



FLORIDA HIGHWAY PATROL  
 MEDIA RELEASE  
 TALLAHASSEE REGIONAL COMMUNICATIONS CENTER



03/27/2014  
DATE

8:12  AM  
TIME  PM

I-10/SR-8 39mm  
LOCATION OF INCIDENT

SANTA ROSA  
COUNTY

VEHICLE #	<b>1</b>	2009 YEAR	GMC MAKE	Sierra MODEL	\$ 15,000 DAMAGE	ALCOHOL RELATED? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pend <input type="checkbox"/>	SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
DRIVER:	Leslie Furby NAME		27 AGE	Moss Point, MS CITY / STATE OF RESIDENCE			
INJURIES:	NONE <input type="checkbox"/>	MINOR <input type="checkbox"/>	SERIOUS <input type="checkbox"/>	CRITICAL <input checked="" type="checkbox"/>	FATAL <input type="checkbox"/>	Sacred Heart 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"/>	RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>
					HOSPITAL	RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>	

VEHICLE #	<b>2</b>	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:	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"/>	RELATIVE NOTIFIED? 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: \_\_\_\_\_

**NARRATIVE:**  
 V-01 was westbound on I-10 near the 39 mile marker. The driver failed to maintain control over the vehicle subsequently leaving the roadway on the north shoulder. The vehicle then overturned, throwing the driver from the vehicle sustaining incapacitating injuries.

Trooper A.D. Godwin  
 CRASH INVESTIGATOR  
 Lt. R.V. Warden  
 REVIEWED BY

Send completed Press Release to:  
[TallPR@fhp.hsmv.state.fl.us](mailto:TallPR@fhp.hsmv.state.fl.us)  
 Or call  
 850-245-7701

HOMICIDE INVESTIGATOR  
 FHPA14OFF014404  
 CASE NUMBER



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



DATE \_\_\_\_\_ TIME  AM  PM LOCATION OF INCIDENT \_\_\_\_\_ COUNTY **SANTA ROSA**

VEHICLE # <input type="checkbox"/>	YEAR _____	MAKE _____	MODEL _____	\$ _____	ALCOHOL RELATED	Yes <input type="checkbox"/> No <input type="checkbox"/> Pend <input type="checkbox"/>
				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 _____			
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				HOSPITAL _____	RELATIVE NOTIFIED?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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\_\_\_\_\_  
Tpr. A.D. Godwin  
CRASH INVESTIGATOR

\_\_\_\_\_  
REVIEWED BY

Send completed Press Release to:  
[TallPR@fhv.hsmv.state.fl.us](mailto:TallPR@fhv.hsmv.state.fl.us)  
Or call  
850-245-7701

\_\_\_\_\_  
HOMICIDE INVESTIGATOR

\_\_\_\_\_  
CASE NUMBER



FLORIDA HIGHWAY PATROL  
 MEDIA RELEASE  
 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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