



# 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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