



FLORIDA HIGHWAY PATROL
 MEDIA RELEASE
 TALLAHASSEE REGIONAL COMMUNICATIONS CENTER



5/5/14
DATE

3:28 AM
TIME PM

6102 TIPPIN AVE
LOCATION OF INCIDENT

ESCAMBIA
COUNTY

VEHICLE #	1	2005 YEAR	FORD MAKE	PK MODEL	\$ 12000 DAMAGE	ALCOHOL RELATED? Yes <input type="checkbox"/> No <input type="checkbox"/> Pend <input checked="" type="checkbox"/>	SEATBELT / HELMET IN USE? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
DRIVER:	WILLIAM B AKINS NAME				51 AGE	MILTON, FL 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:	NONE 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 checked="" type="checkbox"/>
					HOSPITAL _____	RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

VEHICLE #	2	2006 YEAR	TOYT MAKE	4D MODEL	\$ 10000 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 type="checkbox"/>
DRIVER:	PARKED 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:	NONE 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"/>	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"/>	

PENDING NEXT OF KIN NOTIFICATION							
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 checked="" type="checkbox"/>	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"/>
HOSPITAL _____							

CHARGES: PENDING

NARRATIVE:
 V01 was traveling northbound on Tippin Ave at an excessive speed. V02 was parked next to the building located at the address of 6102 Tippin Ave. Driver of V01 failed to maintain control of V01, running off the roadway to the right. As a result, V01 collided with a utility pole before colliding with the front of the building. V01 continued to travel forward until colliding with the rear-end of V02 and the pedestrian whom was standing upon the sidewalk.

TPR. C. MITCHELL
 CRASH INVESTIGATOR
 SGT Greg Forrest
 REVIEWED BY

Send completed Press Release to:
TallPR@fhp.hsmv.state.fl.us

Cpl. S. Fisher
 HOMICIDE INVESTIGATOR
 FHFA14OFF021937
 CASE NUMBER



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



DATE _____ TIME AM PM LOCATION OF INCIDENT _____ COUNTY **ESCAMBIA**

VEHICLE # <input type="checkbox"/>	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"/>
DRIVER: _____						RELATIVE NOTIFIED	Yes <input type="checkbox"/> No <input type="checkbox"/>
NAME _____						CITY / STATE OF RESIDENCE _____	
AGE _____						HOSPITAL _____	
INJURIES: NONE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input type="checkbox"/>							
PASSENGER: _____						SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>	
NAME _____						CITY / STATE OF RESIDENCE _____	
AGE _____						HOSPITAL _____	
INJURIES: NONE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input type="checkbox"/>						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"/>
DRIVER: _____						RELATIVE NOTIFIED	Yes <input type="checkbox"/> No <input type="checkbox"/>
NAME _____						CITY / STATE OF RESIDENCE _____	
AGE _____						HOSPITAL _____	
INJURIES: NONE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input type="checkbox"/>							
PASSENGER: _____						SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>	
NAME _____						CITY / STATE OF RESIDENCE _____	
AGE _____						HOSPITAL _____	
INJURIES: NONE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input type="checkbox"/>						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"/>
NAME _____						CITY / STATE OF RESIDENCE _____	
AGE _____						HOSPITAL _____	
INJURIES: NONE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input type="checkbox"/>							
PASSENGER: _____						SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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AGE _____						HOSPITAL _____	
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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 _____	
AGE _____						HOSPITAL _____	
INJURIES: NONE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input type="checkbox"/>							
PASSENGER: _____						SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>	
NAME _____						CITY / STATE OF RESIDENCE _____	
AGE _____						HOSPITAL _____	
INJURIES: NONE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input type="checkbox"/>						RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>	

CRASH INVESTIGATOR _____ Send completed Press Release to: _____ HOMICIDE INVESTIGATOR _____
 REVIEWED BY _____ TallPR@fhp.hsmv.state.fl.us _____ CASE NUMBER _____



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 TALLAHASSEE REGIONAL COMMUNICATIONS CENTER



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"/>					

VEH# _____	PASS# _____	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"/>
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"/>	
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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