



FLORIDA HIGHWAY PATROL  
 MEDIA RELEASE  
 TALLAHASSEE REGIONAL COMMUNICATIONS CENTER



7/4/2015  
DATE

5:00 AM  
TIME  AM  
 PM

INTERSTATE 10 MM 44  
LOCATION OF INCIDENT

OKALOOSA  
COUNTY

VEHICLE #	<b>01</b>	2006 YEAR	CHEV MAKE	SILVERADO MODEL	\$ 10,000 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:	LEVI JERNIGAN NAME				29 AGE	CRESTVIEW, 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"/>	BAPTIST HOSPITAL HOSPITAL	
PASSENGER:	AMBER COLSON NAME				28 AGE	CRESTVIEW, FL CITY / STATE OF RESIDENCE	
INJURIES:	NONE <input type="checkbox"/>	MINOR <input type="checkbox"/>	SERIOUS <input type="checkbox"/>	CRITICAL <input type="checkbox"/>	FATAL <input checked="" type="checkbox"/>	SACRED HEART HOSPITAL HOSPITAL	SEATBELT / HELMET IN USE? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> RELATIVE NOTIFIED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

VEHICLE #	<b>2</b>	2004 YEAR	FORD MAKE	FOCUS MODEL	\$ 5000 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:	MARION HAYNES NAME				54 AGE	NICEVILLE, FL CITY / STATE OF RESIDENCE	
INJURIES:	NONE <input type="checkbox"/>	MINOR <input checked="" type="checkbox"/>	SERIOUS <input type="checkbox"/>	CRITICAL <input type="checkbox"/>	FATAL <input type="checkbox"/>	NORTH OKALOOSA MEDICAL CENTER HOSPITAL	
PASSENGER:	ZELMA THOMAS NAME				38 AGE	CRESTVIEW, FL CITY / STATE OF RESIDENCE	
INJURIES:	NONE <input type="checkbox"/>	MINOR <input checked="" type="checkbox"/>	SERIOUS <input type="checkbox"/>	CRITICAL <input type="checkbox"/>	FATAL <input type="checkbox"/>	NORTH OKALOOSA MEDICAL CENTER HOSPITAL	SEATBELT / HELMET IN USE? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input checked="" 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"/>
HOSPITAL	ALCOHOL RELATED? Yes <input type="checkbox"/> No <input type="checkbox"/> Pend <input type="checkbox"/> RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>		

CHARGES: Pending Traffic Homicide Investigation

NARRATIVE:  
 Both vehicles were traveling eastbound on Interstate 10 near mile maker 44. V01 was towing a large box trailer loaded with large inflatable jump houses. The trailer began to sway uncontrollably and V01 began to lose control. As the trailer swayed, the right side of the trailer collided with the left rear side area of V02. V02 was forced to the right and the driver of V02 steered to the left and V02 began to rotate to the left. Driver 2 corrected back to the right and V02 rotated to the right, left the roadway onto the right shoulder, and came to final rest facing north on the south shoulder.  
  
 V01 and its trailer rotated to the left and entered onto the left shoulder, leading with the right side. The right side area of V01 collided with a tree and came to final rest facing in a south east direction. Due to the collision, Driver 1 was fully ejected from the vehicle. The trailer rolled onto its right side and came to final rest on its roof facing in a north west direction.

TROOPER M. DAVIS  
 CRASH INVESTIGATOR  
 Lt. JT Harris  
 REVIEWED BY

Send completed Press Release to:  
[TallPR@fhp.hsmv.state.fl.us](mailto:TallPR@fhp.hsmv.state.fl.us)

715-43-011  
 HOMICIDE INVESTIGATOR  
 FHPA15OFF023263  
 CASE NUMBER



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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"/>	
NAME _____						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: _____						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"/>	

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DRIVER: _____						RELATIVE NOTIFIED Yes <input type="checkbox"/> No <input type="checkbox"/>	
NAME _____						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: _____						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"/>	

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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 _____	
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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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 _____	
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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 checked="" type="checkbox"/>	

CRASH INVESTIGATOR \_\_\_\_\_ Send completed Press Release to: \_\_\_\_\_ HOMICIDE INVESTIGATOR \_\_\_\_\_  
 REVIEWED BY \_\_\_\_\_ [TallPR@fhp.hsmv.state.fl.us](mailto:TallPR@fhp.hsmv.state.fl.us) \_\_\_\_\_ CASE NUMBER \_\_\_\_\_



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ADDITIONAL PASSENGER SECTION

VEH#	1	PASS#	2	THOMAS SCHMAELZLE	17	CRESTVIEW / FL
				NAME	AGE	CITY / STATE OF RESIDENCE
INJURIES: NONE <input type="checkbox"/> MINOR <input checked="" type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input type="checkbox"/>				NORTH OKALOOSA MED CENTER	SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
				HOSPITAL	RELATIVE NOTIFIED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

VEH#	1	PASS#	3	JONATHAN WELCH	51	CRESTVIEW / 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"/>				SACRED HEART HOSPITAL	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"/>	

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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				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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