

**VERNONIA POLICE DEPARTMENT
RUNAWAY REPORT**

Case #:		Date/Time of Report:					
CHILD INFORMATION							
FULL NAME:			DATE OF BIRTH:			PHONE:	
RACE:	SEX:	HEIGHT:	WEIGHT:	HAIR:	EYES:	POB:	
SOCIAL SECURITY NUMBER				DRIVERS LICENSE NUMBER:			
PHYSICAL IDENTIFIERS (SCARS, MARKS, TATTOOS, ETC.):							
DATE / TIME / PLACE LAST SEEN:							
CLOTHING DESCRIPTION:							
FRIENDS / ASSOCIATES (NAME & PHYSICAL DESCRIPTION):							
POSSIBLE DESTINATIONS:							
IMPORTANT INFORMATION (INJURIES, ILLNESS, MEDICATIONS)							
VEHICLE INFORMATION							
LICENSE:	YEAR:	MAKE:	MODEL:	COLOR:			
COMPLAINANT IS THE: <input type="checkbox"/> LEGAL PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER (LIST) _____							
NAME:				DATE OF BIRTH:			
ADDRESS:				PHONE:			

NOTICE: ORS 162.375 INITIATING FALSE REPORT

- (1) A PERSON COMMITS THE CRIME OF INITIATING A FALSE REPORT IF THE PERSON KNOWINGLY INITIATES A FALSE REPORT WHICH IS 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

THE NAMED CHILD IS PRESENTLY OUT OF MY CONTROL AND I REQUEST THAT HE/SHE BE TAKEN INTO CUSTODY FOR THEIR OWN PROTECTION.

SIGNATURE OF PERSON REPORTING THE INCIDENT:	DATE:
---	-------