

VIOLATION REPORT

If you witness a violation, record the following information and mail, email or present to an official.

TIME: _____ AM/PM DATE: _____

LOCATION: _____
(Describe by road number, milepost, along with GPS reading, Township/Range)

COUNTY: _____ NEAR TOWN/CITY: _____

VEHICLE MAKE: _____ MODEL: _____ COLOR: _____

LICENSE NUMBER: _____ STATE: _____

NUMBER OF PERSONS INVOLVED: _____
Describe persons (gender, age, height, weight, clothing):

DESCRIBE VIOLATION:

Witness Information (Confidential):

Name _____ Telephone: _____

Mail: Fish and Wildlife Division
Oregon State Police
255 Capitol Street NE
4th Floor
Salem, OR 97310

Email: osp.fwd@state.or.us