



**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 # 1	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 # 2	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: _____	_____	_____	CITY / STATE OF RESIDENCE		
	NAME	AGE			
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: 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
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"/>
						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 _____	
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"/>

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

REVIEWED BY _____ CASE NUMBER _____

Send completed Press Release to:
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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"/>	

VEH#		PASS#				
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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"/>	SEATBELT / HELMET IN USE? Yes <input 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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