UNAUTHORIZED USE OF A MOTOR VEHICLE

INCIDENT REPORT
SHERMAN COUNTY SHERIFF'S OFFICE

CASE #_____

Vehicle Status						**Entered into LEDS** Yes No		**Value**
Vehicle Info.	**Lic number**	**State**	**Exp.**	**Veh. Yr.**	**Make**	**Model**	**Style**	**Other**
Vin.				**Color**	**Permission Given** Yes No	**Keys in vehicle** Yes No		**Damage** Yes No
RO's Name (Last, First MI)		**RO's address**				**RO's Phone** Hm _____ Wk._____		
Hold Yes No	**Reason:**			**Weapons in Veh:** Yes No		**Owner Notified** Yes No	**Theft Insurance** Yes No	**Delinquent Payments** Yes No
Suspect Information:	**Suspect Name (Last, First, MI)**		**Veh Last Seen Time/Date:**			**Veh Last Seen 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:**