



FLORIDA HIGHWAY PATROL
 MEDIA RELEASE
 TALLAHASSEE REGIONAL COMMUNICATIONS CENTER



07-14-2014
DATE

9:55 AM
TIME PM

STATE ROAD 85 @ Live Oak Church Road
LOCATION OF INCIDENT

OKALOOSA
COUNTY

VEHICLE #	1	2008 YEAR	Toyt MAKE	Corolla MODEL	\$ 8500 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:	April Castor NAME				26 AGE	Crestview Florida 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"/>	Twin Cities Hospital HOSPITAL	
PASSENGER:	Esther Peguero NAME				54 AGE	Crestview Florida 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"/>	Twin Cities Hospital 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"/>

VEHICLE #	2	1991 YEAR	Chev MAKE	Silverado MODEL	\$ 4500 DAMAGE	ALCOHOL RELATED? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pend <input type="checkbox"/>	SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
DRIVER:	Steven Blankenship NAME				21 AGE	Crestview Florida 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"/>	North Okaloosa Medical Center HOSPITAL	
PASSENGER:	Hunter Mills NAME				14 AGE	Crestview Florida 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"/>	North 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"/>

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: Violation of Right of Way

NARRATIVE:
 Vehicle 1 was Northbound on State Road 85 in the left turn lane to Antioch Road. Vehicle 2 was Southbound on State Road 85 in the outside lane approaching the intersection of Antioch Road. According to both witnesses's Vehicle 1 had a green light and not a green arrow. Driver 1 made a left turn in front of Vehicle 2. The front of Vehicle 2 struck the right rear of Vehicle 1. After impact Vehicle 2 entered the West shoulder of State Road 85 and overturned onto the roof. Vehicle 2 came to final rest on the roof facing East.

Trooper C. D. Hurst
 CRASH INVESTIGATOR
 Sgt. Padgett
 REVIEWED BY

Send completed Press Release to:

TallPR@flhsmv.gov

HOMICIDE INVESTIGATOR
 FHPA14OFF033115
 CASE NUMBER



**FLORIDA HIGHWAY PATROL
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TALLAHASSEE REGIONAL COMMUNICATIONS CENTER**



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

VEHICLE # <input type="text"/>	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"/>
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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DRIVER: _____						RELATIVE NOTIFIED	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"/>							
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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"/>						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@flhsmv.gov

CASE NUMBER _____



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ADDITIONAL PASSENGER SECTION

VEH#	2	PASS#	2	Travis Barney	14	Crestview Florida
				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"/>				North Okaloosa Medical Center		SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
				HOSPITAL	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"/>				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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