

RUNAWAY/MISSING PERSONS
INCIDENT REPORT
SHERMAN COUNTY SHERIFF'S OFFICE

CASE # _____

Person Status				<u>Entered into LEADS</u>		<u>Medical Conditions</u>			
				Yes	No				
Personal Info.	Name:(Last, First, MI)		Race	Ht	Wt	Build	Hair	Eyes	Other:
	Clothing Description		Sex	DOB	Age	<u>State Custody</u>		Case Worker's Name:	
RP's Name (Last, First MI)		RP's address			RP's Phone				
					Hm _____				
					Wk. _____				
Mother's Name:		Father's Name:			Guardian's Name:				
Pers. Last Seen Time/Date:		Pers. Last Seen Location:		By Who:		Contact Phone #:			
Address pers. May go:				<u>Prior Reports</u>		Last report date/Agency:			
				Yes		No			

NARRATIVE

ORS 162.375 section 212 INITIATING A FALSE REPORT:
 (1) A person commits the crime of initiating a false report if *he/she knowingly* initiates a false alarm or report, which in transmitted to a fire department, law enforcement agency or other organization that deals with emergencies involving danger to life or property.
 (2) **Initiating a false report is a class C misdemeanor, which could result in a \$2500.00 fine and imprisonment.**

I swear or affirm that the statement that I have written is the truth to the best of my knowledge. I understand that applicable laws pertaining to the giving of a false statement can be used against me in any civil or criminal action that is taken as a result of this statement. The named child/person is presently out of my control (a runaway/missing) and I request that he/she be taken into custody for their protection.

Signature: _____ Date: _____

Reporting Deputy:	ID #:	Date:	Approved:
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