

# MARINE AND SHERIFF COMPLAINT FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Description of Watercraft or land vehicle:

Color: \_\_\_\_\_ Size: \_\_\_\_\_ Make/Model: \_\_\_\_\_

Style: \_\_\_\_\_ MC# or License Plate #: \_\_\_\_\_

Description of Operators, Driver / Occupants:

Age: \_\_\_\_\_ Sex \_\_\_\_\_ Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ Hair Color \_\_\_\_\_

Clothing: \_\_\_\_\_

Description of incident: (as detailed as possible, i.e., speed, direction, distances, sound, parking, obstruction, etc.)

I certify that all statements are true. Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

I will/will not (circle one) testify in a court of law as the complainant.

NOTE: This form will be used as information ONLY in the cases where it is indicated WILL NOT testify.

PLEASE CALL THE MARINE DIVISION AT 248-391-0256  
PLEASE CALL THE OAKLAND COUNTRY SHERIFF AT 248-858-5000  
For Emergencies CALL 911