



FLORIDA HIGHWAY PATROL
 MEDIA RELEASE
 TALLAHASSEE REGIONAL COMMUNICATIONS CENTER



04-01-2014
DATE

10:52 AM
TIME PM

I-10 WB 27 MILE MARKER
LOCATION OF INCIDENT

SANTA ROSA
COUNTY

VEHICLE #	1	2011 YEAR	FORD MAKE	F-350 MODEL	\$ 10000.00 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:	KEVIN RICHARD SPOONER NAME				40 AGE	BONIFAY, 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:	_____ 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 #	2	2006 YEAR	VOLVO MAKE	SEMI MODEL	\$ 15000.00 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:	ROBERT UNGER NAME				58 AGE	SPENCERVILLE, OH 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: FAULTY EQUIPMENT

NARRATIVE:
 Vehicles 01 and 02 were traveling west on I-10 near the 27 mile marker. While traveling over the Blackwater bridge in the outside travel lane, the trailer attached to V01 detached from the ball/hitch. D01 drug the trailer by the safety chains until he stopped on the crest of the bridge in the outside travel lane. V02 was unable to stop in time. V02 slid to the right side of V01 in the emergency lane on the bridge. The left side of V02 sideswiped the right side of V01. Both vehicles came to a final position of rest on top of the bridge blocking the outside lanes. Westbound traffic was restricted to one lane for approximately 90 minutes until both vehicles were removed. No injuries were reported.

M.V.LABRANCHE 1705/3545
 CRASH INVESTIGATOR
Lt. JT Harris
 REVIEWED BY

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

HOMICIDE INVESTIGATOR
FHPA14OFF015374
 CASE NUMBER



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TALLAHASSEE REGIONAL COMMUNICATIONS CENTER**



DATE _____ TIME AM PM LOCATION OF INCIDENT _____ COUNTY **SANTA ROSA**

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

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