NIOBRARA COUNTY SHERIFF OFFICE
STATEMENT FORM

FULL 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 SHERIFF'S OFFICE OF CHANGE OF ADDRESS

W.S. 6-5-210 False reporting to authorities; penalties.

(a)A person who knowingly reports falsely to a law enforcement agency or a fire department that:

(i)A crime has been committed is guilty of a misdemeanor punishable by imprisonment for not more than six (6) months, a fine of not more than seven hundred fifty dollars ($750.00), or both;

(ii)An emergency exists is guilty of a misdemeanor punishable by imprisonment for not more than one (1) year, a fine of not more than one thousand dollars ($1,000.00), or both;

(iii)An emergency exists, when the false report results in any person suffering serious bodily harm, is guilty of a felony punishable by imprisonment for not more than five (5) years, a fine of not more than five thousand dollars ($5,000.00), or both;

(iv)An emergency exists, when the false report results in the death of any person, is guilty of manslaughter punishable as provided in W.S. 6-2-105.

_____ X_____

Witnessed Signature by a Peace Officer Signature to be witnessed