



FLORIDA HIGHWAY PATROL  
 MEDIA RELEASE  
 TALLAHASSEE REGIONAL COMMUNICATIONS CENTER



5/30/14      3:45       AM      SR 293 Mid-Bay Bridge      OKALOOSA  
 DATE      TIME       PM      LOCATION OF INCIDENT      COUNTY

VEHICLE #	<b>1</b>	2007	Toyo	Tacoma	\$ 8000	ALCOHOL RELATED?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pend <input type="checkbox"/>
		YEAR	MAKE	MODEL	DAMAGE	SEATBELT / HELMET IN USE?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
DRIVER:	Connor Dane Lynd			18	Niceville, FL		
	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"/>	Not Transported	
							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 / HELMET IN USE?	Yes <input type="checkbox"/> No <input type="checkbox"/>
							HOSPITAL
							RELATIVE NOTIFIED?
							Yes <input type="checkbox"/> No <input type="checkbox"/>

VEHICLE #	<b>2</b>	2006	Chey	1500	\$ 6000	ALCOHOL RELATED?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pend <input type="checkbox"/>
		YEAR	MAKE	MODEL	DAMAGE	SEATBELT / HELMET IN USE?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
DRIVER:	Stephen Bryan Noxon			56	Crestview, FL		
	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"/>	Sacred Heart So. Walton	
							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 / HELMET IN USE?	Yes <input type="checkbox"/> No <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 Maintain Single Lane

**NARRATIVE:**  
 V02 and V03 were traveling northbound in the northbound lane of SR 293, with V03 traveling behind V02. V01 was traveling southbound in the southbound lane of SR 293. D02 state she saw V01 travel into the northbound lane and she began to slow V02. D01 stated that he began feeling ill as he was coming across the bridge. V01 crossed over the solid double yellow painted lines and entered into the northbound lane of SR 293. The vehicle traveling in front of V02 traveled onto the northbound shoulder to avoid V01. V02 also attempted to travel onto the northbound shoulder to avoid V01. The left front of V01 struck the left front of V02. V02, after being struck by V01 was pushed backwards and rotated clockwise causing the rear of V02 strike the right front of V03. V03 was also pushed backwards and rotated counter clockwise coming to final rest in the northbound lane of SR 293 facing west. V01, after striking V02 rotated counter clockwise and came to final rest in the northbound lane of SR 293 facing east. V02 came to final rest straddling the northbound lane and the northbound shoulder of SR 293 facing east.

Tpr. Eric R. Diaz CRASH INVESTIGATOR	Send completed Press Release to: <a href="mailto:TallPR@flhsmv.gov">TallPR@flhsmv.gov</a>	HOMICIDE INVESTIGATOR FHPA14OFF026331
Lt. R.V. Warden REVIEWED BY		CASE NUMBER



**FLORIDA HIGHWAY PATROL  
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TALLAHASSEE REGIONAL COMMUNICATIONS CENTER**



5/30/14  
DATE

3:45  AM  
TIME  PM

SR 293 Mid-BayBridge  
LOCATION OF INCIDENT

OKALOOSA  
COUNTY

VEHICLE # <b>3</b>	2006	Saturn	SUV	\$ 4000	ALCOHOL RELATED	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pend <input type="checkbox"/>
YEAR	MAKE	MODEL	DAMAGE	SEATBELT / HELMET IN USE?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	RELATIVE NOTIFIED
DRIVER: Cassandra Ann Olimb	26	Niceville, FL				
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"/>	Not Transported					HOSPITAL
PASSENGER: Leslie Denise Davis	30	Foley, Al				
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"/>	Not Transported		SEATBELT / HELMET IN USE?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	RELATIVE NOTIFIED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
HOSPITAL						

VEHICLE # <input type="checkbox"/>				\$	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"/>	RELATIVE NOTIFIED
DRIVER:				CITY / STATE OF RESIDENCE		
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:				CITY / STATE OF RESIDENCE		
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"/>
HOSPITAL						

VEHICLE # <input type="checkbox"/>				\$	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"/>	RELATIVE NOTIFIED
DRIVER:				CITY / STATE OF RESIDENCE		
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:				CITY / STATE OF RESIDENCE		
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"/>
HOSPITAL						

VEHICLE # <input type="checkbox"/>				\$	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"/>	RELATIVE NOTIFIED
DRIVER:				CITY / STATE OF RESIDENCE		
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:				CITY / STATE OF RESIDENCE		
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"/>
HOSPITAL						

Tpr. Eric Diaz  
CRASH INVESTIGATOR  
Lt. R.V. Warden  
REVIEWED BY

Send completed Press Release to:  
[TallPR@flhsmv.gov](mailto:TallPR@flhsmv.gov)

HOMICIDE INVESTIGATOR  
FHPA14OFF026331  
CASE NUMBER



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 TALLAHASSEE REGIONAL COMMUNICATIONS CENTER



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"/>	

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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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HOSPITAL _____				SEATBELT / HELMET IN USE? 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"/>	
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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"/>	