# SHERMAN COUNTY SHERIFF'S OFFICE

PO Box 424 / 500 Court St., Moro, OR 97039 Phone (541) 565-3622 Fax (541) 565-3046

## UNAUTHORIZED USE OF A MOTOR VEHICLE

### **INCIDENT REPORT**

CASE#
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Vehicle Status						<u>Entered into</u> Yes	<u>LEDS</u> No	<u>Value</u>	
Vehicle Info.	Lic number	St	Exp	Veh. Yr.	Make	Model	Style	Other	
Vin.			Color	<u>Permi</u> Yes	<u>ssion Given</u> No	<u>Keys in vehicle</u> Yes No		<u>Damage</u> Yes No	
RO's Name (Last, First MI) RO's addre			\$\$			RO's Phone Hm Wk			
Hold Yes N	Reason: No			<u>Weapon</u> Yes	<u>s in Veh:</u> No	<u>Owner Notified</u> Yes No		<u>eft Insurance</u> /es No	<u>Delinquent Payments</u> Yes No
Suspect Information	Suspect Name (Last, First,	MI)	Veh I	ast Seen Tir	me/Date:	Veh Last Seen I	Location:	By Who:	

## 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. I also understand that I am liable for all towing and storage fees incurred during the recovery of this reported stolen vehicle. I also agree to testify as a witness against the defendant when charged with a crime.

Signature: Date:

Reporting Deputy:	ID #:	Date:	Approved:	