



**FLORIDA HIGHWAY PATROL
MEDIA RELEASE
TROOP – E**



04/15/16
DATE

2:19 AM
TIME PM

Jones Road (Crestview)
LOCATION OF INCIDENT

Okaloosa
COUNTY

VEHICLE #	1	2007 YEAR	International MAKE	School Bus MODEL	\$ 500 DAMAGE	ALCOHOL RELATED? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pend <input type="checkbox"/>	SEATBELT IN USE? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
DRIVER:	Lorita McLaren NAME	45 AGE	Crestview, FL 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"/>	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"/>	SEATBELT IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>					RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>	
HELMET:	DR. <input type="checkbox"/> PASS. <input type="checkbox"/> N/A <input type="checkbox"/>	HOSPITAL _____					RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>	

VEHICLE #	2	2007 YEAR	Chev MAKE	Avalanche MODEL	\$ 1000 DAMAGE	ALCOHOL RELATED? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pend <input type="checkbox"/>	SEATBELT IN USE? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
DRIVER:	Brent Mynard NAME	17 AGE	Crestview, FL 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"/>	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"/>	SEATBELT IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>					RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>	
HELMET:	DR. <input type="checkbox"/> PASS. <input type="checkbox"/> N/A <input type="checkbox"/>	HOSPITAL _____					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"/>					RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>	
HOSPITAL	_____							

CHARGES: Fail to use designated lane (Driver 1 of Vehicle-1)

NARRATIVE:
 Vehicle-1 was traveling northbound on Jones Road. Vehicle-2 was traveling on the eastbound portion of Jones Road. Vehicle-1 attempted to negotiate the curve in a westerly direction. Vehicle-2 was attempting to negotiate the curve in a southbound direction. Vehicle-1 failed to use its designated lane, causing the left side of Vehicle-1 to collide with the left front of Vehicle-2.

 47 students were on the bus, one 7 year old child was transported to North Okaloosa Medical Center for minor injuries.

Trooper T. D. Bevis
CRASH INVESTIGATOR

Sgt. J.K. Peacock
REVIEWED BY

N/A
HOMICIDE INVESTIGATOR

FHPA16OFF015586
CASE NUMBER



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TROOP - E**



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 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: _____							
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HELMET: DR. <input type="checkbox"/> PASS. <input type="checkbox"/> N/A <input type="checkbox"/>						HOSPITAL _____	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 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: _____							
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						SEATBELT IN USE?	Yes <input type="checkbox"/> No <input type="checkbox"/>
DRIVER: _____						RELATIVE NOTIFIED	Yes <input type="checkbox"/> No <input type="checkbox"/>
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						SEATBELT IN USE?	Yes <input type="checkbox"/> No <input type="checkbox"/>
DRIVER: _____						RELATIVE NOTIFIED	Yes <input type="checkbox"/> No <input type="checkbox"/>
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CRASH INVESTIGATOR _____

HOMICIDE INVESTIGATOR _____

REVIEWED BY _____

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

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