



**FLORIDA HIGHWAY PATROL
MEDIA RELEASE
TROOP - G**



11/25/2011
DATE

12:10 AM
TIME PM

STATE ROAD 100 @ COUNTY ROAD 2005
LOCATION OF INCIDENT

FLAGLER
COUNTY

VEHICLE # 01	1999	PETERBUIL	SEMI	\$ 6000	ALCOHOL RELATED?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pend <input type="checkbox"/>
	YEAR	MAKE	MODEL	DAMAGE	SEATBELT IN USE?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
DRIVER: RALPH A. SCHROCK	51	SATSUMA/ 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"/>						N/A
HELMET: YES <input type="checkbox"/> NO <input type="checkbox"/>						HOSPITAL
PASSENGER: N/A						
	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 IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>
HELMET: YES <input type="checkbox"/> NO <input type="checkbox"/>						HOSPITAL RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>

VEHICLE # 02	1992	BUICK	4dr	\$ 2500	ALCOHOL RELATED?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pend <input type="checkbox"/>
	YEAR	MAKE	MODEL	DAMAGE	SEATBELT IN USE?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
DRIVER: THERESA M. WOODFIN	28	BUNNELL, FL				
	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"/>						HOSPITAL
HELMET: YES <input type="checkbox"/> NO <input type="checkbox"/>						
PASSENGER: N/A						
	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 IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>
HELMET: 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"/>
HOSPITAL						RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>

CHARGES: PENDING

NARRATIVE:
 Vehicle 01 (V01) was traveling west on S.R. 100 approaching the intersection of C.R. 2005. Vehicle 02 (V02) was traveling west on S.R. 100 ahead of V01. V02 was stopped at the C.R. 2005 intersection waiting to make a left turn from SR. 100 to C.R. 2005. Vehicle 03 (V03) was traveling east on S.R. 100 approaching the C.R. 2005 intersection. The driver of V01 failed to stop before the front of V01 struck the rear of V02. The impact caused V02 to immediately explode in flames. V02 came to rest in the eastbound lane on S.R. 100 facing west. The front of V01 then struck the left side of V03 and overturned. V01 spilled it's lumber cargo across both lanes. V03 came to rest against the guardrail facing east in the eastbound lane. V01 came to rest on it's right side facing south across both lanes of S.R. 100.

TPR. R.D. LEWIS
CRASH INVESTIGATOR
SGT. TINA HALL
REVIEWED BY

Send completed Press Release to:
JaxPR@fhp.hsmv.state.fl.us
 Or fax to:
 904-301-3664

CPL. GREGORY COHN
HOMICIDE INVESTIGATOR
FHPG11OFF047688
CASE NUMBER



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STATE ROAD 100 @ COUNTY ROAD 2005
 LOCATION OF INCIDENT

FLAGLER
 COUNTY

VEHICLE #	03	2011	DODGE	JOURNEY	\$ 15000	ALCOHOL RELATED	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pend <input type="checkbox"/>
		YEAR	MAKE	MODEL	DAMAGE	SEATBELT IN USE?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
DRIVER:	TIMOTHY J. REESE		31	PALATKA/ 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"/>	N/A	
HELMET:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	HOSPITAL				
PASSENGER:	N/A						
	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 IN USE?	Yes <input type="checkbox"/> No <input type="checkbox"/>
HELMET:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	HOSPITAL		RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>		

VEHICLE #					\$	ALCOHOL RELATED	Yes <input type="checkbox"/> No <input type="checkbox"/> Pend <input type="checkbox"/>
		YEAR	MAKE	MODEL	DAMAGE	SEATBELT IN USE?	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	
HELMET:	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
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 IN USE?	Yes <input type="checkbox"/> No <input type="checkbox"/>
HELMET:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	HOSPITAL		RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>		

VEHICLE #					\$	ALCOHOL RELATED	Yes <input type="checkbox"/> No <input type="checkbox"/> Pend <input type="checkbox"/>
		YEAR	MAKE	MODEL	DAMAGE	SEATBELT IN USE?	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	
HELMET:	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
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 IN USE?	Yes <input type="checkbox"/> No <input type="checkbox"/>
HELMET:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	HOSPITAL		RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>		

VEHICLE #					\$	ALCOHOL RELATED	Yes <input type="checkbox"/> No <input type="checkbox"/> Pend <input type="checkbox"/>
		YEAR	MAKE	MODEL	DAMAGE	SEATBELT IN USE?	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	
HELMET:	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
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 IN USE?	Yes <input type="checkbox"/> No <input type="checkbox"/>
HELMET:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	HOSPITAL		RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>		

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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 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 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 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 IN USE? Yes <input type="checkbox"/>	No <input type="checkbox"/>
			RELATIVE NOTIFIED? 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 _____	SEATBELT IN USE? Yes <input type="checkbox"/>	No <input type="checkbox"/>
			RELATIVE NOTIFIED? 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 _____	SEATBELT IN USE? Yes <input type="checkbox"/>	No <input type="checkbox"/>
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FATAL <input type="checkbox"/>		HOSPITAL _____	SEATBELT 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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FATAL <input type="checkbox"/>		HOSPITAL _____	SEATBELT IN USE? Yes <input type="checkbox"/>	No <input type="checkbox"/>
			RELATIVE NOTIFIED? Yes <input type="checkbox"/>	No <input type="checkbox"/>

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FATAL <input type="checkbox"/>		HOSPITAL _____	SEATBELT IN USE? Yes <input type="checkbox"/>	No <input type="checkbox"/>
			RELATIVE NOTIFIED? Yes <input type="checkbox"/>	No <input type="checkbox"/>

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FATAL <input type="checkbox"/>		HOSPITAL _____	SEATBELT IN USE? Yes <input type="checkbox"/>	No <input type="checkbox"/>
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FATAL <input type="checkbox"/>		HOSPITAL _____	SEATBELT IN USE? Yes <input type="checkbox"/>	No <input type="checkbox"/>
			RELATIVE NOTIFIED? Yes <input type="checkbox"/>	No <input type="checkbox"/>