**Wells Police Department**
**1563 Post. Road/P.O. Box 949**
**Wells, Maine 04090**
**207.646.9354**

# WITNESS STATEMENT

**WPD Case #:** _____ **Date/Time of Statement:**_____

**Name:**_____ **Date of Birth:**_____

**Address:**_____

**Mailing Address:**_____

**Phone:**_____ **Email:**_____

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 offence punishable under MRSA Title 17-A, Section 453, Unsworn Falsification, a class D crime.

**Statement:**

_____

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_____

**Signature**:_____ **Date**:_____

*For additional space, please continue to the second page.*

**Page:**_____ **of** _____**pages**

# WITNESS STATEMENT CONTINUED

***Name:*** ***DOB:***

**Signature:**_____ **Date:**_____

**Page:**_____ **of** _____**pages**