

FLORIDA HIGHWAY PATROL MEDIA RELEASE TALLAHASSEE REGIONAL COMMUNICATIONS CENTER



03-24-20	014	10:00 ₺	AM		SF	R-85 A	AND Keny	a Cir.		OK	ALOOSA
DATE	3	TIME] PM		LC	OCATI	ON OF INCI	DENT			COUNTY
								ALCO	OHOL RELATED?	Vec D N	o 🛛 Pend 🗌
	1 20	006	Stem	9000	,	\$	20,000		ELT / HELMET IN USE?		No 🗆
VEHICLE #		EAR	MAKE	MODEL		φ	DAMAGE				
	11			MODEL	2.4		DAMAGE	KELA	ATIVE NOTIFIED?	Yes L] No ⊠
DRIVER:			astin Sprouse AME		34 AGE			CITY / S	Baker, Fl. STATE OF RESIDEN	ICE	
				an rous a	AGE			CITTA		ICE	
INJURIES:	NONE	MINOR ⋉	SERIOUS	CRITICAL [FATA	LЦ			N/A HOSPITAL		
D. COENTOED			NT/A						HOSFITAL		
PASSENGER	R:		N/A NAME		AGE			CITY / S	STATE OF RESIDEN	ICE	
		, myon –		an rous a							V N
INJURIES:	NONE	MINOR [] SERIOUS □	CRITICAL	FATA	LЦ		N/A HOSPITAL			Yes No No
								HOSPITAL	RELATIVE	NOTIFIED?	Yes No No
								ALCO	OHOL RELATED?	Yes N	o Pend
VEHICLE #					;	\$		SEATB	ELT / HELMET IN USE?	Yes [] No □
, Elliell	YI	EAR	MAKE	MODEL		•	DAMAGE	— RELA	TIVE NOTIFIED?] No □
DRIVER:								11221	, 2	165 _	
DRIVER.		N	AME		AGE	-		CITY / S	STATE OF RESIDEN	ICE	-
INJURIES:	NONE 🗌	MINOR [CRITICAL		т 🖂					
nyckies.	NONE [MINOR	3 SERIOUS [CRITICAL	IAIA	ш			HOSPITAL		-
PASSENGER	·										
TASSENGEN	·		NAME		AGE			CITY / S	STATE OF RESIDEN	ICE	-
INJURIES:	NONE 🗌	MINOR [CRITICAL	FATA	т П			SEATBELT / H	ELMET IN USE?	Yes ☐ No ☐
INJUNIES.	NONE [MINOR _	J SEKIOUS [CRITICAL [IAIA	ш		HOSPITAL			Yes No
								1100111111	REE/TITVE	NOTH ED:	163 110
PEDESTRIA	N:										
			NAME		AGE			CITY / S	STATE OF RESIDEN	ICE	
INJURIES:	NONE	MINOR [SERIOUS	CRITICAL	FATA	L 🗌		ALCC	OHOL RELATED?	Yes 🔲 No	☐ Pend ☐
								RELA	TIVE NOTIFIED?	Yes 🔲 No	
HOSPITAL							_				
	NY/ A										
CHARGES:	N/A.										
NARRATIVE	7.										
			00 05 1/4						5:		
							•		houlder. Driv		
V-1 cam	ie back c	onto the	roadway an	d overturn	ed. Dr	river	-1 was t	rying to av	oid a northbo	ound vehi	cle that
was in th	ne southl	bound la	ane. The ro	adway was	blocl	ked	for four I	hours so t	he tow compa	anv could	upriaht
V-1 and				,						,	- 1- 9 -
v i and	tranci it	was pui	iiig.								
Т	ΓPR. E.J. R	oberts, III		Canda	nlotad	Draga	Dalassa 4-			N/A	
C	CRASH INVE	STIGATOR		sena con	ipieted	rress	Release to	·. —	HOMICID	E INVESTIGA	TOR
				TF. 11DD	@ . 1		-4-4- <i>(</i> 1			14OFF01395	
	REVIEW	ED BY		<u> 1 aliPR</u>	<u>winp.h</u>	ismv.	state.fl.us			E NUMBER	



