



**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"/>
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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 _____		
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"/>
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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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