



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



07/02/15  
DATE

9:28  AM  
TIME  PM

SR 85 South of CR 602  
LOCATION OF INCIDENT

OKALOOSA  
COUNTY

VEHICLE # <b>01</b>	1999	Buick	Lesabre	\$ 3000	ALCOHOL RELATED?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pend <input type="checkbox"/>
	YEAR	MAKE	MODEL	DAMAGE	SEATBELT / HELMET IN USE?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
DRIVER: Joe Mack Wilkins	76	Laurel, Florida				
	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"/>						
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"/>
					HOSPITAL	RELATIVE NOTIFIED? Yes <input 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"/>
DRIVER: _____					RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	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"/>						
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"/>
					HOSPITAL	RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>

Next of kin out of country being notified						
PEDESTRIAN: _____	by USAF					
	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 checked="" type="checkbox"/>						
HOSPITAL _____						
					ALCOHOL RELATED?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pend <input type="checkbox"/>
					RELATIVE NOTIFIED?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

CHARGES: \_\_\_\_\_

**NARRATIVE:**  
V01 was traveling north in northbound lane on SR 85. V01 was approaching the rear of a disabled vehicle which was located on the east shoulder of SR 85 partially obstructing the northbound lane with it's hazard lights activated. Four pedestrians were attempting to change a flat tire on the left rear of the disabled vehicle. As V01 approached the disabled vehicle three of the pedestrians were standing in the roadway over the fog line. As V01 continued traveling north the right front of V01 collided with three of the pedestrians. Two of the pedestrians were transported to North Okaloosa Medical Center and one of the pedestrians was pronounced deceased at the scene.

The three other pedestrians are listed below.  
Kim Eric Alexander Agatep - Sustained Minor Injuries  
Kamugisha Kataumba - Sustained Serious Injuries  
Both pedestrians transported to North Okaloosa Medical Center  
Thomas Mavuto Chewe - Uninjured

Tpr. Joseph Adkins  
CRASH INVESTIGATOR  
Sgt. M. C. Fulford  
REVIEWED BY

Send completed Press Release to:  
[TallPR@flhsmv.gov](mailto:TallPR@flhsmv.gov)

Cpl. Kelly  
HOMICIDE INVESTIGATOR  
FHPA15OFF025596  
CASE NUMBER



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					SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>
DRIVER: _____					RELATIVE NOTIFIED Yes <input type="checkbox"/> No <input type="checkbox"/>
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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CRASH INVESTIGATOR

\_\_\_\_\_  
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Send completed Press Release to:

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HOMICIDE INVESTIGATOR

\_\_\_\_\_  
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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"/>	RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>	

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