



# Eastport Police Department Witness/Complainants Statement Form

IR # \_\_\_\_\_

22 Washington Street, Eastport, Maine 04631 Phone Non-Emergency (207) 853-4353

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_  
(Date Statement is Made) (Time Statement is Made) (Location where the statement is made)

I, \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Print Full Legal Name, Including the Middle Initial of the person making this statement) (Month/Day/Year)

of \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(Full Legal Address of residence including Street Name and or Apt #) (Home Phone Number)

Make the following written statement to \_\_\_\_\_ of the Eastport Police Department, pursuant  
(Officer's Name Printed)

To a complaint or witness to a complaint of:

\_\_\_\_\_ (Charge or Offense) \_\_\_\_\_ (Perpetrators name if known)

I understand that making a false statement that I do not believe to be true constitutes **UNSWORN FALSIFICATION**, a criminal offense pursuant to M.R.S.A. Title 17A Section 453. I Fully understand to make a written false statement, not believing it to be true if done with the intent to deceive a law enforcement officer or other public servants in the performance of their official duties, I am subject to criminal prosecution for the crime of UNSWORN FALSIFICATION. I understand that UNSWORN FALSIFICATION is a class D crime, punishable by up to one (1) year in jail and a \$2,000.00 fine. I have read and initialed each page of my statement, commencing below and consisting of the following attached.

\_\_\_\_\_ Page(s). I understand it and state that it is true and not falsely made.

\_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Complainant / Witness) (Date statement was signed)

\_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Witnessing Officer) (Date when officer signed)

