



FLORIDA HIGHWAY PATROL
 MEDIA RELEASE
 TALLAHASSEE REGIONAL COMMUNICATIONS CENTER



04/02/14
DATE

9:20 AM
TIME

1403 West St. Joseph Avenue
LOCATION OF INCIDENT

ESCAMBIA
COUNTY

VEHICLE #	1	2004 YEAR	Pont MAKE	Grand Prix MODEL	\$ 50.00 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"/>	RELATIVE NOTIFIED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
DRIVER:	Unknown		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"/>	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?
						HOSPITAL	Yes <input type="checkbox"/> No <input type="checkbox"/>	RELATIVE NOTIFIED?
							Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

VEHICLE #	2	2002 YEAR	Blue Bird MAKE	Bus MODEL	\$ 0.00 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"/>	RELATIVE NOTIFIED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
DRIVER:	Hattie Davis		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"/>	HOSPITAL		
PASSENGER:	Gwendolyn Purifor		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 checked="" type="checkbox"/> No <input type="checkbox"/>	RELATIVE NOTIFIED?
						HOSPITAL	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	RELATIVE NOTIFIED?
							Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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"/>	RELATIVE NOTIFIED?
						Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
HOSPITAL								

CHARGES: Pending

NARRATIVE:
 Vehicle-1 and Vehicle-2 were eastbound on west St. Joseph Ave. Vehicle-1 was traveling behind vehicle-2. Vehicle-2 is a Escambia County School Bus, vehicle-2 stopped behind other school buses in front of Mc Millan Per-K Center School located at 1403 West St. Joseph Ave. Driver-1 misjudged the distance between vehicle-1 and vehicle-2 as she attempted to go around vehicle-2. The passenger outside mirror of vehicle-1 struck the left rear bumper on vehicle-2. No damage was found on vehicle-2 when inspected at the scene. Vehicle/driver -1 dropped a child off at the school and left the scene. The driver and passengers on vehicle-1 were checked and determined to have no injury. Vehicle-2 returned to the scene after I arrived. There were 16 students on vehicle-2 at the time of the crash.

Trp. Chris Chambless
 CRASH INVESTIGATOR
 Sgt. RJ Sedlak
 REVIEWED BY

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

HOMICIDE INVESTIGATOR
 FHPA14OFF015541
 CASE NUMBER



FLORIDA HIGHWAY PATROL
 MEDIA RELEASE
 TALLAHASSEE REGIONAL COMMUNICATIONS CENTER



DATE _____ TIME AM PM LOCATION OF INCIDENT _____ ESCAMBIA COUNTY

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 _____				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: _____						SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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 _____	
						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 _____				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: _____						SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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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"/>						HOSPITAL _____	
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DRIVER: _____						RELATIVE NOTIFIED Yes <input type="checkbox"/> No <input type="checkbox"/>	
NAME _____				AGE _____		CITY / STATE OF RESIDENCE _____	
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PASSENGER: _____						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"/>	

CRASH INVESTIGATOR _____ Send completed Press Release to: _____ HOMICIDE INVESTIGATOR _____
 REVIEWED BY _____ 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"/>					

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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