



**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 # 1	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"/>
DRIVER: Michael A. Lawson NAME	19 AGE	DeFuniak Springs, FL 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 Hospital, Pensacola, Florida HOSPITAL				
PASSENGER: Daniel K. Lambert NAME	23 AGE	DeFuniak Springs, FL CITY / STATE OF RESIDENCE			
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	SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	RELATIVE NOTIFIED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

VEHICLE # 2	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"/>
DRIVER: Judy H. Skipper NAME	64 AGE	Crestview, FL 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, Pensacola, FL 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"/>	_____ HOSPITAL	SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>	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: 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
Or call
850-245-7701

N/A
HOMICIDE INVESTIGATOR
FHPA15OFF038657
CASE NUMBER



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MEDIA RELEASE
TALLAHASSEE REGIONAL COMMUNICATIONS CENTER**



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"/>	
NAME _____				AGE _____		CITY / STATE OF RESIDENCE _____	
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DRIVER: _____						RELATIVE NOTIFIED Yes <input type="checkbox"/> No <input type="checkbox"/>	
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CRASH INVESTIGATOR _____ HOMICIDE INVESTIGATOR _____

REVIEWED BY _____

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

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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