



**FLORIDA HIGHWAY PATROL
MEDIA RELEASE
TALLAHASSEE REGIONAL COMMUNICATIONS CENTER**



02/20/15
DATE

5:45 AM
TIME PM

Airport Road (CR-188) S/O Poverty Creek Road
LOCATION OF INCIDENT

OKALOOSA
COUNTY

VEHICLE #	1	2013 YEAR	Honda MAKE	Civic MODEL	\$ Total 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:	Derrick E. Carter NAME	26 AGE	Crestview, FL CITY / STATE OF RESIDENCE		RELATIVE NOTIFIED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
INJURIES:	NONE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input checked="" type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input type="checkbox"/>				N. Okaloosa Medical Center HOSPITAL		
PASSENGER:	Ekaterina Lowther NAME	18 AGE	Crestview, FL CITY / STATE OF RESIDENCE		RELATIVE NOTIFIED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
INJURIES:	NONE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input checked="" type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input type="checkbox"/>				N. Okaloosa Medical Center HOSPITAL		

VEHICLE #	2	2002 YEAR	Hyun MAKE	UT MODEL	\$ Total 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:	Bryan McDermott NAME	38 AGE	Niceville, FL CITY / STATE OF RESIDENCE		RELATIVE NOTIFIED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
INJURIES:	NONE <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input type="checkbox"/>				N/A HOSPITAL		
PASSENGER:	Elijah Willis NAME	2 AGE	Crestview, FL CITY / STATE OF RESIDENCE		RELATIVE NOTIFIED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
INJURIES:	NONE <input type="checkbox"/> MINOR <input checked="" type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input type="checkbox"/>				N. Okaloosa Medical Center HOSPITAL		

PEDESTRIAN:	NAME	AGE	CITY / STATE OF RESIDENCE	ALCOHOL RELATED? Yes <input type="checkbox"/> No <input type="checkbox"/> Pend <input type="checkbox"/>	RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>
INJURIES:	NONE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input type="checkbox"/>				
HOSPITAL	_____				

CHARGES: Pending

NARRATIVE:
V-1 was traveling northbound on CR-188 (Airport Road). V-2 was traveling southbound on CR-188 (Airport Road). As V-1 was entering a slight left hand curve, D-1 stated that a dog ran into his path. V-1 traveled into the path of V-2 (northbound lane). V-2 was unable to avoid the collision, thus, causing the front of V-1 to strike the front of V-2. Both vehicles came to final rest within the area of impact.

Passengers of both V-1 and V-2 were transported by air to Sacred Heart Hospital and Baptist Hospital.

<u>Tpr. J. Adkins</u> CRASH INVESTIGATOR <u>Sgt. R.C. Livingston</u> REVIEWED BY	Send completed Press Release to: TallPR@flhsmv.gov	<u>N/A</u> HOMICIDE INVESTIGATOR <u>FHPA16OFF006831</u> CASE NUMBER
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TALLAHASSEE REGIONAL COMMUNICATIONS CENTER**



DATE _____ TIME AM PM LOCATION OF INCIDENT _____ COUNTY **OKALOOSA**

VEHICLE # <input type="checkbox"/>	YEAR _____	MAKE _____	MODEL _____	\$ _____	DAMAGE _____	ALCOHOL RELATED	Yes <input type="checkbox"/> No <input type="checkbox"/> Pend <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"/>
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 _____	
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="checkbox"/>	YEAR _____	MAKE _____	MODEL _____	\$ _____	DAMAGE _____	ALCOHOL RELATED	Yes <input type="checkbox"/> No <input type="checkbox"/> Pend <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"/>
DRIVER: _____							
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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 _____	
PASSENGER: _____							
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						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="checkbox"/>	YEAR _____	MAKE _____	MODEL _____	\$ _____	DAMAGE _____	ALCOHOL RELATED	Yes <input type="checkbox"/> No <input type="checkbox"/> Pend <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"/>
DRIVER: _____							
NAME _____				AGE _____		CITY / STATE OF RESIDENCE _____	
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PASSENGER: _____							
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						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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						SEATBELT / HELMET IN USE?	Yes <input type="checkbox"/> No <input type="checkbox"/>
						RELATIVE NOTIFIED	Yes <input type="checkbox"/> No <input type="checkbox"/>
DRIVER: _____							
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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 _____	
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"/>

CRASH INVESTIGATOR _____ Send completed Press Release to: _____ HOMICIDE INVESTIGATOR _____
 REVIEWED BY _____ TallPR@flhsmv.gov _____ CASE NUMBER _____



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ADDITIONAL PASSENGER SECTION

VEH#	1	PASS#	2	Heather Hume	23	Panama City, FL
				NAME	AGE	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"/>				Baptist Hospital	SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
				HOSPITAL	RELATIVE NOTIFIED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

VEH#	1	PASS#	3	William Smith	33	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"/>				N. Okaloosa Medical Center	SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
				HOSPITAL	RELATIVE NOTIFIED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

VEH#	2	PASS#	2	Crystal Vanderschaaf	30	Niceville, FL
				NAME	AGE	CITY / STATE OF RESIDENCE
INJURIES: NONE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL <input checked="" type="checkbox"/> FATAL <input type="checkbox"/>				Sacred Heart Hopspital	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"/>	

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"/>					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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				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"/>	

VEH#		PASS#				
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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"/>					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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