

PRECURSOR SUBSTANCE - THEFT, LOSS OR DISCREPANCY REPORT

PURSUANT TO ORS 475.940-475.955 you are required to report all sales, transfers or otherwise furnishings of any precursor substance described in ORS 475.940 [(1)] (3) (a) to (hh) and (nn), excluding (q) through (s) at least three days before delivery of the substance. Failure to report, or to knowingly provide false information on any Precursor Substance Report is a Class A Misdemeanor and is punishable by one year in jail and a \$2,500 fine.

Submit this form to the Oregon State Police within three days of an event of any amount of loss, theft or discrepancy.

Date of report: _____ Date of loss: _____

Company/Person incurring loss: _____ Telephone #: _____

Address/Zip: _____

Person making report: _____ Telephone #: _____

Address/Zip: _____

Name, Address of transporter: _____

Telephone #: _____

Name, Address of Shipper: _____

Telephone #: _____

Date of shipment: _____

Date of receipt: _____

PRECURSOR SUBSTANCES AND AMOUNT OF LOSS:

	<u>Size / Units</u>		<u>Size / Units</u>		<u>Size / Units</u>
Phenyl-2-propanone	_____	N-acetylanthranilic acid	_____	Phenylacetic acid	_____
Methylamine	_____	Ethylamine	_____	DL-Ephedrine	_____
D-lysergic acid	_____	Pyrolidine	_____	Anthranilic acid	_____
Ergotamine tartrate	_____	Diethyl malonate	_____	Malonic acid	_____
Ethyl malonate	_____	Barbituric acid	_____	Piperidine	_____
Morpholine	_____	L-Ephedrine	_____	Ephedrine	_____
Benzyl cyanide	_____	Ergonovine	_____	Propionic anhydride	_____
Insosafrole (isosafrole)	_____	Safrole	_____	Piperonal	_____
N-methylephedrine	_____	N-ethylephedrine	_____	N-ethylpseudoephedrine	_____
Hydriotic acid	_____	Gamma butyrolactone	_____	Butyrolactone	_____
1,2-butanolide	_____	2-oxanolone	_____	tetrahydro-2-furanone	_____
Dihydro-2(3H)-furanone	_____	Tetramethylene glycol	_____	1,4-butanediol	_____
N-methylpseudoephedrine	_____	Gamma-hydroxybutyric acid	_____		
3,4-Methylenedioxyphenyl-2-propanone	_____				

Circumstances surrounding loss, theft or discrepancy: _____

Police agency notified of loss: Yes [] No [] Date: _____

Name of agency notified: _____

Mail or fax to: Oregon State Police
 Drug Enforcement Section
 255 Capitol St NE, 4th Floor
 Salem, Oregon 97310 Voice: (503) 378-3720 Fax: (503) 363-5475