



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



03/11/15  
DATE

8:58  AM  
TIME  PM

State Road 295 (New Warrington Rd) North of Navy Blvd  
LOCATION OF INCIDENT

ESCAMBIA  
COUNTY

VEHICLE #	<b>1</b>	2006	Volvo	<b>S60R</b>	\$ 3000.00	ALCOHOL RELATED?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pend <input type="checkbox"/>
		YEAR	MAKE	MODEL	DAMAGE	SEATBELT / HELMET IN USE?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
DRIVER:	Matthew Charles Murray		24	Easton, PA			
	NAME		AGE	CITY / STATE OF RESIDENCE			
INJURIES:	NONE <input checked="" type="checkbox"/>	MINOR <input type="checkbox"/>	SERIOUS <input type="checkbox"/>	CRITICAL <input type="checkbox"/>	FATAL <input type="checkbox"/>	Not Transported	
							HOSPITAL
PASSENGER:							
	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"/>	SEATBELT / HELMET IN USE?	Yes <input type="checkbox"/> No <input type="checkbox"/>
							HOSPITAL
							RELATIVE NOTIFIED? Yes <input 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"/>
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			
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:	James Glenn Braddock		57	Pensacola, Fl			
	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"/>	ALCOHOL RELATED?	Yes <input type="checkbox"/> No <input type="checkbox"/> Pend <input checked="" type="checkbox"/>
							RELATIVE NOTIFIED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
HOSPITAL	Baptist Hospital						

CHARGES: Pending further investigation

**NARRATIVE:**  
V-1 was traveling north on State Road 295 (New Warrington Rd) in the right lane. A pedestrian was attempting to cross State Road 295 in an easterly direction. The pedestrian walked into the northbound right lane, directly into the path of V-1. The driver of the vehicle was not able to avoid collision with the pedestrian, striking the pedestrian with the right front of the vehicle. The Pedestrian was transported to Baptist hospital by Escambia EMS, where he was pronounced deceased upon arrival.

Tpr. JA. Freeman  
CRASH INVESTIGATOR  
Sgt. B. Weaver  
REVIEWED BY

Send completed Press Release to:  
[TallPR@fhp.hsmv.state.fl.us](mailto:TallPR@fhp.hsmv.state.fl.us)

Cpl. M. Collins  
HOMICIDE INVESTIGATOR  
FHPA15OFF008635  
CASE NUMBER



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 TALLAHASSEE REGIONAL COMMUNICATIONS CENTER



DATE \_\_\_\_\_ TIME  AM  PM LOCATION OF INCIDENT \_\_\_\_\_ ESCAMBIA COUNTY

VEHICLE # <input type="checkbox"/>	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"/>
DRIVER: _____						RELATIVE NOTIFIED	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 _____		
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"/>

VEHICLE # <input type="checkbox"/>	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"/>
DRIVER: _____						RELATIVE NOTIFIED	Yes <input type="checkbox"/> No <input type="checkbox"/>
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: _____							
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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"/>						SEATBELT / HELMET IN USE?	Yes <input type="checkbox"/> No <input type="checkbox"/>
HOSPITAL _____						RELATIVE NOTIFIED?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CRASH INVESTIGATOR \_\_\_\_\_ Send completed Press Release to: \_\_\_\_\_ HOMICIDE INVESTIGATOR \_\_\_\_\_  
 REVIEWED BY \_\_\_\_\_ [TallPR@fhp.hsmv.state.fl.us](mailto:TallPR@fhp.hsmv.state.fl.us) \_\_\_\_\_ CASE NUMBER \_\_\_\_\_



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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"/>	

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"/>	
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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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