



FLORIDA HIGHWAY PATROL
 MEDIA RELEASE
 TALLAHASSEE REGIONAL COMMUNICATIONS CENTER



03/25/14
DATE

4:11 AM
TIME PM

U.S. 98 / Rue Dianne
LOCATION OF INCIDENT

OKALOOSA
COUNTY

VEHICLE #	1	2007 YEAR	Chevrolet MAKE	Colbalt MODEL	\$ 10000 DAMAGE	ALCOHOL RELATED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Pend <input type="checkbox"/>	SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
DRIVER:	Sean Ryan Gallagher NAME				28 AGE	Mary Esther, Florida 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"/>	Fort Walton Beach Medical HOSPITAL	
PASSENGER:	Duloris Marie Gonzalez NAME				27 AGE	Mary Esther, Florida 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"/>	Fort Walton Beach Medical HOSPITAL	SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> RELATIVE NOTIFIED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

CHARGES: DUI Manslaughter

NARRATIVE:
 V01 was traveling west on U.S. 98. V01 drifted off the roadway and onto the north gravel shoulder. V01 overcorrected and began to rotate counterclockwise. V01 crossed all westbound lanes of travel and entered the median where it began to overturn. The driver and passenger were ejected while V01 was overturning. V01 crossed all eastbound lanes and came to final rest, upright, on the south shoulder of U.S. 98. The driver and passenger were both transported to Fort Walton Beach Medical Center. The passenger was pronounced deceased at the hospital, and the driver received treatment for his injuries. After treatment, the driver was placed under arrest for DUI manslaughter and transported to the Okaloosa County Jail.

Next of Kin has been notified.

Cpl. Michael Collins
 CRASH INVESTIGATOR
Lieutenant Rick V. Warden
 REVIEWED BY

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

Cpl. David Karasek
 HOMICIDE INVESTIGATOR
 FHPA14OFF014066
 CASE NUMBER



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 TALLAHASSEE REGIONAL COMMUNICATIONS CENTER



DATE _____ TIME AM PM LOCATION OF INCIDENT _____ ESCAMBIA COUNTY

VEHICLE # <input type="text"/>	YEAR _____	MAKE _____	MODEL _____	\$ _____	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"/>
DRIVER: _____						RELATIVE NOTIFIED Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
NAME _____						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"/>						HOSPITAL _____	
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HOSPITAL _____						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"/>	

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