



FLORIDA HIGHWAY PATROL
 MEDIA RELEASE
 TALLAHASSEE REGIONAL COMMUNICATIONS CENTER



04/23/2014
DATE

1:45 AM
TIME PM

Interstate 10 at the 82 mile marker, westbound
LOCATION OF INCIDENT

WALTON
COUNTY

VEHICLE #	1	2005 YEAR	BMW MAKE	X-3 MODEL	\$ 10000 DAMAGE	ALCOHOL RELATED? Yes <input type="checkbox"/> No <input type="checkbox"/> Pend <input checked="" type="checkbox"/>	SEATBELT / HELMET IN USE? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
DRIVER:	Shannon Miller Walley NAME				47 AGE	Daytona Beach, 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"/>	North Okaloosa Medical Center HOSPITAL	
PASSENGER:	none NAME					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 / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>	RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>

VEHICLE #	2	2009 YEAR	Ford MAKE	Econoline Van 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"/>
DRIVER:	Joel Gonzalez-Magdalenos NAME				42 AGE	Hardeeville, South Carolina CITY / STATE OF RESIDENCE	
INJURIES:	NONE <input checked="" type="checkbox"/>	MINOR <input type="checkbox"/>	SERIOUS <input type="checkbox"/>	CRITICAL <input type="checkbox"/>	FATAL <input type="checkbox"/>	NA HOSPITAL	
PASSENGER:						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 / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>	RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>

PEDESTRIAN:	NA NAME					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"/>	RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>
HOSPITAL							

CHARGES: pending charges

NARRATIVE:
 Vehicle One , BMW, was traveling eastbound on Interstate 10 in the westbound lanes. Vehicle Two, Ford Van, was traveling westbound on Interstate 10 within the left, inside lane. Vehicle One was traveling uphill. Vehicle Two had just come over the hill and observed Vehicle One in his path. The driver of Vehicle Two steered left to avoid Vehicle One. The right front of Vehicle One struck the right side of Vehicle Two. Both vehicles came to final rest on the grass median.

Trooper Kelly Carrico
 CRASH INVESTIGATOR
 Sgt. Mylon Fulford
 REVIEWED BY

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

NA
 HOMICIDE INVESTIGATOR
 FHPA14OFF019275
 CASE NUMBER



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

VEHICLE # <input type="text"/>						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 checked="" type="checkbox"/>
NAME						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"/>
HOSPITAL _____						RELATIVE NOTIFIED?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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