



FLORIDA HIGHWAY PATROL
 MEDIA RELEASE
 TALLAHASSEE REGIONAL COMMUNICATIONS CENTER



05/03/2015
DATE

6:35 AM
TIME PM

SR 189/Sexton Drive
LOCATION OF INCIDENT

OKALOOSA
COUNTY

VEHICLE #	01	2006 YEAR	Toyota MAKE	Scion MODEL	\$ 6000 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:	Jordan Davis NAME		18 AGE	Milton, Florida 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"/>	Sacred Heart Medical Pensacola 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"/>	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 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 type="checkbox"/> No <input checked="" 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"/>	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	Sacred Heart Hospital Pensacola, Florida						

CHARGES: Careless Driving

NARRATIVE:
 V01 was traveling north on SR 189 located in Baker, Florida. V01 drifted onto the east shoulder of SR 189. Once on the east shoulder, V01 continued traveling in an northeasterly direction till striking a concrete culvert. V01 overturned several times before coming to a final rest on the east shoulder in a southeasterly direction. The driver of V01 was transported by Life Flight to Sacred Heart Hospital in Pensacola, Florida with minor injuries.

TPR. J. Adkins
 CRASH INVESTIGATOR
 Sgt. R.c. Livingston
 REVIEWED BY

Send completed Press Release to:

TallPR@flhsmv.gov

HOMICIDE INVESTIGATOR
 FHPA15OFF016499
 CASE NUMBER



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



DATE _____ TIME AM PM LOCATION OF INCIDENT _____ COUNTY **OKALOOSA**

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

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CRASH INVESTIGATOR _____ Send completed Press Release to: _____ HOMICIDE INVESTIGATOR _____
 REVIEWED BY _____ TallPR@flhsmv.gov _____ CASE NUMBER _____



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ADDITIONAL PASSENGER SECTION

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