



FLORIDA HIGHWAY PATROL  
 MEDIA RELEASE  
 TALLAHASSEE REGIONAL COMMUNICATIONS CENTER



09/29/2015  
DATE

5:10  AM  
TIME  PM

U.S Hwy 90 (State Road 10) in the vicinity of Whisper Ln.  
LOCATION OF INCIDENT

OKALOOSA  
COUNTY

VEHICLE #	<b>1</b>	2003 YEAR	Lincoln MAKE	Towncar MODEL	\$ 3,000.00 DAMAGE	ALCOHOL RELATED? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pend <input type="checkbox"/>	SEATBELT / HELMET IN USE? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
DRIVER:	Michael A. Lawson NAME	19 AGE	DeFuniak Springs, FL CITY / STATE OF RESIDENCE		RELATIVE NOTIFIED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
INJURIES:	NONE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input checked="" type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input type="checkbox"/>	Sacred Heart Hospital, Pensacola, Florida HOSPITAL					
PASSENGER:	Daniel K. Lambert NAME	23 AGE	DeFuniak Springs, FL CITY / STATE OF RESIDENCE		SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
INJURIES:	NONE <input type="checkbox"/> MINOR <input checked="" type="checkbox"/> SERIOUS <input checked="" type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input type="checkbox"/>	North Okaloosa Medical Center, HOSPITAL		RELATIVE NOTIFIED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

VEHICLE #	<b>2</b>	2000 YEAR	Nissan MAKE	Frontier MODEL	\$ 4,000.00 DAMAGE	ALCOHOL RELATED? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pend <input type="checkbox"/>	SEATBELT / HELMET IN USE? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
DRIVER:	Judy H. Skipper NAME	64 AGE	Crestview, FL CITY / STATE OF RESIDENCE		RELATIVE NOTIFIED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
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, Pensacola, FL HOSPITAL					
PASSENGER:	 NAME	 AGE	 CITY / STATE OF RESIDENCE		SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>		
INJURIES:	NONE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input type="checkbox"/>	 HOSPITAL		RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>			

PEDESTRIAN:	 NAME	 AGE	 CITY / STATE OF RESIDENCE		ALCOHOL RELATED? Yes <input type="checkbox"/> No <input type="checkbox"/> Pend <input type="checkbox"/>	RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>
INJURIES:	NONE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input type="checkbox"/>					
HOSPITAL	 					

CHARGES: Special Hazard (Failure to Use Due Care)

NARRATIVE:  
 V01 was traveling west on U.S. Hwy 90 (State Road 10) on the westbound lane of travel. V02 was traveling east on U.S. Hwy 90 (State Road 10) on the eastbound lane of travel. V01 crossed the center line and traveled westbound on the eastbound lane of travel where the right front of V01 collided with the right front of V02. After impact, V01 came to a final rest partially on the eastbound lane of travel and partially on the south shoulder of the roadway, while V02 overturned onto it's right side and came to a final rest on the grass area adjacent to the north shoulder of the roadway.

Trooper V.A. Jackson  
 CRASH INVESTIGATOR  
 Lt. K Salter  
 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

N/A  
 HOMICIDE INVESTIGATOR  
 FHPA15OFF038657  
 CASE NUMBER



**FLORIDA HIGHWAY PATROL  
MEDIA RELEASE  
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DATE \_\_\_\_\_ TIME  AM  PM LOCATION OF INCIDENT \_\_\_\_\_ COUNTY **OKALOOSA**

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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PASSENGER: _____						SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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\_\_\_\_\_  
CRASH INVESTIGATOR

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

Send completed Press Release to:  
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\_\_\_\_\_  
HOMICIDE INVESTIGATOR

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



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ADDITIONAL PASSENGER SECTION

VEH#	1	PASS#	2	Yolanda R. Floyd	21	DeFuniak Springs, FL
				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"/>				North Okaloosa Medical Center	SEATBELT / HELMET IN USE? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
				HOSPITAL	RELATIVE NOTIFIED? Yes <input checked="" 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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