



FLORIDA HIGHWAY PATROL
 MEDIA RELEASE
 TROOP – G



12-05-2010
 DATE

11:00 AM
 PM
 TIME

SB State Road 9 (I-95) near Mile Marker 292 (N Palm Coast Pkwy)
 LOCATION OF INCIDENT

FLAGLER
 COUNTY

VEHICLE # 1	1999	Ford	SUV	\$ 8000	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: Hugo CAMPOS-LEON					RELATIVE NOTIFIED?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	NAME					
			18		Eustis, 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"/>	Halifax Hospital Volusia					
HELMET: YES <input type="checkbox"/> NO <input type="checkbox"/>	HOSPITAL					
PASSENGER: Fidel SALGADO			36		Eustis, 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"/>	N/A					SEATBELT IN USE? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
HELMET: YES <input type="checkbox"/> NO <input type="checkbox"/>	HOSPITAL					RELATIVE NOTIFIED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

VEHICLE # <input type="checkbox"/>				\$	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:					RELATIVE NOTIFIED?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	NAME					
INJURIES: NONE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input type="checkbox"/>						
HELMET: YES <input type="checkbox"/> NO <input type="checkbox"/>	HOSPITAL					
PASSENGER:						
	NAME					
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					
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: None

NARRATIVE:
 Vehicle #1 was traveling southbound in the center travel lane on State Road 9 (I-95), a couple of miles north of the intersection of Palm Coast Parkway. Vehicle #1's left rear tire blew out. The Driver of Vehicle #1 lost control and the vehicle began to spin across all southbound travel lanes to the right southbound shoulder. Vehicle #1 then struck a series of trees where it overturned onto its right side. Several passengers were ejected from the vehicle. Five adults were killed and four children were transported to local hospitals with non-life threatening injuries.

TPR. Karen Howard
 CRASH INVESTIGATOR
 Lt. W.H. Leeper
 REVIEWED BY

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

CPL Peter Young
 HOMICIDE INVESTIGATOR
 FHPG10OFF049887
 CASE NUMBER



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ADDITIONAL PASSENGER SECTION

VEH#	<u>1</u>	PASS#	<u>2</u>	<u>Ana Lilia FIGUEROA-GARCIA</u>	<u>34</u>	<u>Eustis, FL</u>
				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"/>				N/A		SEATBELT IN USE? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
				HOSPITAL	RELATIVE NOTIFIED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

VEH#	<u>1</u>	PASS#	<u>3</u>	<u>Maria Mercedes CORONA-LEON</u>	<u>28</u>	<u>Eustis, FL</u>
				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"/>				N/A		SEATBELT IN USE? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
				HOSPITAL	RELATIVE NOTIFIED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

VEH#	<u>1</u>	PASS#	<u>4</u>	<u>Maria Celia LEON de CORONA</u>	<u>48</u>	<u>Eustis, FL</u>
				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"/>				N/A		SEATBELT IN USE? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
				HOSPITAL	RELATIVE NOTIFIED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

VEH#	<u>1</u>	PASS#	<u>5</u>	<u>Jairo SALGADO</u>	<u>11</u>	<u>Eustis, FL</u>
				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"/>				Halifax Hospital, DB		SEATBELT IN USE? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
				HOSPITAL	RELATIVE NOTIFIED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

VEH#	<u>1</u>	PASS#	<u>6</u>	<u>Aldo VILLANUEVA-LEON</u>	<u>6</u>	<u>Eustis, FL</u>
				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"/>				Florida Hospital, Flagler		SEATBELT IN USE? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
				HOSPITAL	RELATIVE NOTIFIED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

VEH#	<u>1</u>	PASS#	<u>7</u>	<u>Liset VILLANUEVA-LEON</u>	<u>6</u>	<u>Eustis, FL</u>
				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"/>				Halifax Hospital, Flagler		SEATBELT IN USE? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
				HOSPITAL	RELATIVE NOTIFIED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

VEH#	<u>1</u>	PASS#	<u>8</u>	<u>Dayanna SALGADO</u>	<u>6</u>	<u>Eustis, FL</u>
				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"/>				Florida Hospital, Florida		SEATBELT IN USE? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
				HOSPITAL	RELATIVE NOTIFIED? Yes <input checked="" 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"/>				_____		SEATBELT IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>
				HOSPITAL	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"/>				_____		SEATBELT IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>
				HOSPITAL	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"/>				_____		SEATBELT IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>
				HOSPITAL	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"/>				_____		SEATBELT IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>
				HOSPITAL	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"/>				_____		SEATBELT IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>
				HOSPITAL	RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>	