



FLORIDA HIGHWAY PATROL  
 MEDIA RELEASE  
 TALLAHASSEE REGIONAL COMMUNICATIONS CENTER



01/06/2015  
DATE

5:30  AM  
TIME  PM

\*\* Corrected\*\* U.S. 90 (on Shoal River Bridge)/Fairchild Road  
LOCATION OF INCIDENT

OKALOOSA  
COUNTY

VEHICLE #	<b>1</b>	2007 YEAR	Ford MAKE	F150 MODEL	\$ 15,000 DAMAGE	ALCOHOL RELATED? Yes <input type="checkbox"/> No <input type="checkbox"/> Pend <input checked="" type="checkbox"/>	SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
DRIVER:	Matthew Brown NAME	35 AGE	Crestview, FL CITY / STATE OF RESIDENCE					
INJURIES:	NONE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input checked="" type="checkbox"/>	N/A 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 / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>	RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>

VEHICLE #	<b>2</b>	1999 YEAR	Chevrolet MAKE	Silverado MODEL	\$ 8,000 DAMAGE	ALCOHOL RELATED? Yes <input type="checkbox"/> No <input type="checkbox"/> Pend <input checked="" type="checkbox"/>	SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
DRIVER:	Janet Jackson NAME	52 AGE	Crestview, FL CITY / STATE OF RESIDENCE					
INJURIES:	NONE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input checked="" type="checkbox"/>	N/A HOSPITAL						
PASSENGER:	Dennis Jackson NAME _____ AGE 9 _____ CITY / STATE OF RESIDENCE Crestview, FL							
INJURIES:	NONE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL <input checked="" type="checkbox"/> FATAL <input type="checkbox"/>	Sacred Heart 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"/>					RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>	
HOSPITAL	_____							

CHARGES: N/A

**NARRATIVE:**  
 Vehicle 1 was traveling westbound on U.S. 90 on the Shoal River Bridge. Vehicle 2 was traveling eastbound on U.S. 90, also on the Shoal River Bridge. Vehicle 1 crossed the centerline and struck Vehicle 2 head-on. Both vehicles came to final rest in the eastbound lane with their fronts still engaged with one another. The drivers of both vehicles were pronounced deceased on scene and the passenger in Vehicle 2 was lifeflighted to Sacred Heart Hospital.

\*\*Correction\*\* There were no passengers in vehicle one the one listed on the third page of the original release was in error.

Corporal Fisher  
 CRASH INVESTIGATOR  
 Lt S R Preston  
 REVIEWED BY

Send completed Press Release to:  
[TallPR@fhp.hsmv.state.fl.us](mailto:TallPR@fhp.hsmv.state.fl.us)  
 Or call  
 850-245-7701

Corporal Davis  
 HOMICIDE INVESTIGATOR  
 FHPA15OFF000688  
 CASE NUMBER