



OFFICIAL MEDIA RELEASE

KENT COUNTY SHERIFF DEPARTMENT



Traffic Crash Supplement

| | | | |
|-----------------------------|------------------------------|-------------------------|-----------------|
| Incident # _____ | Date: _____ | Time of Incident: _____ | Township: _____ |
| Type of Incident: _____ | Location: _____ | | |
| Reporting Officer: _____ | Assisting Departments: _____ | | |
| Release Completed By: _____ | _____ | | |

Fire ___ Ambulance ___ Helicopter ___ Other Police Agencies ___ Utilities etc.

ALCOHOL Contributing Factor?

Y ☐ N ☐ UNK ☐

Vehicles

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Y ☐ N ☐ UNK ☐

Veh: _____ Make: _____ Model: _____ Yr: _____
Driver: _____ Age: _____
City: _____ Twp: _____ State: _____
Injuries: _____ Seatbelt: Y ☐ N ☐ UNK ☐
_____ Direction of Travel: _____
Hospital: _____ Transport By: _____

Veh: _____ Make: _____ Model: _____ Yr: _____
Driver: _____ Age: _____
City: _____ Twp: _____ State: _____
Injuries: _____ Seatbelt: Y ☐ N ☐ UNK ☐
_____ Direction of Travel: _____
Hospital: _____ Transport By: _____

Relatives Notified ☐ Names Can Be Released ☐

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Passengers

Name: _____ Age: _____
City: _____ Twp: _____ State: _____
Injuries: _____ Seatbelt: ☐
Hospital: _____ Transport By: _____

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