



**FLORIDA HIGHWAY PATROL
MEDIA RELEASE
TALLAHASSEE REGIONAL COMMUNICATIONS CENTER**



10/16/16
DATE

4:30 AM
TIME PM

STEELE MILL CREEK ROAD .4 MILE WEST OF COUNTY ROAD 393
LOCATION OF INCIDENT

OKALOOSA
COUNTY

VEHICLE # 1	2007	CHEV	SILV	\$ 10000	ALCOHOL RELATED? Yes <input type="checkbox"/> No <input type="checkbox"/> Pend <input checked="" type="checkbox"/>
YEAR	MAKE	MODEL	DAMAGE	SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	RELATIVE NOTIFIED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
DRIVER: CHASE JAMES PAUL LOCKE	19	LAUREL HILL / FLORIDA			
NAME	AGE	CITY / STATE OF RESIDENCE			
INJURIES: NONE <input type="checkbox"/> MINOR <input checked="" type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input type="checkbox"/>					NORTH OKALOOSA MEDICAL CENTER
					HOSPITAL
PASSENGER: BENNY LEE HOWELL	19	LAUREL HILL / FLORIDA			
NAME	AGE	CITY / STATE OF RESIDENCE			
INJURIES: NONE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input checked="" type="checkbox"/>					NORTH OKALOOSA MEDICAL CENTER
					HOSPITAL
					SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
					RELATIVE NOTIFIED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

VEHICLE # <input type="checkbox"/>				\$	ALCOHOL RELATED? Yes <input type="checkbox"/> No <input type="checkbox"/> Pend <input type="checkbox"/>
YEAR	MAKE	MODEL	DAMAGE	SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>	RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>
DRIVER: _____	AGE _____	CITY / STATE OF RESIDENCE _____			
INJURIES: NONE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input type="checkbox"/>					HOSPITAL _____
PASSENGER: _____					CITY / STATE OF RESIDENCE _____
INJURIES: NONE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input type="checkbox"/>					SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>
					HOSPITAL _____
					RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>

PEDESTRIAN: _____	AGE _____	CITY / STATE OF RESIDENCE _____			
INJURIES: NONE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input type="checkbox"/>					ALCOHOL RELATED? Yes <input type="checkbox"/> No <input type="checkbox"/> Pend <input type="checkbox"/>
					RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>
HOSPITAL _____					

CHARGES: PENDING

NARRATIVE:
V-1 was traveling west on Steele Mill Creek Road. D-1 failed to maintain control of his vehicle. V-1 drove into the northern ditch along westbound Steele Mill Creek striking an embankment. V-1 was at final rest on the westbound lane of Steele Mill Creek Road.

Cpl Loren Slick
CRASH INVESTIGATOR

Sgt. RJ Sedlak
REVIEWED BY

Send completed Press Release to:
TallPR@fhp.hsmv.state.fl.us

Cpl Carry Hurst
HOMICIDE INVESTIGATOR

FHPA16OFF045664
CASE NUMBER



**FLORIDA HIGHWAY PATROL
MEDIA RELEASE
TALLAHASSEE REGIONAL COMMUNICATIONS CENTER**



DATE _____ TIME AM PM LOCATION OF INCIDENT _____ COUNTY **WALTON**

VEHICLE # <input type="text"/>	YEAR _____	MAKE _____	MODEL _____	\$ _____	DAMAGE _____	ALCOHOL RELATED	Yes <input type="checkbox"/> No <input type="checkbox"/> Pend <input type="checkbox"/>
						SEATBELT / HELMET IN USE?	Yes <input type="checkbox"/> No <input type="checkbox"/>
						RELATIVE NOTIFIED	Yes <input type="checkbox"/> No <input type="checkbox"/>
DRIVER: _____							
NAME _____				AGE _____		CITY / STATE OF RESIDENCE _____	
INJURIES: NONE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input type="checkbox"/>							
						HOSPITAL _____	
PASSENGER: _____							
NAME _____				AGE _____		CITY / STATE OF RESIDENCE _____	
						SEATBELT / HELMET IN USE?	Yes <input type="checkbox"/> No <input type="checkbox"/>
						RELATIVE NOTIFIED?	Yes <input type="checkbox"/> No <input type="checkbox"/>

VEHICLE # <input type="text"/>	YEAR _____	MAKE _____	MODEL _____	\$ _____	DAMAGE _____	ALCOHOL RELATED	Yes <input type="checkbox"/> No <input type="checkbox"/> Pend <input type="checkbox"/>
						SEATBELT / HELMET IN USE?	Yes <input type="checkbox"/> No <input type="checkbox"/>
						RELATIVE NOTIFIED	Yes <input type="checkbox"/> No <input type="checkbox"/>
DRIVER: _____							
NAME _____				AGE _____		CITY / STATE OF RESIDENCE _____	
INJURIES: NONE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input type="checkbox"/>							
						HOSPITAL _____	
PASSENGER: _____							
NAME _____				AGE _____		CITY / STATE OF RESIDENCE _____	
						SEATBELT / HELMET IN USE?	Yes <input type="checkbox"/> No <input type="checkbox"/>
						RELATIVE NOTIFIED?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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						HOSPITAL _____	
PASSENGER: _____							
NAME _____				AGE _____		CITY / STATE OF RESIDENCE _____	
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PASSENGER: _____							
NAME _____				AGE _____		CITY / STATE OF RESIDENCE _____	
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						RELATIVE NOTIFIED?	Yes <input type="checkbox"/> No <input type="checkbox"/>

CRASH INVESTIGATOR

Send completed Press Release to: TallPR@fhp.hsmv.state.fl.us

REVIEWED BY

HOMICIDE INVESTIGATOR

CASE NUMBER



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 TALLAHASSEE REGIONAL COMMUNICATIONS CENTER



ADDITIONAL PASSENGER SECTION

VEH# _____	PASS# _____	NAME _____	AGE _____	CITY / STATE OF RESIDENCE _____	
INJURIES: NONE <input type="checkbox"/>		MINOR <input type="checkbox"/>	SERIOUS <input type="checkbox"/>	CRITICAL <input type="checkbox"/>	FATAL <input type="checkbox"/>
HOSPITAL _____				SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>	
				RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>	

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INJURIES: NONE <input type="checkbox"/>		MINOR <input type="checkbox"/>	SERIOUS <input type="checkbox"/>	CRITICAL <input type="checkbox"/>	FATAL <input type="checkbox"/>
HOSPITAL _____				SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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HOSPITAL _____				SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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HOSPITAL _____				SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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