



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
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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: _____
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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
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