

Allegan County Sheriff's Office
Freedom of Information Act Request
Traffic Accident/Crash Report Use Only

Today's Date: _____

Your Name: _____ Date of Birth: _____

Address: _____

Driver's Name (if different from person filling form out): _____

Date of Birth of Driver: _____

Complaint #: _____ Date of Accident (If Known): _____

Location of Accident: _____

Your Signature: _____ Phone Number: _____

How do you want to receive this report:

- U.S.P.S. Mail to Address above.
- Email, if so, email address: _____
- Pick Up at ACSO, 640 River St., Allegan, 49010.