FLORIDA HIGHWAY PATROL MEDIA RELEASE TALLAHASSEE REGIONAL COMMUNICATIONS CENTER



PAGE ___ OF ___ PAGES

			J AM					OKALOOSA		
DATE		TIME] PM		LOCAT	ION OF INCIDE	ENT	COUNTY		
							ALCOHOL RELATED	Yes No Pend		
VEHICLE#					\$			E? Yes □ No □		
VEHICLE II		EAR	MAKE	MODEL		DAMAGE	- RELATIVE NOTIFIED			
DRIVER:										
		N	AME		AGE		CITY / STATE OF RESID	DENCE		
INJURIES:	NONE		SERIOUS							
							HOSPITAL			
PASSENGER	: <u> </u>									
							CITY / STATE OF RESID			
INJURIES:	NONE	MINOR [SERIOUS	CRITICAL	FATAL			7/HELMET IN USE? Yes No No		
						Н	OSPITAL RELATI	VE NOTIFIED? Yes ☐ No ☐		
							ALCOHOL DELATED	Yes No Pend		
					Φ.					
VEHICLE #			MAKE	MODEL	<u> </u>	DAMAGE	_	Yes □ No □		
	11	EAK	MAKE	MODEL		DAMAGE	RELATIVE NOTIFIED	Yes No No		
DRIVER:		N	AME		AGE		CITY / STATE OF RESID	ENCE		
BIHIDIEG	NONE 🗆						CITT/STATE OF RESIL	EIGE		
INJURIES:	NONE [MINOR _	SERIOUS	CRITICAL [FATAL [HOSPITAL			
PASSENGER							HOSTITIE			
TASSENGER			NAME		AGE		CITY / STATE OF RESID	DENCE		
INITIRIES:	NONE 🗆	MINOR [SERIOUS					7/HELMET IN USE? Yes No No		
nvicines.	NONE [WII YOR	5ERIOCS	CRITICIE 🗖	TATAL [Н	OSPITAL RELATI	VE NOTIFIED? Yes ☐ No ☐		
							ALCOHOL RELATED	Yes No Pend P		
VEHICLE #					\$		SEATBELT / HELMET IN USI	E? Yes □ No □		
	YI	EAR	MAKE	MODEL		DAMAGE	RELATIVE NOTIFIED	Yes 🗌 No 🗌		
DRIVER:										
			AME				CITY / STATE OF RESID	DENCE		
INJURIES:	NONE	MINOR _	SERIOUS	CRITICAL	FATAL					
							HOSPITAL			
PASSENGER	:		NAME		ACE		CITY / STATE OF RESID	MENICE		
D.W.D.FEG		, myon [
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							OSITINE KELATI	VE NOTIFIED: Tes No		
							ALCOHOL RELATED	Yes No Pend		
VEHICLE #					\$		SEATBELT / HELMET IN USI			
VEHICLE II	YI	EAR	MAKE	MODEL		DAMAGE	- RELATIVE NOTIFIED	- -		
DRIVER:										
		N	AME		AGE		CITY / STATE OF RESID	ENCE		
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	_	_			_		HOSPITAL			
PASSENGER	:									
			NAME		AGE		CITY / STATE OF RESID			
INJURIES:	NONE	MINOR [SERIOUS	CRITICAL	FATAL		-	7 / HELMET IN USE? Yes No No		
						H	OSPITAL RELATI	VE NOTIFIED? Yes ☐ No ☐		
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CRASH INVESTIGATOR					200		HOWIN	HOMICIDE INVESTIGATOR		
	REVIEW	ED BY		TallPI	R@fhp.hsmv	v.state.fl.us		CASE NUMBER		
		•								



