



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 #	1	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 #	2	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
Lt. R.V. Warden
 REVIEWED BY

Send completed Press Release to:

TallPR@flhsmv.gov

HOMICIDE INVESTIGATOR
FHPA14OFF026331
 CASE NUMBER



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TIME PM

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LOCATION OF INCIDENT

OKALOOSA
COUNTY

VEHICLE #	3	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"/>	
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"/>
							HOSPITAL
							RELATIVE NOTIFIED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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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"/>	
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HOSPITAL _____				SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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