



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

ALCOHOL Contributing Factor?
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

Passengers

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

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 City: _____ Twp: _____ State: _____
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 Hospital: _____ Transport By: _____

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