



FLORIDA HIGHWAY PATROL  
 MEDIA RELEASE  
 TROOP – E



04/15/16  
 DATE

2:19  AM  
 PM  
 TIME

Jones Road (Crestview)  
 LOCATION OF INCIDENT

Okaloosa  
 COUNTY

VEHICLE # **1**    2007    International    School Bus    \$ 500  
 YEAR    MAKE    MODEL    DAMAGE

ALCOHOL RELATED?    Yes  No  Pend   
 SEATBELT IN USE?    Yes  No   
 RELATIVE NOTIFIED?    Yes  No

DRIVER:    Lorita McLaren    45    Crestview, FL  
 NAME    AGE    CITY / STATE OF RESIDENCE

INJURIES:    NONE  MINOR  SERIOUS  CRITICAL  FATAL  \_\_\_\_\_  
 HOSPITAL

PASSENGER:    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
 NAME    AGE    CITY / STATE OF RESIDENCE

INJURIES:    NONE  MINOR  SERIOUS  CRITICAL  FATAL  \_\_\_\_\_ SEATBELT IN USE?    Yes  No   
 HELMET:    DR.  PASS.  N/A  \_\_\_\_\_ HOSPITAL    RELATIVE NOTIFIED?    Yes  No

VEHICLE # **2**    2007    Chev    Avalanche    \$ 1000  
 YEAR    MAKE    MODEL    DAMAGE

ALCOHOL RELATED?    Yes  No  Pend   
 SEATBELT IN USE?    Yes  No   
 RELATIVE NOTIFIED?    Yes  No

DRIVER:    Brent Mynard    17    Crestview, FL  
 NAME    AGE    CITY / STATE OF RESIDENCE

INJURIES:    NONE  MINOR  SERIOUS  CRITICAL  FATAL  \_\_\_\_\_  
 HOSPITAL

PASSENGER:    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
 NAME    AGE    CITY / STATE OF RESIDENCE

INJURIES:    NONE  MINOR  SERIOUS  CRITICAL  FATAL  \_\_\_\_\_ SEATBELT IN USE?    Yes  No   
 HELMET:    DR.  PASS.  N/A  \_\_\_\_\_ HOSPITAL    RELATIVE NOTIFIED?    Yes  No

PEDESTRIAN:    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
 NAME    AGE    CITY / STATE OF RESIDENCE

INJURIES:    NONE  MINOR  SERIOUS  CRITICAL  FATAL  \_\_\_\_\_ ALCOHOL RELATED?    Yes  No  Pend   
 HOSPITAL    \_\_\_\_\_ RELATIVE NOTIFIED?    Yes  No

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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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"/>
						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 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"/>							

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						RELATIVE NOTIFIED	Yes <input type="checkbox"/> No <input type="checkbox"/>
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HOSPITAL _____							
PASSENGER: _____							
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						RELATIVE NOTIFIED?	Yes <input type="checkbox"/> No <input type="checkbox"/>
HELMET: DR. <input type="checkbox"/> PASS. <input type="checkbox"/> N/A <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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