

# Runaway Report

**La Grande Police Department**  
**1109 K Avenue, La Grande Oregon 97850**  
**Telephone: 541-963-1017 Fax:541-963-3558**

Distribution:

☐ Chief

☐ File

Case No. \_\_\_\_\_

Date/Time of Report: \_\_\_\_\_

Date/Time of Occurrence: \_\_\_\_\_

Location of Occurrence: \_\_\_\_\_

I, \_\_\_\_\_ wish to report that my child, \_\_\_\_\_ has left my home, without my permission, and is a runaway juvenile. If located, I agree to have the juvenile returned to Union County at my own expense. I also affirm that I am the juvenile's legal guardian and have either joint or full custody.

I understand by authorizing this runaway pickup, that it is my responsibility to notify the police department if my child returns to my home without the assistance of the police. I agree that the detaining officer may use any reasonable restraining effort and may at his/her discretion detain my child according to the provision of Oregon law.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Print name of Parent: Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ DOB: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Residence Address: \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Juvenile's full name: Last: \_\_\_\_\_ First: \_\_\_\_\_ MI \_\_\_\_\_ DOB: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Race: \_\_\_\_ Sex: \_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_ Eye color: \_\_\_\_ Hair color: \_\_\_\_ Hair length: \_\_\_\_

Social Security number \_\_\_\_\_ Scars/Marks/Tattoos: \_\_\_\_\_

Date/Time of last contact: \_\_\_\_/\_\_\_\_/\_\_\_\_ Location of last contact \_\_\_\_\_

Last seen wearing: \_\_\_\_\_

Vehicle information (if applicable): \_\_\_\_\_

Known associates (names): \_\_\_\_\_

Possible destination: \_\_\_\_\_

Additional information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reporting Officer: \_\_\_\_\_

DPSST# \_\_\_\_\_

Shift \_\_\_\_\_

Approved \_\_\_\_\_