

Law Enforcement / Fire Tip or Lead

Please complete this form and send (email) to OregonFusionCenter@doj.state.or.us or mail a print copy to Oregon TITAN Fusion Center, PO Box #####, Salem, OR 97301. If you have any questions or comments, please call (877) 620-4700. ** denotes required field*

LEAD INFORMATION

County*: _____ Are you a FLO?*: Yes No

Date Received*: _____ Time Received: _____

Received by (Full Name)*: _____

Agency*: _____

Rank: Assistant Chief Assistant Sheriff Battalion Chief Captain Chief
 Commander Corporal Corrections Officer Deputy Deputy Chief
 Detective Dispatcher Division Chief Engineer Firefighter
 Investigator Lieutenant Officer Sergeant Sheriff Under Sheriff
 Other: _____

Unit of Assignment: _____ Specialty: _____

Work Phone: _____ Cell Phone: _____

Other Phone: _____ Employee No: _____

E-mail Address*: _____

Alt. E-mail Address*: _____

FLO Coordinator E-mail: _____

Contact availability: Monday Tuesday Wednesday Thursday Friday
 Saturday Sunday

Beginning Hour: _____ Ending Hour: _____

Incident Documented? (Crime report, F.I., SAR, Info Report): Yes No

Report Attached?: Yes No Not yet completed Report# (if known): _____

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INFORMANT/WITNESS/SOURCE OF INFORMATION

Personally Observed: Yes No

Source (Full Name): _____

Phone: _____ Cell Phone: _____

Other Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Source Reliability: Excellent Good Poor None Unknown

ATTACHMENTS

List Attachments: _____

INCIDENT

Type of Activity: Surveillance Elicitation Test of Security Financing

Acquiring Supplies Suspicious Person Dry Run/Trial Run

Deploying Assets TSC Hit Other: _____

Incident Details (a summary of the incident is acceptable if report is attached): _____

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Date: _____ Time: _____

Location Address: _____

City: _____ State: _____ Zip: _____

Validity of Information: Excellent Good Poor None Unknown

SUBJECT INFORMATION

Subject Name: _____ DOB: _____

Drivers License #: _____ Drivers License State: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Is the subject in custody?*: Yes No If yes, where?: _____

Additional Subject(s)?: Yes No If yes, who?: _____

VEHICLE INFORMATION

Make: _____ Model: _____ Year: _____

Color: _____ License Plate#: _____