



# 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

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Name: \_\_\_\_\_ Age: \_\_\_\_\_

City: \_\_\_\_\_ Twp: \_\_\_\_\_ State: \_\_\_\_\_

Injuries: \_\_\_\_\_ Seatbelt:

Hospital: \_\_\_\_\_ Transport By: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

City: \_\_\_\_\_ Twp: \_\_\_\_\_ State: \_\_\_\_\_

Injuries: \_\_\_\_\_ Seatbelt:

Hospital: \_\_\_\_\_ Transport By: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

City: \_\_\_\_\_ Twp: \_\_\_\_\_ State: \_\_\_\_\_

Injuries: \_\_\_\_\_ Seatbelt:

Hospital: \_\_\_\_\_ Transport By: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

City: \_\_\_\_\_ Twp: \_\_\_\_\_ State: \_\_\_\_\_

Injuries: \_\_\_\_\_ Seatbelt:

Hospital: \_\_\_\_\_ Transport By: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

City: \_\_\_\_\_ Twp: \_\_\_\_\_ State: \_\_\_\_\_

Injuries: \_\_\_\_\_ Seatbelt:

Hospital: \_\_\_\_\_ Transport By: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

City: \_\_\_\_\_ Twp: \_\_\_\_\_ State: \_\_\_\_\_

Injuries: \_\_\_\_\_ Seatbelt:

Hospital: \_\_\_\_\_ Transport By: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

City: \_\_\_\_\_ Twp: \_\_\_\_\_ State: \_\_\_\_\_

Injuries: \_\_\_\_\_ Seatbelt:

Hospital: \_\_\_\_\_ Transport By: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

City: \_\_\_\_\_ Twp: \_\_\_\_\_ State: \_\_\_\_\_

Injuries: \_\_\_\_\_ Seatbelt:

Hospital: \_\_\_\_\_ Transport By: \_\_\_\_\_