



**FLORIDA HIGHWAY PATROL  
MEDIA RELEASE  
TALLAHASSEE REGIONAL COMMUNICATIONS CENTER**



05/05/2009  
DATE

4:36  AM  
TIME  PM

STATE ROAD 85 AT BILL LUNDY RD  
LOCATION OF INCIDENT

OKALOOSA  
COUNTY

VEHICLE # <b>1</b>	2006	HYUN	SUV	\$ 15000	ALCOHOL RELATED?	Yes <input type="checkbox"/> No <input type="checkbox"/> Pend <input checked="" type="checkbox"/>
	YEAR	MAKE	MODEL	DAMAGE	SEATBELT / HELMET IN USE?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
DRIVER: YOUNG J VANDRASEK	65	LAUREL HILL, FL				
	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 checked="" type="checkbox"/>	SACRED HEART HOSPITAL					HOSPITAL
PASSENGER:	NAME					AGE
	NAME					AGE
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"/>

VEHICLE # <b>2</b>	2000	MACK	TRACTOR	\$ 15000	ALCOHOL RELATED?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pend <input type="checkbox"/>
	YEAR	MAKE	MODEL	DAMAGE	SEATBELT / HELMET IN USE?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
DRIVER: PHILLIP ALTIZER	56	NAVARRE, FL				
	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"/>	HOSPITAL					HOSPITAL
PASSENGER:	NAME					AGE
	NAME					AGE
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"/>

PEDESTRIAN:	NAME					AGE	CITY / STATE OF RESIDENCE
	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: \_\_\_\_\_

**NARRATIVE:**  
 Vehicle 1 was eastbound on Bill Lundy Rd, approaching the intersection of State Road 85. Vehicle 2 was traveling southbound on State Road 85, approaching the intersection of Bill Lundy Rd.  
 Driver 1 failed to yield the right of way to Vehicle 2 before entering onto State Road 85. As Vehicle 1 entered onto State Road 85, The left front corner of Vehicle 2 collided with the left rear side of Vehicle 1. Vehicle 1 rotated in a counter clockwise fashion causing the right rear corner to collide with a pole located on the shoulder of the roadway.  
 Vehicle 1 came to rest on the east shoulder of the roadway, facing in a southerly direction. The final rest of Vehicle 2 was unknown, due to the roadway being cleared prior to the Florida Highway Patrol arriving on the scene.  
 Driver 1 was pronounced deceased on 05/07/2009 at 1:15 p.m. CST at Sacred Heart Hospital.

TPR. M. BLANSITT  
 CRASH INVESTIGATOR  
 SGT. J. PEACOCK  
 REVIEWED BY

Send completed Press Release to:  
[TallPR@flhsmv.gov](mailto:TallPR@flhsmv.gov)

CPL. R. NOISEUX  
 HOMICIDE INVESTIGATOR  
 FHPA09OFF017980  
 CASE NUMBER



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 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"/>
DRIVER: _____						RELATIVE NOTIFIED Yes <input type="checkbox"/> No <input type="checkbox"/>	
NAME _____				AGE _____		CITY / STATE OF RESIDENCE _____	
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PASSENGER: _____						SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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PASSENGER: _____						SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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						RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>	

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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