



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: _____

Name: _____ Age: _____

City: _____ Twp: _____ State: _____

Injuries: _____ Seatbelt:

Hospital: _____ Transport By: _____

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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Hospital: _____ Transport By: _____

Name: _____ Age: _____

City: _____ Twp: _____ State: _____

Injuries: _____ Seatbelt:

Hospital: _____ Transport By: _____