



FLORIDA HIGHWAY PATROL
 MEDIA RELEASE
 TALLAHASSEE REGIONAL COMMUNICATIONS CENTER



03/23/2014
DATE

10:39 AM
TIME PM

EB I-10 @ US-29 ENTRANCE RAMP
LOCATION OF INCIDENT

ESCAMBIA
COUNTY

VEHICLE #	1	1988 YEAR	TOYOTA MAKE	TACOMA MODEL	\$ 3,500 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:	ASHLEY E. STICKEN NAME				37 AGE	CANTONMENT, 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	
PASSENGER:	N/A 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"/>	SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>	RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>
					HOSPITAL		

VEHICLE #	2	2014 YEAR	MAZDA MAKE	OTHER MODEL	\$ 9,500 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:	DONALD E. WHITE NAME				58 AGE	BAY MINETTE, AL 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"/>	WEST FLORIDA HOSPITAL	
PASSENGER:	TYLER E. WHITE NAME				20 AGE	BAY MINETTE, AL 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"/>	WEST FLORIDA 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"/>	

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: D-01: CARELESS (FAIL TO MAINTAIN PROPER CONTROL)

NARRATIVE:
 V01 was traveling eastbound on the entrance ramp to I-10 from southbound US-29. V02 was traveling eastbound on I-10 in the outside lane. D01 failed to negotiate the curve, causing V01 to spun around clockwise into the direct path of V02. The front portion of V02 collided with the driver's side of V01. V01 then was pushed into the north shoulder guard rail where it came to final rest facing west. V02 came to final rest in the area of collision.

Trooper O. E. AQUINO
 CRASH INVESTIGATOR
 Sgt. R.L. Padgett
 REVIEWED BY

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

HOMICIDE INVESTIGATOR
 FHPA14OFF013800
 CASE NUMBER



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



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

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 type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input type="checkbox"/>						N/A _____
						HOSPITAL _____
PASSENGER: _____						
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						RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>

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ADDITIONAL PASSENGER SECTION

VEH#	2	PASS#	2	NAME	25	CITY / STATE OF RESIDENCE
				AMY JERNIGAN	AGE	BAY MINETTE, AL
				NAME	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"/>				WEST FLORIDA	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#	2	PASS#	3	NAME	19	CITY / STATE OF RESIDENCE
				WHITNEY ROBERTS	AGE	BAY MINETTE, AL
				NAME	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"/>				WEST FLORIDA	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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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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