Office of

# Brett V.P. Mason

Sheriff of Le Sueur County
435 E Derrynane Street, STE 1100
Le Center, Minnesota 56057

CHIEF DEPUTY
Nick Greenig

CAPTAIN
Bruce Collins

INVESTIGATORS
Sgt. Matt Shouler
Scott O'Brien
Jim Whiteis

Phone 507-357-4440
Fax 507-357-8611

## Le Sueur County Sheriff's Office Data Request Form

**Please Note: When requesting data the Le Sueur County Sheriff's Office reserves the right to take up to ten (10) days to respond to your request.**

**Incident Information (Please Print):**

Case # (if known): _____ Date of Incident(s) _____

Briefly Describe Data you are requesting: _____

_____

**STATE ACCIDENT REPORT REQUESTS ONLY:**

**Please note:** Requests for the Motor Vehicle State Accident Reports must be an authorized requester. An authorized requester is a person involved in the crash **(i.e. driver, passenger, owner of damaged property, pedestrian, owner of vehicle, insurance representative or legal representative) who is recorded on the police report.**

**Certification:** I (we) certify that the information and statements on this request are true and correct, and comply with the provisions of Minn. Stat. 169.09. I (we) understand that disclosing any information contained in any crash report, except as provided in Minn. Stat. 169.09, Subd. 13, 13.82, Sudb. 3 or 6, or other statutes is a misdemeanor.

**X** _____ _____ _____

**Signature of Requester** **Date** **Type of Requester**

**Contact Information:** (How would you like to receive your request?)

**You do not have to provide any of the below contact information. However, if you want us to mail/email you copies of data, we will need some type of contact information. In addition, if we do not understand your request and need to get clarification from you, without contact information we will not be able to begin processing your request until you contact us.**

**Name (Please Print):**_____

☐ Mail to: _____

☐ Email to: _____ ☐ Fax to: _____ ☐ Phone: _____

**Mail form to:** Le Sueur County Sheriff's Office, 435 E. Derrynane St., STE 1100 Le Center, MN 56057,
**Fax to:** 507-357-8611 or **Email to:** Records@co.le-sueur.mn.us

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**For Office Use Only:**

**Request:**
☐ Denied
☐ Approved
☐ Approved in Part

**Data sent by:**
☐ Mailed
☐ Emailed
☐ In-person
☐ Faxed

**Date request received:** _____ **Date request sent:** _____

**Request handled by/sent by:** _____ **2nd Check:** _____

**Comments:**_____

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