RUNAWAY / MISSING PERSONS

INCIDENT REPORT
SHERMAN COUNTY SHERIFF'S OFFICE

CASE #_____

Person Status				**Entered into LEDS** Yes No		**Medical Conditions**		
Personal Info.	**Name:(Last, First, MI)**	**Race**	**Ht**	**Wt**	**Build**	**Hair**	**Eyes**	**Other:**
Clothing Description		**Sex**	**DOB**		**Age**	**State Custody** Yes No		**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:			**Prior Reports** Yes No		**Last report date/Agency:**			

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:**