



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



03-24-2014
DATE

6:30 AM
TIME PM

STATE ROAD 85 @ 24.5 MM
LOCATION OF INCIDENT

OKALOOSA
COUNTY

VEHICLE #	1	2005	INTL	LOADER	\$	40000	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 checked="" type="checkbox"/> No <input type="checkbox"/>	
DRIVER:	MICHAEL W. SMITHWICK			53	Ft Walton Bch, Fl			RELATIVE NOTIFIED?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	NAME			AGE	CITY / STATE OF RESIDENCE				
INJURIES:	NONE <input type="checkbox"/>	MINOR <input type="checkbox"/>	SERIOUS <input checked="" type="checkbox"/>	CRITICAL <input type="checkbox"/>	FATAL <input type="checkbox"/>	SCARED HEART PENSACOLA,FLORIDA			
				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:								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"/>					

PEDESTRIAN:								
	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"/>	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:
 Vehicle 1 was Northbound on State Road 85 in the outside lane. Upon my arrival bystanders were pulling Driver 1 out of Vehicle 1. Driver 1 stated that he blacked out while driving. Vehicle 1 struck multiple trees causing the vehicle to overturn onto the roof. Vehicle 1 came to final rest on its roof facing East.

Trooper C. D. Hurst
 CRASH INVESTIGATOR

 REVIEWED BY

Send completed Press Release to:
TallPR@flhsmv.gov

HOMICIDE INVESTIGATOR
 FHPA14OFF013912

 CASE NUMBER



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



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

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

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HOSPITAL _____						RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>

CRASH INVESTIGATOR _____ Send completed Press Release to: _____ HOMICIDE INVESTIGATOR _____

REVIEWED BY _____ TallPR@flhsmv.gov _____ 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"/>	

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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