



FLORIDA HIGHWAY PATROL  
 MEDIA RELEASE  
 TALLAHASSEE REGIONAL COMMUNICATIONS CENTER



03-24-2014  
DATE

10:00  AM  
TIME  PM

SR-85 AND Kenya Cir.  
LOCATION OF INCIDENT

OKALOOSA  
COUNTY

VEHICLE #	<b>1</b>	2006	Stem	9000	\$ 20,000	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:	Richard Justin Sprouse			34	Baker, Fl.		
	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"/>	N/A	
							HOSPITAL
PASSENGER:	N/A						
	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"/>	YEAR	MAKE	MODEL	\$	ALCOHOL RELATED?	Yes <input type="checkbox"/> No <input type="checkbox"/> Pend <input type="checkbox"/>
					DAMAGE	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"/>	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"/>
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: N/A.

**NARRATIVE:**  
 V-1 was southbound on SR-85. V-1 ran off of the roadway onto the west shoulder. Driver-1 over corrected. V-1 came back onto the roadway and overturned. Driver-1 was trying to avoid a northbound vehicle that was in the southbound lane. The roadway was blocked for four hours so the tow company could upright V-1 and trailer it was pulling.

\_\_\_\_\_  
 TPR. E.J. Roberts, III  
 CRASH INVESTIGATOR

\_\_\_\_\_  
 REVIEWED BY

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

\_\_\_\_\_  
 N/A  
 HOMICIDE INVESTIGATOR

\_\_\_\_\_  
 FHPA14OFF013951  
 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"/>
DRIVER: _____						RELATIVE NOTIFIED Yes <input type="checkbox"/> No <input type="checkbox"/>
NAME _____						CITY / STATE OF RESIDENCE _____
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HOSPITAL _____						RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>

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DRIVER: _____						RELATIVE NOTIFIED Yes <input type="checkbox"/> No <input type="checkbox"/>
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PASSENGER: _____						
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CRASH INVESTIGATOR \_\_\_\_\_ Send completed Press Release to: \_\_\_\_\_ HOMICIDE INVESTIGATOR \_\_\_\_\_  
 REVIEWED BY \_\_\_\_\_ [TallPR@fhp.hsmv.state.fl.us](mailto:TallPR@fhp.hsmv.state.fl.us) \_\_\_\_\_ 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"/>	
RELATIVE NOTIFIED? 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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