

FLORIDA HIGHWAY PATROL MEDIA RELEASE TALLAHASSEE REGIONAL COMMUNICATIONS CENTER



12/03/11 9:00 ⊠ AM			** UI	SANTA ROSA						
DATE	TIME		LOCAT	ION OF INCID	ENT	COUNTY				
						ALCOHOL RELATED?	Yes No Pend			
VEHICLE # 1	2001	FORD	PICK UP	\$	2000	SEATBELT / HELMET IN USE?	Yes ⊠ No □			
VEINCEE II		MAKE	MODEL		DAMAGE	RELATIVE NOTIFIED?	Yes ⊠ No □			
DRIVER:	WILLIAM	I J. BRAY		47						
	NA			AGE		JAY, FL CITY / STATE OF RESIDEN	CE			
INJURIES: N	ONE ☑ MINOR □	SERIOUS	CRITICAL			N/A HOSPITAL				
						HOSPITAL				
PASSENGER:	Ŋ									
				AGE		CITY / STATE OF RESIDEN				
INJURIES: N	ONE MINOR	SERIOUS	CRITICAL	FATAL			ELMET IN USE? Yes No			
					Н	IOSPITAL RELATIVE	NOTIFIED? Yes No			
						ALCOHOL RELATED?	Yes ☐ No ☐ Pend ☐			
VEHICLE # 2	1998	FORD	SUV	\$	12,000	SEATBELT / HELMET IN USE?	Yes □ No ⊠			
		MAKE	MODEL	<u> </u>	DAMAGE	RELATIVE NOTIFIED?	Yes 🛛 No 🗌			
DRIVER:	MICHAEL	L. CALE		40		MILTON, FL				
	NA	ME		AGE		CITY / STATE OF RESIDEN	CE			
INJURIES: N	ONE MINOR	SERIOUS	CRITICAL	FATAL 🛛		N/A				
						HOSPITAL				
PASSENGER:		SHA CALE		46		MILTON, FL CITY / STATE OF RESIDEN				
INJURIES: N	ONE MINOR	SERIOUS 🛚	CRITICAL	FATAL		RED HEART SEATBELT / HI				
					Н	IOSPITAL RELATIVE	NOTIFIED? Yes ⊠ No □			
PEDESTRIAN:										
-	N	NAME		AGE		CITY / STATE OF RESIDEN	CE			
INJURIES: N	ONE MINOR	SERIOUS	CRITICAL	FATAL 🗌		ALCOHOL RELATED?	Yes No Pend			
						RELATIVE NOTIFIED?	Yes No No			
HOSPITAL					_					
CHARGES D	ENDING									
CHARGES: P	ENDING									
NARRATIVE:										
	aveling eastbou	ind on SR	4 and had	stopped f	or the sto	p sign at SR 87. V-2 v	vas 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 sou	ıtheast corı	ner of the	intersect	ion. As V-2 overturned	I, Driver 2 and			
passenger	s, Dominique C	ale and Et	han Cale v	vere eject	ed from \	/-2. Driver 2 was pron	ounced deceased			
at the scene by Life Guard EMS.										
	** The first pas		V-2 is nam	ed Marsh	na Cale.					
Tro	ooper Jayson Paul		Send com	noleted Press	Release to:	CPL JOHN	NY FREEMAN			
	ASH INVESTIGATOR		20114 0011	1			E INVESTIGATOR			
]	Lt S R Preston		Tal	llPR@flhsm	v.gov	FHPA1	1OFF050900			
PEVIEWED RV							CASE NUMBER			



FLORIDA HIGHWAY PATROL MEDIA RELEASE TALLAHASSEE REGIONAL COMMUNICATIONS CENTER



12/03/			AM	State Road 87 / State Road 4 LOCATION OF INCIDENT					SANTA ROSA COUNTY		
DATE		TIME	PM		LOCAT	ION OF INCL	DENI				
VEHICLE #	YE	EAR		MODEL		DAMAGE	SEATBI	OHOL RELATED ELT / HELMET IN USE? TIVE NOTIFIED	Yes 🗆	fo	
		NA	ME	<u> </u>	AGE		CITY / S	TATE OF RESIDENC	E	_	
		MINOR	SERIOUS	CRITICAL	FATAL			HOSPITAL			
PASSENGER	R:		IAME	·	ACE		CITY / S	TATE OF RESIDENC	TC .		
INJURIES:	NONE			CRITICAL			HOSPITAL	SEATBELT / HEI	LMET IN USE?	Yes	
							ALCO	HOL RELATED	Yes N	o Pend	
VEHICLE #			MAKE		\$		SEATBI	ELT / HELMET IN USE?	Yes [] No []	
DRIVER:	YE					DAMAGE	RELA	TIVE NOTIFIED	Yes [] No []	
DRIVER.		NA	ME		AGE		CITY / S	TATE OF RESIDENC	Έ		
INJURIES:	NONE	MINOR	SERIOUS	CRITICAL	FATAL			HOSPITAL			
PASSENGER	₹:							HOSFITAL			
		N	IAME		AGE		CITY / S	TATE OF RESIDENC	E	_	
INJURIES:	NONE	MINOR	SERIOUS	CRITICAL	FATAL		HOSPITAL			Yes No No	
							HOSFITAL	RELATIVE	OTIFIED?	Yes No No	
							ALCO	HOL RELATED	Yes N	o Pend	
VEHICLE #		EAR	MAKE	MODEL	\$	DAMACE		ELT / HELMET IN USE?] No □	
DRIVER:						DAMAGE	KELA	TIVE NOTIFIED	Yes L] No []	
		NA	ME		AGE		CITY / S	TATE OF RESIDENC	Έ		
INJURIES:	NONE	MINOR	SERIOUS	CRITICAL	FATAL			HOSPITAL			
PASSENGER	۶٠							HOSPITAL			
								TATE OF RESIDENC			
INJURIES:	NONE	MINOR	SERIOUS	CRITICAL	FATAL		HOGDIE	SEATBELT / HEI	LMET IN USE?	Yes No No	
							HOSPITAL	RELATIVE N	OTIFIED?	Yes ∐ No ∐	
							ALCO	HOL RELATED	Yes N	o Pend	
VEHICLE #			MAKE	MODEL	\$	DAMAGE		ELT / HELMET IN USE?] No □	
DDIVED.	YE	EAR	MAKE	MODEL		DAMAGE	RELA	TIVE NOTIFIED	Yes L] No []	
DRIVER:		NA	ME		AGE		CITY / S	TATE OF RESIDENC	E		
INJURIES:	NONE 🗌	MINOR	SERIOUS	CRITICAL □	FATAL			HOSPITAL			
PASSENGER	₹:							HOSFITAL			
	_	N	IAME		AGE		CITY / S	TATE OF RESIDENC			
INJURIES:	NONE	MINOR	SERIOUS	CRITICAL	FATAL		HOSPITAL	SEATBELT / HEI RELATIVE N		= =	
							1100111AL	KELATIVE	OTIFIED!	Yes ∐ No ∐	
Trooper J. Paul CRASH INVESTIGATOR				Send completed Press Release to:				CPL JOHNNY FREEMAN			
CRASH INVESTIGATOR				HOMICIDE INVESTIGATOR							
REVIEWED BY				TallPR@flhsmv.gov				CASE NUMBER			



