



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



04/17/2014
DATE

2:00 AM
TIME PM

US-98 and SR-189 (Beal Pkwy)
LOCATION OF INCIDENT

OKALOOSA
COUNTY

VEHICLE # 1	1999	Ford	Crown Vic	\$ 3,000	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: Daniel A. Cain	23	Fort Walton Beach, Florida			
	NAME	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/A				
	HOSPITAL				
PASSENGER: N/A					
	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	2010	Huyn dai	4Dr	\$ 5,000	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: Katina A. Allen	41	Fort Walton Beach, Florida			
	NAME	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"/>	Fort Walton Beach Medical Center				
	HOSPITAL				
PASSENGER: N/A					
	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: N/A					
	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: Referred to the Ft. Walton Beach Police Dept.

NARRATIVE:
 Vehicle 1, a marked Fort Walton Beach Police vehicle, was traveling south on SR-189 responding to an assistance call from another Officer on the scene of a physical disturbance. Vehicle 2 was traveling west on the outside westbound lane of US-98. The driver of Vehicle 1 while attempting to turn east on US-98 through a solid red traffic signal at the intersection of US-98 and SR-189 and overlooked the approach of Vehicle 2. The front of Vehicle 2 subsequently collided with the left side of Vehicle 1. Both vehicles came to rest near the area of impact. The cause of this crash was due to the manner in which the patrol vehicle was operated by the officer responding to the call for assistance. This situation was referred to the agency involved for resolution with the officer and the non at-fault driver and vehicle. It was also noted at the time of the crash, the emergency equipment on Vehicle 1 had not yet been activated by the officer responding.

Sergeant J. T. Britt
 CRASH INVESTIGATOR
 Lieutenant R. Warden
 REVIEWED BY

Send completed Press Release to:
TallPR@fhp.hsmv.state.fl.us

N/A
 HOMICIDE INVESTIGATOR
 FHPA14OFF018204
 CASE NUMBER



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DRIVER: _____						RELATIVE NOTIFIED Yes <input type="checkbox"/> No <input type="checkbox"/>	
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CRASH INVESTIGATOR _____ Send completed Press Release to: _____ HOMICIDE INVESTIGATOR _____
 REVIEWED BY _____ TallPR@fhp.hsmv.state.fl.us _____ 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 / 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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