



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



*Hillsborough, Polk, Pinellas, Pasco, Hernando, Citrus and Sumter Counties*

5/20/2011  
DATE

9:25  AM  
TIME  PM

State Road 694 (Park Blvd) west of 113<sup>th</sup> Street North  
LOCATION OF INCIDENT

Pinellas  
COUNTY

VEHICLE #	<b>1</b>	2009 YEAR	Jeep MAKE	Wrangler MODEL	\$ 10000 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:	Ralph Mario Poffo NAME			58 AGE	Seminole, FL 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"/>	Largo Medical HOSPITAL	
PASSENGER:	Barbara L. Poffo NAME			56 AGE	Seminole, FL 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"/>	Bayfront HOSPITAL	SEATBELT / HELMET IN USE? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						RELATIVE NOTIFIED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

VEHICLE #		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"/>	
						RELATIVE NOTIFIED? 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	
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"/>	HOSPITAL	SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>
						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: None

**NARRATIVE:**  
Based upon the preliminary information at the time of this release, the following circumstances are believed to have led to this incident:

Vehicle 1 was traveling west on SR-694. Just west of the intersection of 113<sup>th</sup> Street North, Driver 1 lost control of Vehicle 1 for unknown reasons. Vehicle 1 traveled over the raised concrete median divider, crossed over the eastbound lanes of SR-694, over the outside curb and collided head-on with a tree. The Seminole Fire Department responded to the scene and provided medical care before Driver 1 was then transported to Largo Medical where he later expired from his injuries. Driver 1 may have suffered a medical event; however, this cannot be confirmed until an autopsy is performed.

Driver 1 is the Pro-Wrestler known as Randy "Macho Man" Savage. This incident remains under investigation. Official reports and photographs are not available for release at this time. The FHP does not operate a 911 system and thus the FHP does not have any recordings to be released.

Details regarding this incident are subject to change.

Trooper T. Crim  
CRASH INVESTIGATOR  
Sgt. Steve Gaskins  
REVIEWED BY

Send completed Press Release to a  
Supervisor for approval. Copy the PAO.

Corporal J. Atwood  
HOMICIDE INVESTIGATOR  
FHPC11OFF043702  
CASE NUMBER



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*Hillsborough, Polk, Pinellas, Pasco, Hernando, Citrus and Sumter Counties*

DATE \_\_\_\_\_ TIME  AM  PM LOCATION OF INCIDENT \_\_\_\_\_ 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"/>
						RELATIVE NOTIFIED	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 _____							
PASSENGER: _____							
NAME _____				AGE _____		CITY / STATE OF RESIDENCE _____	
						SEATBELT / HELMET IN USE?	Yes <input type="checkbox"/> No <input type="checkbox"/>
						RELATIVE NOTIFIED?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CRASH INVESTIGATOR \_\_\_\_\_

Send completed Press Release to a Supervisor for approval. Copy the PAO.

HOMICIDE INVESTIGATOR \_\_\_\_\_

REVIEWED BY \_\_\_\_\_

CASE NUMBER \_\_\_\_\_



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*Hillsborough, Polk, Pinellas, Pasco, Hernando, Citrus and Sumter Counties*

## 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"/>	

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

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