



FLORIDA HIGHWAY PATROL
 MEDIA RELEASE
 TALLAHASSEE REGIONAL COMMUNICATIONS CENTER



06/10/2014
DATE

9:00 AM
TIME PM

State Rd. 85 and Bradley Rd.
LOCATION OF INCIDENT

OKALOOSA
COUNTY

VEHICLE #	1	2014 YEAR	Jeep MAKE	Compass MODEL	\$ 20,000 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:	Margaux Gunther Spendlove	30	Navarre Beach, FL		RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
INJURIES:		NONE <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input type="checkbox"/>	N/A				
PASSENGER:		N/A					
INJURIES:		NONE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input type="checkbox"/>	N/A				

VEHICLE #	2	2002 YEAR	Toyota MAKE	Tacoma MODEL	\$ 8,000 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:	Justin Daniel Allison	16	Crestview, FL		RELATIVE NOTIFIED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
INJURIES:		NONE <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input type="checkbox"/>	HOSPITAL				
PASSENGER:		N/A					
INJURIES:		NONE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input type="checkbox"/>	HOSPITAL				

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: D-01: Careless Driving / D-03: Seat belt Law - Passenger Under 18YOA Not Belted

NARRATIVE:
 V-01 was traveling northbound on SR-85 in the northbound lane. V-02 was stopped northbound on SR-85 at the intersection of Bill Lundy Rd, to make a left turn onto Bill Lundy Rd. The driver of V-01 failed to stop and the front of V-01 collided with the rear of V-02. The impact between V-01 and V-02 pushed V-02 into the southbound lane, and into the path of travel of V-03. The impact between V-02 and V-03 caused V-03 to go airborne, overturning several times before coming to final rest on the west shoulder.

Trooper V.A. Jackson
 CRASH INVESTIGATOR
 Sgt. R.C. Livingston
 REVIEWED BY

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

HOMICIDE INVESTIGATOR
 FHFA14OFF027886
 CASE NUMBER



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TALLAHASSEE REGIONAL COMMUNICATIONS CENTER**



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State Rd. 85 and Bill Lundy Rd.
LOCATION OF INCIDENT

OKALOOSA
COUNTY

VEHICLE #	3	2004 YEAR	Ford MAKE	Expedition MODEL	\$ 12,000 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:	Jack Dennis Stricklin NAME				37 AGE	Laurel Hill, 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:	Jerimiah Matthews NAME				Unk AGE	Laurel Hill, 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, Pensacola, FL. 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 #		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:	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:	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"/>	HOSPITAL	SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/> RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>

VEHICLE #		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:	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:	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"/>

VEHICLE #		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:	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:	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"/>

Tpr. V.A. Jackson
CRASH INVESTIGATOR

REVIEWED BY

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Or call
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ADDITIONAL PASSENGER SECTION

VEH#	3	PASS#	1	Jerimiah Matthews	32	Laurel Hill, 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, Pensacola, FL.		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#	3	PASS#	2	Melissa Matthews	28	Laurel Hill, 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, Pensacola, FL.		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#	3	PASS#	3	Jerimiah Matthews Jr.	4	Laurel Hill, 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, Pensacola, FL.		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#		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"/>

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"/>

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"/>

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
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				HOSPITAL		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"/>						SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>
				HOSPITAL		RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>