



OREGON IGNITION INTERLOCK DEVICE
OVERSIGHT PROGRAM
LAW ENFORCEMENT DATA REQUEST



Send completed form to Oregon State Police IID Program at ospiid@osp.oregon.gov or fax to (503) 391-5910.

Section 1 - Requesting Law Enforcement Officer Information

NAME (RANK, FIRST, LAST) DPSST NUMBER PHONE EMAIL
DATE OF REQUEST AGENCY AGENCY CASE NUMBER INVESTIGATION TYPE

Section 2 - Driver / Suspect Information

DRIVER / SUSPECT NAME (IF KNOWN) LICENSE / IDENTIFICATION NUMBER STATE GENDER M F U

Section 3 - Vehicle Information

YEAR MAKE MODEL
LICENSE PLATE LICENSE STATE VEHICLE COLOR POLICE IN POSSESSION OF VEHICLE / DEVICE? YES NO (AGENCY\_\_\_\_\_)

Section 4 - Requested Information

REQUESTED DATA GPS PHOTOS BrAC DATE(S) From: To: TIME(S) From: To:

REASON FOR REQUEST

IID Program Use Only

RESPONSE PROVIDED YES NO INFORMATION PROVIDED GPS PHOTOS BrAC DATES ( to ) TIMES ( to )
SUSPECT SAME AS REQUIRED DRIVER? YES NO UNKNOWN SUBPOENA PROVIDED? YES NO DA OFFICE DDA ASSIGNED
SEARCH WARRANT PROVIDED? YES NO APPLICABLE COURT OSP-IID SUPPLEMENTAL REPORT YES NO OSP-IID CASE NUMBER

NARRATIVE:

IID TROOPER'S PRINTED NAME IID TROOPER'S SIGNATURE DATE