



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



12/03/11  
DATE

9:00  AM  
TIME  PM

\*\* UPDATE\*\* State Road 87 / State Road 4  
LOCATION OF INCIDENT

SANTA ROSA  
COUNTY

VEHICLE #	<b>1</b>	2001 YEAR	FORD MAKE	PICK UP MODEL	\$ 2000 DAMAGE	ALCOHOL RELATED? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pend <input type="checkbox"/>		
DRIVER:	WILLIAM J. BRAY NAME	47 AGE	JAY, 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:	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"/>	SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>					RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		HOSPITAL _____						

VEHICLE #	<b>2</b>	1998 YEAR	FORD MAKE	SUV MODEL	\$ 12,000 DAMAGE	ALCOHOL RELATED? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pend <input type="checkbox"/>		
DRIVER:	MICHAEL L. CALE NAME	40 AGE	MILTON, 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:	MARSHA CALE NAME _____ AGE _____ CITY / STATE OF RESIDENCE _____							
INJURIES:	NONE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input checked="" type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input type="checkbox"/>	SACRED HEART HOSPITAL					SEATBELT / HELMET IN USE? Yes <input checked="" type="checkbox"/> No <input 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: PENDING

**NARRATIVE:**  
V-1 was traveling eastbound on SR 4 and had stopped for the stop sign at SR 87. V-2 was traveling northbound on SR 87 approaching SR 4. Driver of V-1 failed to see V-2 northbound and began to move forward still traveling east. V-1 crossed the southbound lane of SR 87 and as the front of V-1 entered the northbound lane it struck the left rear of V-2. This caused V-2 to rotated counterclockwise and overturn. V-2 overturned three times before coming to final rest in the northbound lane of SR 87 facing west. V-1 came to a controlled stop on the southeast corner of the intersection. As V-2 overturned, Driver 2 and passengers, Dominique Cale and Ethan Cale were ejected from V-2. Driver 2 was pronounced deceased at the scene by Life Guard EMS.  
**\*\*UPDATE\*\*** The first passenger in V-2 is named Marsha Cale.

Trooper Jayson Paul  
CRASH INVESTIGATOR  


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Lt S R Preston  
REVIEWED BY

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

CPL JOHNNY FREEMAN  
HOMICIDE INVESTIGATOR  


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FHPA11OFF050900  
CASE NUMBER



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VEHICLE # <input 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"/>	RELATIVE NOTIFIED Yes <input type="checkbox"/> No <input type="checkbox"/>
DRIVER: _____				CITY / STATE OF RESIDENCE _____			
NAME _____				AGE _____			
INJURIES: NONE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input type="checkbox"/>				HOSPITAL _____			
PASSENGER: _____				CITY / STATE OF RESIDENCE _____			
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 # <input 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"/>	RELATIVE NOTIFIED Yes <input type="checkbox"/> No <input type="checkbox"/>
DRIVER: _____				CITY / STATE OF RESIDENCE _____			
NAME _____				AGE _____			
INJURIES: NONE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input type="checkbox"/>				HOSPITAL _____			
PASSENGER: _____				CITY / STATE OF RESIDENCE _____			
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 # <input 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"/>	RELATIVE NOTIFIED Yes <input type="checkbox"/> No <input type="checkbox"/>
DRIVER: _____				CITY / STATE OF RESIDENCE _____			
NAME _____				AGE _____			
INJURIES: NONE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input type="checkbox"/>				HOSPITAL _____			
PASSENGER: _____				CITY / STATE OF RESIDENCE _____			
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 # <input 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"/>	RELATIVE NOTIFIED Yes <input type="checkbox"/> No <input type="checkbox"/>
DRIVER: _____				CITY / STATE OF RESIDENCE _____			
NAME _____				AGE _____			
INJURIES: NONE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input type="checkbox"/>				HOSPITAL _____			
PASSENGER: _____				CITY / STATE OF RESIDENCE _____			
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"/>			

Trooper J. Paul  
CRASH INVESTIGATOR

Send completed Press Release to:

CPL JOHNNY FREEMAN  
HOMICIDE INVESTIGATOR

REVIEWED BY \_\_\_\_\_

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

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ADDITIONAL PASSENGER SECTION

VEH#	2	PASS#	2	COURTNEY CALE	16	MILTON, FL
				NAME	AGE	CITY / STATE OF RESIDENCE
INJURIES: NONE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input checked="" type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input type="checkbox"/>				SACRED HEART	SEATBELT / HELMET IN USE? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
				HOSPITAL	RELATIVE NOTIFIED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

VEH#	2	PASS#	3	DOMINIQUE CALE	14	MILTON, FL
				NAME	AGE	CITY / STATE OF RESIDENCE
INJURIES: NONE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL <input checked="" type="checkbox"/> FATAL <input type="checkbox"/>				SACRED HEART	SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
				HOSPITAL	RELATIVE NOTIFIED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

VEH#	2	PASS#	4	BRANDON NICHOLSON	10	MILTON, FL
				NAME	AGE	CITY / STATE OF RESIDENCE
INJURIES: NONE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input checked="" type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input type="checkbox"/>				SACRED HEART	SEATBELT / HELMET IN USE? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
				HOSPITAL	RELATIVE NOTIFIED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

VEH#	2	PASS#	5	ETHAN CALE	10	MILTON, FL
				NAME	AGE	CITY / STATE OF RESIDENCE
INJURIES: NONE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL <input checked="" type="checkbox"/> FATAL <input type="checkbox"/>				SACRED HEART	SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
				HOSPITAL	RELATIVE NOTIFIED? Yes <input checked="" 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"/>					SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>	
				HOSPITAL	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"/>					SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>	
				HOSPITAL	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"/>					SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>	
				HOSPITAL	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"/>					SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>	
				HOSPITAL	RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>	

VEH#		PASS#				
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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"/>					SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>	
				HOSPITAL	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"/>					SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>	
				HOSPITAL	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"/>					SEATBELT / HELMET IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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				HOSPITAL	RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>	