

North Berwick Police Department
PO Box 422/21 Main Street
North Berwick, ME 03906
Emergency #: 911 Business #: (207) 676-2751 Fax #: (207) 676-9860

WITNESS STATEMENT

NBPD Case #: _____ Date/Time of Statement: _____

Name: _____ Date of Birth: _____

Address:

Mailing Address:

Telephone #: (H) _____ (W) _____ (C) _____

I, _____, make the following statement voluntarily. This account is true to the best of my knowledge and belief, and represents my observations in the case currently under investigation as accurately as I am able to recall them. I understand that making false statements pursuant to an official police investigation is a criminal offense punishable under **MRSA Title 17-A, Section 453, Unsworn Falsification; a Class D crime.**

Statement:

Signature: _____ Date: _____

Page: _____ of _____ pages

(For additional space, please continue on second page)

**North Berwick Police Department
Continuation of Statement**

Name: _____ Date of Birth: _____

Statement

Signature: _____ Date: _____

Page: _____ of _____ pages

(For additional space, please continue on second page)

