



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



02/10/2016  
DATE

3:10  AM  
TIME  PM

State Road 8 (I-10) east of State Road 69  
LOCATION OF INCIDENT

JACKSON  
COUNTY

VEHICLE # <b>1</b>	2007	Ford	Van	\$ 10000	ALCOHOL RELATED?	Yes <input type="checkbox"/> No <input type="checkbox"/> Pend <input checked="" type="checkbox"/>
YEAR	MAKE	MODEL	DAMAGE	SEATBELT / HELMET IN USE?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	RELATIVE NOTIFIED?
DRIVER: Jelterow McKinnie	70	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"/>						Southeast Medical Center
						HOSPITAL
PASSENGER: Lori Ann Morgia	52	Crestview, 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 checked="" type="checkbox"/> No <input type="checkbox"/>
						HOSPITAL RELATIVE NOTIFIED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

VEHICLE # <input type="checkbox"/>				\$	ALCOHOL RELATED?	Yes <input type="checkbox"/> No <input type="checkbox"/> Pend <input type="checkbox"/>
YEAR	MAKE	MODEL	DAMAGE	SEATBELT / HELMET IN USE?	Yes <input type="checkbox"/> No <input type="checkbox"/>	RELATIVE NOTIFIED?
DRIVER:					CITY / STATE OF RESIDENCE	
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
						HOSPITAL
PASSENGER:					CITY / STATE OF RESIDENCE	
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"/>

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"/>
						RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>
HOSPITAL _____						

CHARGES: Pending.

**NARRATIVE:**  
 Vehicle-1 was eastbound on I-10 (State Road 8) on the inside travel lane. Approximately .5 miles east of State Road 69, Vehicle-1 traveled to the left and onto the median of I-10 (State Road 8). The driver of Vehicle-1 over corrected the steering to the right which caused Vehicle-1 to travel across both eastbound travel lanes of I-10 (State Road 8). Vehicle-1 overturned and came to final on the outside grassy shoulder of I-10 (State Road 8) on it's left side facing southeast.

Trooper J. B. Vennell  
 CRASH INVESTIGATOR  
 Sgt. R.C. Livingston  
 REVIEWED BY

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

HOMICIDE INVESTIGATOR  
 FHPA16OFF005353  
 CASE NUMBER