

Oregon State Police Report Request Form Instructions

ORS 192.410 – 192.530



The “Request for Oregon State Police Report” form is provided to make requests for criminal citations, incidents, reports and supplemental information easier. Please provide as much information as possible so your request may be processed correctly. Illegible or missing information may result in an incorrect or incomplete response. Please TYPE or PRINT CLEARLY in blue or black ink.

Submit the \$8.00 processing fee, for each incident record requested, with your request form. Your request will not begin being processed until OSP has received the fee. If a case is lengthy the processing fee may be charged at an hourly rate (currently \$16.92 per hour). If your request will exceed the \$8.00 processing fee you will be notified before proceeding.

Please allow up to 30 days for your request to be processed. If you have a deadline to meet make that clear in your request. Be sure to include your reason for requesting the report(s) and sign and date your request.

ATTENTION: Government Agencies do not use this form; their requests are to be submitted on letterhead. Their requests may be mailed to the address on the form or faxed to (503) 363-5475. Please include all of the same information as that requested on the form.

Questions? Call (503) 378-3720 ext. 4444 or e-mail criminal.records@state.or.us

REQUEST FOR OREGON STATE POLICE REPORT

There is an \$8.00 processing fee for each Incident record requested.

Fill in all information available and submit your request with the \$8.00 processing fee, by check or money order made payable to Oregon State Police, to:

**Oregon State Police
Criminal Investigation Division
Attn: Police Reports
4th floor
255 Capitol Street, NE
Salem, Oregon 97310**

Questions? Call (503) 378-3720 extension 4444 or e-mail criminal.records@state.or.us
OSP will return a copy of this request with their response as your receipt.

Requestor Information (must be included to process the request)

Name of Requestor/Firm/Company		Telephone Number
Mailing Address		Contact Person
City	State/Zip	
Reason for Request <i>(required)</i>		Deadline

Incident Information (provide as complete and accurate information as known)

Case # (if known)	Officer (if known)	
Date of Incident	Time	AM PM
Location of Incident/Street Address	City	County

Type of Incident/Crime/Description of events

Persons Involved (full and complete name known) – list additional know persons in comments section

_____ DOB _____

_____ DOB _____

Vehicle Information <small>(if appropriate, if known)</small>	Make/Model/Year/Color/Style/etc.	License #	State
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Additional Comments (use back of form if necessary)

Signature <i>(required)</i>	Date
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Please allow up to 30 days for your request to be processed. All reports requested are subject to release per state and federal public record statutes. Reports may contain exempt and non-exempt materials and are subject to redaction