



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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