



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



05/30/2014
DATE

11:30 AM
TIME PM

CR95A / US29 SR95
LOCATION OF INCIDENT

ESCAMBIA
COUNTY

VEHICLE # 1	2007 YEAR	FORD MAKE	FOCUS MODEL	\$ 2000 DAMAGE	ALCOHOL RELATED? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pend <input type="checkbox"/>
DRIVER: <u>Anthony Lee Salas</u> NAME				21 AGE	Molino FL 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"/>					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 checked="" type="checkbox"/>

VEHICLE # 2	2006 YEAR	IC MAKE	3000 BUS MODEL	\$ 200 DAMAGE	ALCOHOL RELATED? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pend <input type="checkbox"/>
DRIVER: <u>Barbara Jozzell Johnson</u> NAME				46 AGE	Cantonment FL 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"/>					HOSPITAL _____
PASSENGER: <u>Elishah Brown</u> NAME				11 AGE	Cantonment FL 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"/>					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"/>
HOSPITAL _____		RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>

CHARGES: D1-Careless Driving

NARRATIVE:
V01 was traveling southwest on CR95A approaching the traffic light at the intersection of US29 (SR95). V02 was stopped at the traffic light on CR95A and US29 (SR95) facing west directly in front of V01. V01 driver failed to stop and the front of V01 struck the rear of V02. Both vehicles were removed from the point of impact and final rest prior to ny arrival.

Tpr M. Register 1522
CRASH INVESTIGATOR
Lt. Salter
REVIEWED BY

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

HOMICIDE INVESTIGATOR
FHPA14026290
CASE NUMBER



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



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

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 checked="" type="checkbox"/>
DRIVER: _____						RELATIVE NOTIFIED Yes <input type="checkbox"/> No <input type="checkbox"/>	
NAME _____						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 _____	
NAME _____						AGE _____	
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 _____						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 _____	
NAME _____						AGE _____	
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"/>	
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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 _____	
PASSENGER: _____						CITY / STATE OF RESIDENCE _____	
NAME _____						AGE _____	
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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 _____						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 _____	
NAME _____						AGE _____	
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HOSPITAL _____						RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>	

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ADDITIONAL PASSENGER SECTION

VEH#	2	PASS#	2	Faith Brown	10	Cantonment FL
				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"/>						SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>
				HOSPITAL	RELATIVE NOTIFIED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

VEH#	2	PASS#	3	Noah Carter	6	Cantonment FL
				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"/>						SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>
				HOSPITAL	RELATIVE NOTIFIED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

VEH#	2	PASS#	4	Savannah Carter	7	Cantonment 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 type="checkbox"/>						SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>
				HOSPITAL	RELATIVE NOTIFIED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

VEH#	2	PASS#	5	Stacey Settle	12	Cantonment FL
				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"/>						SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>
				HOSPITAL	RELATIVE NOTIFIED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

VEH#	2	PASS#	6	Jade Tarver	10	Cantonment FL
				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"/>						SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>
				HOSPITAL	RELATIVE NOTIFIED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

VEH#	2	PASS#	7	Nocholas Lutterman	9	Cantonment 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 type="checkbox"/>						SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>
				HOSPITAL	RELATIVE NOTIFIED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

VEH#	2	PASS#	8	Aden Lutterman	10	Cantonment 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 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"/>	

VEH#	2	PASS#	9	Taylor Williamson	10	Cantonment FL
				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"/>						SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>
				HOSPITAL	RELATIVE NOTIFIED? Yes <input checked="" 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"/>						SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>
				HOSPITAL	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"/>						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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				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"/>	