



FLORIDA HIGHWAY PATROL  
 MEDIA RELEASE  
 TALLAHASSEE REGIONAL COMMUNICATIONS CENTER



03/21/2014  
DATE

3:00  AM  
TIME  PM

County Road 165 at Georgia Road  
LOCATION OF INCIDENT

JACKSON  
COUNTY

VEHICLE #	<b>1</b>	2004 YEAR	Mercury MAKE	Grand Mar MODEL	\$ 5,000 DAMAGE	ALCOHOL RELATED? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pend <input type="checkbox"/>	SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
DRIVER:	William Scott Blackburn NAME				42 AGE	Bascom, Florida CITY / STATE OF RESIDENCE	
INJURIES:	NONE <input type="checkbox"/>	MINOR <input type="checkbox"/>	SERIOUS <input type="checkbox"/>	CRITICAL <input checked="" type="checkbox"/>	FATAL <input type="checkbox"/>	TMH 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"/>
					HOSPITAL	RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>	

VEHICLE #	<b>2</b>	2004 YEAR	ICCO MAKE	Sch Bus MODEL	\$ 20,000 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:	Orenza Waddell, Jr. NAME				52 AGE	Marianna, Florida 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"/>	RELATIVE NOTIFIED? 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:**  
 V-2 was a Jackson County school bus that was traveling northbound on County Road 165 carrying 29 passengers. V-2 stopped on the northbound lane of County Road 165 to unload passengers. V-1 was traveling northbound on the northbound lane of County Road 165, behind V-2. V-1 failed to slow sufficiently and the front of V-1 collided with the rear of V-2. Both vehicles came to rest facing north on the northbound lane of County Road 165.  
 Two of the passengers on V-2 were transported to Jackson Hospital for possible injuries. Corporal Gordon with the assistance of Corporal Chapman initiated a preliminary investigation due the significance of D-1.

Trooper M. D. Brown  
 CRASH INVESTIGATOR  
*Lieutenant Rick V. Warden*  
 REVIEWED BY

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

Corporal J. Gordon  
 HOMICIDE INVESTIGATOR  
 FHPA14OFF013490  
 CASE NUMBER



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DATE \_\_\_\_\_ TIME  AM  PM LOCATION OF INCIDENT \_\_\_\_\_ COUNTY JACKSON

VEHICLE # <input style="width: 30px;" type="text"/>	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"/>	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 _____	
PASSENGER: _____						
NAME _____			AGE _____		CITY / STATE OF RESIDENCE _____	
					SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>	RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>
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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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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					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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PASSENGER: _____						
NAME _____			AGE _____		CITY / STATE OF RESIDENCE _____	
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					HOSPITAL _____	

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