



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



5/28/14 11:40 AM County Road 392 and Dolphin Drive BAY
DATE TIME PM LOCATION OF INCIDENT COUNTY

VEHICLE #	01	2006	Suzuki	GSXR750	\$ 5000	ALCOHOL RELATED?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Pend <input type="checkbox"/>
	YEAR	MAKE	MODEL	DAMAGE		SEATBELT / HELMET IN USE?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
DRIVER:	James Roy Daugherty			32	Panama City Beach, Florida		
	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"/>	Sacred Heart-Bay Medical Center	
						HOSPITAL	
PASSENGER:					CITY / STATE OF RESIDENCE		
	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 #					\$	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:					CITY / STATE OF RESIDENCE		
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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"/>

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: Unlawful Speed, Driving Under the Influence, Refusal to Submit to Blood Alcohol Level Test, Driving While License Suspended, No Motorcycle Endorsement.

NARRATIVE:
V01 was making a left turn onto eastbound County Road 392 (Thomas Drive) from the vicinity of Dolphin Drive. In the process of making the maneuver V01 failed to successfully cross the westbound and center turn lane/median areas of the roadway. As a result of the failed maneuver the front/undercarriage portions of V01 collided with the raised median island. After colliding with the raised median island Driver of V01 (D01) lost control of V01. As a result of D01 losing control, V01 overturned onto the roadway and began to slide on its side. While V01 was sliding D01 became separated from V01. D01 and V01 slid to final rest, separately, east of the area of collision with the median.

After overturning onto the roadway V01 slid 145' to final rest.

Cpl. N.T. Russell CRASH INVESTIGATOR	Send completed Press Release to: TallPR@flhsmv.gov	Cpl. N.T. Russell HOMICIDE INVESTIGATOR
Sgt. B.D. Weaver REVIEWED BY		FHFA14OFF026066 CASE NUMBER



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PAGE ___ OF ___ PAGES

DATE _____ TIME AM PM LOCATION OF INCIDENT _____ COUNTY ESCAMBIA

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

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

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

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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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