



# 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 ☐

#### Passengers

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

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