



**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	Honda	Civic	\$	Total	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:	Derrick E. Carter		26			RELATIVE NOTIFIED?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	NAME		AGE			Crestview, FL	
						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"/>	N. Okaloosa Medical Center	
						HOSPITAL	
PASSENGER:	Ekaterina Lowther		18			Crestview, FL	
	NAME		AGE			CITY / STATE OF RESIDENCE	
						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"/>	N. Okaloosa Medical Center	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 # 2	2002	Hyun	UT	\$	Total	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:	Bryan McDermott		38			RELATIVE NOTIFIED?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	NAME		AGE			Niceville, 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"/>	N/A	
						HOSPITAL	
PASSENGER:	Elijah Willis		2			Crestview, FL	
	NAME		AGE			CITY / STATE OF RESIDENCE	
						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 checked="" type="checkbox"/> No <input type="checkbox"/>
						HOSPITAL	RELATIVE NOTIFIED? Yes <input checked="" 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"/>
HOSPITAL			
			ALCOHOL RELATED? Yes <input type="checkbox"/> No <input type="checkbox"/> Pend <input type="checkbox"/>
			RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>

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.

Tpr. J. Adkins
CRASH INVESTIGATOR
Sgt. R.C. Livingston
REVIEWED BY

Send completed Press Release to:

TallPR@flhsmv.gov

N/A
HOMICIDE INVESTIGATOR
FHPA16OFF006831
CASE NUMBER



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

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						SEATBELT / HELMET IN USE?	Yes <input type="checkbox"/> No <input type="checkbox"/>
DRIVER: _____						RELATIVE NOTIFIED	Yes <input type="checkbox"/> No <input type="checkbox"/>
NAME _____						CITY / STATE OF RESIDENCE _____	
AGE _____						HOSPITAL _____	
INJURIES: NONE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input type="checkbox"/>							
PASSENGER: _____						SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>	
NAME _____						CITY / STATE OF RESIDENCE _____	
AGE _____						HOSPITAL _____	
INJURIES: NONE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input type="checkbox"/>						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"/>
DRIVER: _____						RELATIVE NOTIFIED	Yes <input type="checkbox"/> No <input type="checkbox"/>
NAME _____						CITY / STATE OF RESIDENCE _____	
AGE _____						HOSPITAL _____	
INJURIES: NONE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input type="checkbox"/>							
PASSENGER: _____						SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>	
NAME _____						CITY / STATE OF RESIDENCE _____	
AGE _____						HOSPITAL _____	
INJURIES: NONE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input type="checkbox"/>						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"/>
DRIVER: _____						RELATIVE NOTIFIED	Yes <input type="checkbox"/> No <input type="checkbox"/>
NAME _____						CITY / STATE OF RESIDENCE _____	
AGE _____						HOSPITAL _____	
INJURIES: NONE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input type="checkbox"/>							
PASSENGER: _____						SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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AGE _____						HOSPITAL _____	
INJURIES: NONE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input type="checkbox"/>						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"/>
DRIVER: _____						RELATIVE NOTIFIED	Yes <input type="checkbox"/> No <input type="checkbox"/>
NAME _____						CITY / STATE OF RESIDENCE _____	
AGE _____						HOSPITAL _____	
INJURIES: NONE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input type="checkbox"/>							
PASSENGER: _____						SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>	
NAME _____						CITY / STATE OF RESIDENCE _____	
AGE _____						HOSPITAL _____	
INJURIES: NONE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input type="checkbox"/>						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 NAME	23 AGE	Panama City, FL 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 HOSPITAL	SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> RELATIVE NOTIFIED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

VEH#	1	PASS#	3	William Smith NAME	33 AGE	Crestview, FL 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 HOSPITAL	SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> RELATIVE NOTIFIED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

VEH#	2	PASS#	2	Crystal Vanderschaaf NAME	30 AGE	Niceville, FL 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 HOSPITAL	SEATBELT / HELMET IN USE? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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"/>				 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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