



**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 # <b>1</b>	2008 YEAR	Toyot MAKE	Corolla MODEL	\$ 8500 DAMAGE	ALCOHOL RELATED? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pend <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 # <b>2</b>	1991 YEAR	Chev MAKE	Silverado MODEL	\$ 4500 DAMAGE	ALCOHOL RELATED? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pend <input 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"/>	ALCOHOL RELATED? Yes <input type="checkbox"/> No <input type="checkbox"/> Pend <input type="checkbox"/>				
HOSPITAL _____	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](mailto:TallPR@flhsmv.gov)

HOMICIDE INVESTIGATOR  
FHPA14OFF033115  
CASE NUMBER



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MEDIA RELEASE  
TALLAHASSEE REGIONAL COMMUNICATIONS CENTER**



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

VEHICLE # <input style="width: 30px;" 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"/>	RELATIVE NOTIFIED Yes <input type="checkbox"/> No <input type="checkbox"/>
DRIVER: _____						
NAME _____			AGE _____		CITY / STATE OF RESIDENCE _____	
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\_\_\_\_\_  
CRASH INVESTIGATOR

Send completed Press Release to:

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HOMICIDE INVESTIGATOR

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REVIEWED BY

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\_\_\_\_\_  
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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