



**FLORIDA HIGHWAY PATROL  
MEDIA RELEASE  
TROOP – A**



09/5/14      8:11     AM      US-331 and State Road 20      Walton  
 DATE      TIME     PM      LOCATION OF INCIDENT      COUNTY

VEHICLE # **1**    2008    Volks Wagon    Jetta    \$ 6000  
 YEAR      MAKE      MODEL      DAMAGE      ALCOHOL RELATED?    Yes  No  Pend

DRIVER: Robin Degafferelly    48    Bruce, FL  
 NAME      AGE      CITY / STATE OF RESIDENCE

INJURIES: NONE  MINOR  SERIOUS  CRITICAL  FATAL     Bay Medical  
 HOSPITAL

PASSENGER: \_\_\_\_\_  
 NAME      AGE      CITY / STATE OF RESIDENCE

INJURIES: NONE  MINOR  SERIOUS  CRITICAL  FATAL     SEATBELT IN USE?    Yes  No

HELMET: DR.  PASS.  N/A     HOSPITAL      RELATIVE NOTIFIED?    Yes  No

VEHICLE # **2**    2009    Ford    F150    \$ 8000  
 YEAR      MAKE      MODEL      DAMAGE      ALCOHOL RELATED?    Yes  No  Pend

DRIVER: Pam Ratliff    63    Diamondhead, MS  
 NAME      AGE      CITY / STATE OF RESIDENCE

INJURIES: NONE  MINOR  SERIOUS  CRITICAL  FATAL     HOSPITAL

PASSENGER: Joe Rester    71    Diamondhead, MS  
 NAME      AGE      CITY / STATE OF RESIDENCE

INJURIES: NONE  MINOR  SERIOUS  CRITICAL  FATAL     SEATBELT IN USE?    Yes  No

HELMET: DR.  PASS.  N/A     HOSPITAL      RELATIVE NOTIFIED?    Yes  No

PEDESTRIAN: \_\_\_\_\_  
 NAME      AGE      CITY / STATE OF RESIDENCE

INJURIES: NONE  MINOR  SERIOUS  CRITICAL  FATAL     ALCOHOL RELATED?    Yes  No  Pend

HOSPITAL \_\_\_\_\_      RELATIVE NOTIFIED?    Yes  No

CHARGES: FAIL TO STOP AT STEADY RED SIGNAL; PENDING FURTHER INVESTIGATIONS

NARRATIVE:

Vehicle 1 was traveling west on State Road 20 approaching a red traffic signal at the intersection of US-331, Vehicle 2 was traveling south on US-331 with a green signal approaching State Road 20. Vehicle 1 failed to stop for the red traffic signal. Both vehicles entered the intersection at the same time and collided. Driver 1 was air lifted to Bay Medical by Air Heart.

Trooper C. M. Savinon  
 CRASH INVESTIGATOR  
 Sgt L. A. Baker  
 REVIEWED BY

HOMICIDE INVESTIGATOR  
 FHPA14OFF040740  
 CASE NUMBER



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Okaloosa

DATE \_\_\_\_\_ TIME  AM  PM LOCATION OF INCIDENT \_\_\_\_\_ COUNTY \_\_\_\_\_

VEHICLE #	<input type="checkbox"/>	YEAR	MAKE	MODEL	\$	DAMAGE	ALCOHOL RELATED	Yes <input type="checkbox"/> No <input type="checkbox"/> Pend <input type="checkbox"/>
							SEATBELT 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 _____		
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"/>	HOSPITAL _____	SEATBELT IN USE?	Yes <input type="checkbox"/> No <input type="checkbox"/>
HELMET:	DR. <input type="checkbox"/>	PASS. <input type="checkbox"/>	N/A <input type="checkbox"/>	HOSPITAL _____		RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>		

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							SEATBELT 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 _____		
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"/>	HOSPITAL _____	SEATBELT IN USE?	Yes <input type="checkbox"/> No <input type="checkbox"/>
HELMET:	DR. <input type="checkbox"/>	PASS. <input type="checkbox"/>	N/A <input type="checkbox"/>	HOSPITAL _____		RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>		

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							SEATBELT 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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CRASH INVESTIGATOR

HOMICIDE INVESTIGATOR

REVIEWED BY

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 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 IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>
				RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>

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				RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>

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