FLORIDA HIGHWAY PATROL MEDIA RELEASE TALLAHASSEE REGIONAL COMMUNICATIONS CENTER



ADDITIONAL PASSENGER SECTION

NUIRIES NONE MINOR SERIOUS CRITICAL FATAL HOSPITAL RELATIVE NOTIFIED? Yes No	VEH#	PASS#									
VEH					NAME		AGE		CITY / STATE OF RESIDENCE		
	INJURIES:	NONE \square	MINOR \square	SERIOUS	CRITICAL □	FATAL □			SEATBELT / HELMET IN USE?	Yes 🗌	No 🗌
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NAME											
NONE NONE NONE NONE SERIOUS CRITICAL FATAL HOSPITAL SALTIVE NOTIFIED? Yet No No No No No No No N	VEH#	PASS#									
NAME					NAME		AGE			_	
NAME	INJURIES:	NONE	MINOR	SERIOUS	CRITICAL	FATAL			SEATBELT / HELMET IN USE?	Yes 🗌	No 🗌
NAME								HOSPITAL	RELATIVE NOTIFIED?	Yes 🗌	No 🗌
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VEH#	INITIDIEC.	NONE [MINOR 🗆			EATAI 🗆			SEATBELT / HELMET IN USE?	Ves □	No □
VEH#	INJUNIES.	NONE [MINOR [SEKIOUS [CKITICAL [ratal		HOSPITAL			
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VEH#					NAME		AGE		CITY / STATE OF RESIDENCE		
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NAME						-		HOSPITAL	RELATIVE NOTIFIED?	Yes 🗌	No 🗌
NAME	TITIT!	D. CCIII									
NONE	VEH#	PASS#			NAME		AGE	-	CITY / STATE OF DESIDENCE		
NAME										v 🗆	N .
VEH#	INJURIES:	NONE 🔲	MINOR 📙	SERIOUS [CRITICAL 🔲	FATAL		HOCDITAL			
NONE MINOR SERIOUS CRITICAL FATAL AGE CITY/STATE OF RESIDENCE SEATBELT/HELMET IN USE? Yes No HOSPITAL RELATIVE NOTIFIED? Yes No HOSPITAL RELATIVE NOTIFIED? Yes No HOSPITAL RELATIVE NOTIFIED? Yes No HOSPITAL RELATIVE NOTIFIED? Yes NO HOSPITAL RELATIVE NOTIFIED? Yes NO NO HOSPITAL RELATIVE NOTIFIED? Yes NO NO NO NO NO NO NO N								HOSPITAL	RELATIVE NOTIFIED?	Yes 📙	No 📙
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VEH#		_	_	_	_	<u> </u>		HOSPITAL	RELATIVE NOTIFIED?	Yes 🗌	No 🗆
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VEH#										v	
NAME						FATAL		HOCDITAL	SEATBELT / HELMET IN USE?	_	_
NAME						FATAL □		HOSPITAL	SEATBELT / HELMET IN USE?	_	
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None Pass	INJURIES:	NONE	MINOR	SERIOUS	CRITICAL	FATAL		HOSPITAL	SEATBELT / HELMET IN USE? RELATIVE NOTIFIED?	_	_
NAME	INJURIES:	NONE PASS#	MINOR	SERIOUS	CRITICAL NAME		AGE		SEATBELT / HELMET IN USE? RELATIVE NOTIFIED? CITY / STATE OF RESIDENCE	Yes 🗌	No 🗆
NAME	INJURIES:	NONE PASS#	MINOR	SERIOUS	CRITICAL NAME		AGE		SEATBELT / HELMET IN USE? RELATIVE NOTIFIED? CITY / STATE OF RESIDENCE SEATBELT / HELMET IN USE?	Yes Yes	No No No No
NONE MINOR SERIOUS CRITICAL FATAL SEATBELT / HELMET IN USE? Yes No HOSPITAL RELATIVE NOTIFIED? Yes No HOSPITAL RELATIVE NOTIFIED? Yes No No HOSPITAL RELATIVE NOTIFIED? Yes No No HOSPITAL RELATIVE NOTIFIED? Yes No No HOSPITAL RELATIVE NOTIFIED? Yes No No No NAME AGE CITY / STATE OF RESIDENCE No No NAME AGE CITY / STATE OF RESIDENCE No No NAME AGE CITY / STATE OF RESIDENCE No No NAME AGE CITY / STATE OF RESIDENCE No No NAME AGE CITY / STATE OF RESIDENCE No No NAME AGE CITY / STATE OF RESIDENCE No No NAME AGE CITY / STATE OF RESIDENCE No No NAME AGE CITY / STATE OF RESIDENCE No No NAME AGE CITY / STATE OF RESIDENCE No No NAME AGE CITY / STATE OF RESIDENCE No No NAME AGE CITY / STATE OF RESIDENCE No No NAME AGE CITY / STATE OF RESIDENCE No NO NAME AGE CITY / STATE OF RESIDENCE NO NO NAME AGE CITY / STATE OF RESIDENCE NO NO NAME AGE CITY / STATE OF RESIDENCE NO NAME	INJURIES: VEH# INJURIES:	NONE PASS# NONE	MINOR	SERIOUS SERIOUS	CRITICAL NAME		AGE		SEATBELT / HELMET IN USE? RELATIVE NOTIFIED? CITY / STATE OF RESIDENCE SEATBELT / HELMET IN USE?	Yes Yes	No No
