



FLORIDA HIGHWAY PATROL  
 MEDIA RELEASE  
 TALLAHASSEE REGIONAL COMMUNICATIONS CENTER



05/29/14  
DATE

3:10  AM  
TIME  PM

Lowery Dr. and Edge Dr  
LOCATION OF INCIDENT

OKALOOSA  
COUNTY

VEHICLE #	<b>1</b>	1995 YEAR	International MAKE	bus MODEL	\$ 1000 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:	Robert E Cantrall NAME	54 AGE	Navarre, 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"/>						HOSPITAL	
PASSENGER:	NAME						AGE	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"/>						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>	1998 YEAR	Toyo MAKE	Carrolla MODEL	\$ 2000 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:	David A Armstrong NAME	59 AGE	Ft. Walton Bch., 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"/>						HOSPITAL	
PASSENGER:	Monica A Dudley NAME						52 AGE	Shalimar, 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"/>						SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>	RELATIVE NOTIFIED? Yes <input 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"/>	RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>
HOSPITAL	_____							

CHARGES: improper backing

**NARRATIVE:**  
 V01 was traveling westbound on Lowery Dr. and had stopped for the stop sign at the intersection of Lowery Dr. and Edge Dr. V02 was traveling westbound on Lowery Dr. stopped behind V01. D01 stated that two kids had stood up while V01 was stopped and stated that D01 had passed there bus stop. D01 put V01 in revers and began to back up. D01 failed to observe V02 and the rear of V01 struck the front of V02. Upon my arrival to the scene V01 and V02 were at there final rest locations in the westbound lane of Lowery Dr. with V01 against V02. Both vehicles were facing west.  
 The bus did have passengers at the time of the crash but no one was injured.

\_\_\_\_\_  
 Tpr. Eric R. Diaz  
 CRASH INVESTIGATOR  
 \_\_\_\_\_  
 Lt. R.V. Warden  
 REVIEWED BY

Send completed Press Release to:

[TallPR@flhsmv.gov](mailto:TallPR@flhsmv.gov)

\_\_\_\_\_  
 N/A  
 HOMICIDE INVESTIGATOR  
 \_\_\_\_\_  
 FHPA14OFF026169  
 CASE NUMBER



**FLORIDA HIGHWAY PATROL  
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TALLAHASSEE REGIONAL COMMUNICATIONS CENTER**



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"/>	
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AGE _____						HOSPITAL _____	
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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"/>							
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CRASH INVESTIGATOR \_\_\_\_\_ Send completed Press Release to: \_\_\_\_\_ HOMICIDE INVESTIGATOR \_\_\_\_\_

REVIEWED BY \_\_\_\_\_ [TallPR@flhsmv.gov](mailto:TallPR@flhsmv.gov) \_\_\_\_\_ 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"/>	
				RELATIVE NOTIFIED? 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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HOSPITAL _____				SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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