

☐ 5. Other

CITY OF PORTLAND

Bureau of Emergency Communications

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Multnomah County District Attorney BOEC / 911 Records Request Form FAX TO: 503-760-2602

	Research/BOEC#: CAD Incident#:	
Requests must be legible t	o be accepted; please print or type	
Required Case Information		
DDA:	DA Case #:	
OSB:	Court #:	
Phone:	Agency:	
Date:	Police Case #:	
Email:	Case Name:	
Incident Information:		
Date:		
Time of Call: AM/PM		
CAD Incident Number:	(If Available)	
Location of Response:		
Related Location:		
Name(s) of Caller:		
Phone Number(s) Call Was Placed From:		
Number of Calls:		
Incident Description (i.e. fight, auto accident, DV,	etc.):	
Information useful to Researcher (i.e. license plate. Provide the Following by:		
Specific Information Requested: Check One or Both: Description: Check One or Both: Description: Incident printouts will accompany all requests	tch	
Suggested Attachments: (Check One) ☐ 1. Incident Report 1 st page ☐ 2. Custody Report 1 st and 2 nd page ☐ 3. Special Report ☐ 4. Citation		