



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



7/4/15  
DATE

5:00  AM  
TIME  PM

\*\*\*Update\*\*\* Interstate 10 / CR 189  
LOCATION OF INCIDENT

OKALOOSA  
COUNTY

VEHICLE # <b>1</b>	2006	Chevrolet	PK	\$ 10,000	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 type="checkbox"/> No <input checked="" type="checkbox"/>
DRIVER: Levi Matthew Jernigan	29	Crestview, FL			
	AGE	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"/>	Baptist-Pensacola HOSPITAL				
PASSENGER: Amber N Colson	28	Crestview, FL			
	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"/>	Sacred Heart-Pensacola HOSPITAL		SEATBELT / HELMET IN USE? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
	RELATIVE NOTIFIED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				

VEHICLE # <b>2</b>	2004	Ford	Sedan	\$ 10,000	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: Marion R Haynes	54	Niceville, FL			
	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"/>	Okaloosa Medical Ctr HOSPITAL				
PASSENGER: Zelma Thomas	38	Crestview FL			
	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"/>	Okaloosa Medical Ctr HOSPITAL		SEATBELT / HELMET IN USE? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
	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"/>			ALCOHOL RELATED? Yes <input type="checkbox"/> No <input type="checkbox"/> Pend <input type="checkbox"/>		
HOSPITAL			RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>		

CHARGES: Driver 1-Drive While Lic Suspended Causing Death, Drive While Lic Suspended-Habitual Traffic Offender, Careless Driving

**NARRATIVE:**  
V01 and V02 were traveling eastbound on Interstate 10, west of CR 189. V01 was towing a large box trailer loaded with large inflatable jump houses. The trailer began to sway uncontrollably and V01 began to lose control. As the trailer swayed, the right side of the trailer collided with the left rear side area of V02.  
V01 and its trailer rotated to the left and entered the median. V01 collided with a tree and came to final rest in the median. V02 was propelled to the right by the impact and came to final rest on the eastbound shoulder. The front seat passenger of V01 succumbed to injuries she received in this crash and was pronounced deceased at Sacred Heart Hospital-Pensacola.  
\*\*\*Update 10/05/15: Driver 1, Levi Matthew Jernigan, was arrested on criminal charges related to this crash on October 5, 2015 (The charges are listed above in the charges section.)

Trooper M. Davis  
CRASH INVESTIGATOR  
Lt. R. Streeter  
REVIEWED BY

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

Corporal M. Collins  
HOMICIDE INVESTIGATOR  
FHPA15OFF026099  
CASE NUMBER



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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 _____
INJURIES: NONE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input type="checkbox"/>						HOSPITAL _____
PASSENGER: _____						
NAME _____						CITY / STATE OF RESIDENCE _____
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HOSPITAL _____						RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>

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HOSPITAL _____						RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>

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HOSPITAL _____						RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>

CRASH INVESTIGATOR \_\_\_\_\_ HOMICIDE INVESTIGATOR \_\_\_\_\_  
 REVIEWED BY \_\_\_\_\_ CASE NUMBER \_\_\_\_\_  
 Send completed Press Release to: [TallPR@fhp.hsmv.state.fl.us](mailto:TallPR@fhp.hsmv.state.fl.us)  
 Or call 850-245-7701



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ADDITIONAL PASSENGER SECTION

VEH#	1	PASS#	2	Thomas Schmaelze	17	Crestview 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"/>	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#	1	PASS#	3	Jonathan L. Welch	51	Crestview FL
				NAME	AGE	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"/>	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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				FATAL <input type="checkbox"/>	SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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