



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



11/10/2009  
DATE

8:40  AM  
TIME  PM

Johns Road east of Cooper Lane  
LOCATION OF INCIDENT

OKALOOSA  
COUNTY

VEHICLE # <b>1</b>	1994	Ford	F-150	\$ 5000	ALCOHOL RELATED?	Yes <input type="checkbox"/> No <input type="checkbox"/> Pend <input checked="" type="checkbox"/>
	YEAR	MAKE	MODEL	DAMAGE	SEATBELT / HELMET IN USE?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
DRIVER: <u>Cody J. Myers</u>			18		RELATIVE NOTIFIED?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	NAME		AGE			<u>Holt, Florida</u>
						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"/>						<u>Sacred Heart, Pensacola</u>
						HOSPITAL
PASSENGER: <u>Jacob D. Mashburn</u>			17			<u>Holt, Florida</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"/>					SEATBELT / HELMET IN USE?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
						RELATIVE NOTIFIED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
					<u>Sacred Heart, Pensacola</u>	HOSPITAL

VEHICLE # <input type="checkbox"/>				\$	ALCOHOL RELATED?	Yes <input type="checkbox"/> No <input type="checkbox"/> Pend <input type="checkbox"/>
	YEAR	MAKE	MODEL	DAMAGE	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: _____						CITY / STATE OF RESIDENCE
	NAME		AGE			
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	

PEDESTRIAN: _____						CITY / STATE OF RESIDENCE
	NAME		AGE			
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: pending

**NARRATIVE:**

Vehicle One was traveling westbound on Johns Road. Vehicle One was traveling at a high rate of speed when it entered a curve in the roadway. The driver of Vehicle One failed to negotiate curve at a safe speed. Vehicle One crossed over the centerline and the eastbound lane. Vehicle One went onto the south shoulder as the driver steered right. Vehicle One began to rotate clockwise. The left rear of Vehicle One struck a large pecan tree. This impact forced Vehicle One to rotate the opposite direction (counterclockwise) while continuing to travel in a westerly direction. The right front quarter panel of Vehicle One struck another large pecan tree. Vehicle One rotated counterclockwise again about 180 degrees where Vehicle One struck a power pole guide line. Vehicle One came to final rest in two separate pieces. The cab was broken apart from the chassis. The main portion of Vehicle One came to final rest facing northwest and the cab portion came to final rest 10 feet west of the chassis facing southeast. Both subjects (driver and passenger) were ejected from the vehicle.

Tpr. Kelly Carrico  
CRASH INVESTIGATOR  
Lt. Ken Salter  
REVIEWED BY

Send completed Press Release to:  
[TallahasseeShiftCommander@fhp.hsmv.state.fl.us](mailto:TallahasseeShiftCommander@fhp.hsmv.state.fl.us)  
Or fax to:  
850-921-9664

NA  
HOMICIDE INVESTIGATOR  
FHPA09OFF046807  
CASE NUMBER



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DRIVER: _____								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"/> _____									
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								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"/>
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PASSENGER: _____									
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NA  
HOMICIDE INVESTIGATOR  
FHPA09OFFO46807  
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"/>	
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HOSPITAL _____				SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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