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: _____   Veh: ____ Make: _____ Model: _____ Yr: _____

Driver: _____ Age: _____   Driver: _____ Age: _____

City: _____ Twp: _____ State: ____   City: _____ Twp: _____ State: ____

Injuries: _____ Seatbelt: Y ☐ N ☐ UNK ☐   Injuries: _____ Seatbelt: Y ☐ N ☐ UNK ☐

_____

_____ Direction of Travel: _____   _____ Direction of Travel: _____

Hospital: _____ Transport By: _____   Hospital: _____ Transport By: _____

Relatives Notified		Names Can Be Released		Relatives Notified		Names Can Be Released	

Passengers

Name: _____ Age: _____   Name: _____ Age: _____

City: _____ Twp: _____ State: ____   City: _____ Twp: _____ State: ____

Injuries: _____ Seatbelt: ☐   Injuries: _____ Seatbelt: ☐

Hospital: _____ Transport By: _____   Hospital: _____ Transport By: _____

Name: _____ Age: _____   Name: _____ Age: _____

City: _____ Twp: _____ State: ____   City: _____ Twp: _____ State: ____

Injuries: _____ Seatbelt: ☐   Injuries: _____ Seatbelt: ☐

Hospital: _____ Transport By: _____   Hospital: _____ Transport By: _____

Name: _____ Age: _____   Name: _____ Age: _____

City: _____ Twp: _____ State: ____   City: _____ Twp: _____ State: ____

Injuries: _____ Seatbelt: ☐   Injuries: _____ Seatbelt: ☐

Hospital: _____ Transport By: _____   Hospital: _____ Transport By: _____

Name: _____ Age: _____   Name: _____ Age: _____

City: _____ Twp: _____ State: ____   City: _____ Twp: _____ State: ____

Injuries: _____ Seatbelt: ☐   Injuries: _____ Seatbelt: ☐

Hospital: _____ Transport By: _____   Hospital: _____ Transport By: _____