VOLUNTARY STATEMENT

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

Case Number:_____

Date of Statement:_____ Time of Statement:_____ Location of Statement:_____

Last Name:_____First Name:_____ DOB:_____ Phone Number:_____

Address:_____ City:_____State:_____ Zip:_____

I voluntarily give the following statement to the La Grande Police Department for whatever purpose it may serve. I swear my statement is true and accurate. I have also read and understand the below listed statue (O.R.S. 162.375):

Signature:_____ Date:_____

O.R.S. 162.375 INITIATING A FALSE REPORT:

(1) A person commits a crime of initiating a false report if the person knowingly initiates a false alarm or report, which is transmitted to a fire department, law enforcement agency or other organization that deals with emergencies involving danger to live or property.

(2) A person who violates this section commits a Class C Misdemeanor.

Stolen vehicle/Stolen Property Information:

☐ I understand that I am liable for all towing and storage costs incurred in the recovery of this vehicle.

☐ Released Vehicle/Property to:

_____

Citizen's Arrest Information:

☐ I have arrested the suspect(s) for the charges listed.

☐ I will testify in court and will appear and sign a complaint.

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VOLUNTARY STATEMENT:

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(For office use only)

Reporting Officer_____ DPSST#_____

VOLUNTARY STATEMENT CONTINUED: **Case Number_____** **Date: _____**