)

pursuant to a complaint of: _____ against_____.
(Type of Offense/Crime being Reported) (Suspect/Perpetrator's Name)

I understand that the making of a false statement which I do not believe to be true constitutes "UNSWORN FALSIFICATION", a criminal offense pursuant to Title 17-A Maine Revised Statutes Annotated, § 453. I fully understand that if this statement is untrue and falsely made, I am subject to prosecution for the crime of "UNSWORN FALSIFICATION". I understand the "UNSWORN FALSIFICATION" is a Class D crime, Punishable by a fine of up to one thousand dollars ($1,000.00) or by imprisonment of up to one year, or by both.

I have read and initialed each page of my statement, commencing below and consisting of the attached _____ page(s). I understand the above warning, and state that my written statement is true and not falsely made.

Signature: _____ Date: _____

Witness: _____ Date: _____

***** STATEMENT *****

_____

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_____

***** STATEMENT *****

(Continued)

**** STATEMENT *****

(Continued)