



FLORIDA HIGHWAY PATROL  
 MEDIA RELEASE  
 TALLAHASSEE REGIONAL COMMUNICATIONS CENTER



11-16-09  
DATE

6:35 AM  
TIME  AM  PM

US-98 (SR-30) 80 FEET WEST OF CODY AVE.  
LOCATION OF INCIDENT

OKALOOSA  
COUNTY

VEHICLE #	<b>1</b>	2000 YEAR	MERC MAKE	SUV MODEL	\$ 7,000 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:	JAMES F. SMITH NAME				27 AGE	GULF BREEZE, 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"/>				N/A HOSPITAL		
PASSENGER:	N/A NAME				N/A AGE	N/A 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"/>				N/A HOSPITAL	SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>	RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

VEHICLE #	<b>2</b>	2007 YEAR	HYUN MAKE	4-DOOR MODEL	\$ 100 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:	ANDREA F. HALDEMAN NAME				34 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"/>				N/A HOSPITAL		
PASSENGER:	N/A NAME				N/A AGE	N/A 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"/>				N/A HOSPITAL	SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>	RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

PEDESTRIAN:	N/A NAME				N/A AGE	N/A/N/A 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	N/A				RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>		

CHARGES: DRIVER-1 CARELESS DRIVING AND NO PROOF OF INSURANCE.

**NARRATIVE:**  
 V-1 WAS TRAVELING EAST BOUND ON US-98 WITHIN THE LEFT INSIDE TURN LANE. V-1 WAS APPROACHING THE INTERSECTION WITH CODY AVE. V-5 AND V-4 WERE STOPPED WITHIN THE INSIDE LEFT TURN LANE ON US-98 AT THE INTERSECTION WITH CODY AVE. V-5 WAS AHEAD OF V-4. V-6 WAS STOPPED FACING EAST BOUND ON US-98 WITHIN THE OUTSIDE LEFT TURN LANE AT CODY AVE. V-3 WAS STOPPED FACING EAST BOUND BEHIND V-6. V-2 WAS STOPPED BEHIND V-3 FACING EAST BOUND. DRIVER-1 STATED THAT HE FELL ASLEEP AS HE WAS APPROACHING THE INTERESECTION. V-1 DRIFTED TO THE OUTSIDE LEFT TURN LANE WHERE THE RIGHT FRONT OF V-1 STRUCK THE LEFT FRONT OF V-2. V-1 UPON IMPACT CONTINUED IN A EAST BOUND DIRECTION WHERE THE RIGHT FRONT OF V-1 STRUCK THE LEFT REAR AND SIDE OF V-3. UPON IMPACT V-1 VEERED LEFT STRIKINGV-4 IN THE RIGHT SIDE WITH THE LEFT FRONT OF V-1. V-1 CONTINUED IN A EAST BOUND DIRECTION AND THE LEFT FRONT OF V-1 STRUCK THE LEFT REAR OF V-5. UPON IMPACT V-1VEERED RIGHT STRICKING V-6 IN THE LEFT SIDE WITH THE RIGHT FRONT OF V-1.

TPR. T. HULION  
 CRASH INVESTIGATOR  
 LT. J. T. HARRIS  
 REVIEWED BY

Send completed Press Release to:

[TallPR@fhp.hsmv.state.fl.us](mailto:TallPR@fhp.hsmv.state.fl.us)

N/A  
 HOMICIDE INVESTIGATOR  
 FHPA09OFF047480  
 CASE NUMBER



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VEHICLE # <b>3</b>	2007 YEAR	FORD MAKE	2-DOOR MODEL	\$ 8,000 DAMAGE	ALCOHOL RELATED Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pend <input type="checkbox"/>
DRIVER: AMANDA M. WILLIAMS NAME	36 AGE	MARY ESTHER, 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"/>					N/A HOSPITAL
PASSENGER: N/A NAME	N/A AGE	N/A 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"/>					N/A 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>4</b>	2007 YEAR	TOYT MAKE	PK MODEL	\$ 4,000 DAMAGE	ALCOHOL RELATED Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pend <input type="checkbox"/>
DRIVER: MICHAEL P. BULTER NAME	28 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"/>					N/A HOSPITAL
PASSENGER: N/A NAME	N/A AGE	N/A 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"/>					N/A 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>5</b>	1997 YEAR	FORD MAKE	2-DOOR MODEL	\$ 2,000 DAMAGE	ALCOHOL RELATED Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pend <input type="checkbox"/>
DRIVER: HENRY D. RECTENWALD NAME	22 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"/>					N/A HOSPITAL
PASSENGER: N/A NAME	N/A AGE	N/A 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"/>					N/A 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>6</b>	2001 YEAR	FORD MAKE	PK MODEL	\$ 3,500 DAMAGE	ALCOHOL RELATED Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pend <input type="checkbox"/>
DRIVER: J P BANKS NAME	75 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"/>					N/A HOSPITAL
PASSENGER: N/A NAME	N/A AGE	N/A 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"/>					N/A SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/> HOSPITAL RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>

TPR. T. HULION  
CRASH INVESTIGATOR  
LT. J.T. HARRIS  
REVIEWED BY

Send completed Press Release to:  
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N/A  
HOMICIDE INVESTIGATOR  
FHPA09OFF047480  
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"/>	

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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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"/>	
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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 _____				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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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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HOSPITAL _____				SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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