VEH#	INJURIES: VEH# INJURIES:	NONE PASS# NONE	MINOR	SERIOUS SERIOUS	NAME CRITICAL		AGE		SEATBELT / HELMET IN USE? RELATIVE NOTIFIED? CITY / STATE OF RESIDENCE SEATBELT / HELMET IN USE? RELATIVE NOTIFIED?	Yes Yes	No No
VEH# PASS#	INJURIES: VEH# INJURIES: VEH#	NONE PASS# PASS#	MINOR	SERIOUS SERIOUS	NAME CRITICAL NAME	FATAL	AGE		SEATBELT / HELMET IN USE? RELATIVE NOTIFIED? CITY / STATE OF RESIDENCE SEATBELT / HELMET IN USE? RELATIVE NOTIFIED? CITY / STATE OF RESIDENCE	Yes	No No No
NAME	INJURIES: VEH# INJURIES: VEH#	NONE PASS# PASS#	MINOR	SERIOUS SERIOUS	NAME CRITICAL NAME	FATAL	AGE	HOSPITAL	SEATBELT / HELMET IN USE? RELATIVE NOTIFIED? CITY / STATE OF RESIDENCE SEATBELT / HELMET IN USE? CITY / STATE OF RESIDENCE SEATBELT / HELMET IN USE?	Yes Yes Yes Yes	No
NAME	INJURIES: VEH# INJURIES: VEH#	NONE PASS# PASS#	MINOR	SERIOUS SERIOUS	NAME CRITICAL NAME	FATAL	AGE	HOSPITAL	SEATBELT / HELMET IN USE? RELATIVE NOTIFIED? CITY / STATE OF RESIDENCE SEATBELT / HELMET IN USE? CITY / STATE OF RESIDENCE SEATBELT / HELMET IN USE?	Yes Yes Yes Yes	No
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No No No No No No No No	INJURIES: VEH# INJURIES: VEH# INJURIES:	NONE PASS# PASS# NONE PASS# NONE NONE	MINOR	SERIOUS SERIOUS SERIOUS	NAME CRITICAL NAME CRITICAL CRITICAL CRITICAL	FATAL	AGE	HOSPITAL	SEATBELT / HELMET IN USE? RELATIVE NOTIFIED? CITY / STATE OF RESIDENCE SEATBELT / HELMET IN USE? RELATIVE NOTIFIED? CITY / STATE OF RESIDENCE SEATBELT / HELMET IN USE? RELATIVE NOTIFIED?	Yes Yes Yes Yes	No
VEH# PASS# NAME AGE CITY / STATE OF RESIDENCE INJURIES: NONE	INJURIES: VEH# INJURIES: VEH# INJURIES:	NONE D PASS# NONE PASS# NONE PASS#	MINOR MINOR	SERIOUS SERIOUS SERIOUS	NAME CRITICAL NAME CRITICAL NAME NAME	FATAL	AGE	HOSPITAL	SEATBELT / HELMET IN USE? RELATIVE NOTIFIED? CITY / STATE OF RESIDENCE SEATBELT / HELMET IN USE? RELATIVE NOTIFIED? CITY / STATE OF RESIDENCE SEATBELT / HELMET IN USE? RELATIVE NOTIFIED? CITY / STATE OF RESIDENCE	Yes	No
NAME	INJURIES: VEH# INJURIES: VEH# INJURIES:	NONE D PASS# NONE PASS# NONE PASS#	MINOR MINOR	SERIOUS SERIOUS SERIOUS	NAME CRITICAL NAME CRITICAL NAME NAME	FATAL	AGE	HOSPITAL	SEATBELT / HELMET IN USE? RELATIVE NOTIFIED? CITY / STATE OF RESIDENCE SEATBELT / HELMET IN USE? RELATIVE NOTIFIED? CITY / STATE OF RESIDENCE SEATBELT / HELMET IN USE? RELATIVE NOTIFIED? CITY / STATE OF RESIDENCE SEATBELT / HELMET IN USE?	Yes	No
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VEH# PASS# NAME AGE CITY / STATE OF RESIDENCE INJURIES: NONE MINOR SERIOUS CRITICAL FATAL SEATBELT / HELMET IN USE? Yes No	INJURIES: VEH# INJURIES: VEH# INJURIES: VEH# INJURIES:	NONE D PASS# NONE PASS# NONE PASS# NONE PASS#	MINOR MINOR	SERIOUS SERIOUS SERIOUS SERIOUS	NAME CRITICAL NAME CRITICAL NAME CRITICAL NAME NAME	FATAL	AGE	HOSPITAL	SEATBELT / HELMET IN USE? RELATIVE NOTIFIED? CITY / STATE OF RESIDENCE SEATBELT / HELMET IN USE? RELATIVE NOTIFIED? CITY / STATE OF RESIDENCE SEATBELT / HELMET IN USE? RELATIVE NOTIFIED? CITY / STATE OF RESIDENCE SEATBELT / HELMET IN USE? RELATIVE NOTIFIED?	Yes	No
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