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ADDITIONAL PASSENGER SECTION

VEH#	2	PASS#	2 COURTNEY CALE			16					
					NAME		AGE		CITY / STATE OF RESIDENCE		
INJURIE	S:	NONE 🗌	MINOR	SERIOUS 🛚	CRITICAL	FATAL		SACRED HEART	SEATBELT / HELMET IN USE?	Yes 🖂	No 🗌
								HOSPITAL	RELATIVE NOTIFIED?	Yes 🖂	No 📙
VEH#	2	PASS#	3 DOMINIQUE CALE			14	14 MILTON, FL				
_					NAME		AGE		CITY / STATE OF RESIDENCE		
INJURIE	S:	NONE 🗌	MINOR	SERIOUS	CRITICAL 🛛	FATAL		SACRED HEART	SEATBELT / HELMET IN USE?		
								HOSPITAL	RELATIVE NOTIFIED?	Yes 🛚	No 📙
VEH#	2	PASS#	4	BRANDO	N NICHOLSO	N	10	_	MILTON, FL		
_		_			NAME		AGE	-	CITY / STATE OF RESIDENCE		
INJURIE	S:	NONE 🗌	MINOR	SERIOUS 🛚	CRITICAL	FATAL		SACRED HEART	SEATBELT / HELMET IN USE?	Yes 🖂	No 🗌
								HOSPITAL	RELATIVE NOTIFIED?	Yes 🛚	No 📙
VEH#	2	PASS#	5	5 ETHAN CALE			10		MILTON, FL		
					NAME	_	AGE		CITY / STATE OF RESIDENCE		
INJURIE	S:	NONE 🗌	MINOR	SERIOUS	CRITICAL 🛛	FATAL		SACRED HEART			
								HOSPITAL	RELATIVE NOTIFIED?	Yes 🛚	No 🗌
VEH#		PASS#									
_		_			NAME		AGE		CITY / STATE OF RESIDENCE		
INJURIE	S:	NONE 🗌	MINOR	SERIOUS	CRITICAL	FATAL			SEATBELT / HELMET IN USE?		
								HOSPITAL	RELATIVE NOTIFIED?	Yes 🗌	No 🗌
VEH#		PASS#	,								
_		<u> </u>			NAME		AGE		CITY / STATE OF RESIDENCE		
INJURIE	S:	NONE 🗌	MINOR	SERIOUS	CRITICAL	FATAL			SEATBELT / HELMET IN USE?	Yes 🗌	No 🗌
								HOSPITAL	RELATIVE NOTIFIED?	Yes 🗌	No 🗌
VEH#		PASS#									
_		_			NAME		AGE		CITY / STATE OF RESIDENCE		
INJURIE	S:	NONE 🗌	MINOR	SERIOUS	CRITICAL	FATAL		HOSPITAL	SEATBELT / HELMET IN USE?		
								HOSPITAL	RELATIVE NOTIFIED?	Yes 🗌	No 🗌
VEH#		PASS#									
_		_			NAME		AGE		CITY / STATE OF RESIDENCE		
INJURIE	S:	NONE 🗌	MINOR	SERIOUS	CRITICAL	FATAL			SEATBELT / HELMET IN USE?	Yes 🗌	No 🗌
								HOSPITAL	RELATIVE NOTIFIED?	Yes 🗌	No 🗌
VEH#		PASS#									
_		_	<u>-</u>	<u> </u>	NAME		AGE		CITY / STATE OF RESIDENCE		_
INJURIE	S:	NONE 🗌	MINOR	SERIOUS	CRITICAL	FATAL			SEATBELT / HELMET IN USE?		
								HOSPITAL	RELATIVE NOTIFIED?	Yes 📙	No 📙
VEH#		PASS#						_			
_		_			NAME		AGE		CITY / STATE OF RESIDENCE		_
INJURIE	S:	NONE 🗌	MINOR	SERIOUS	CRITICAL	FATAL			SEATBELT / HELMET IN USE?		
								HOSPITAL	RELATIVE NOTIFIED?	Yes 🗌	No 🗌
VEH#		PASS#									
_		_	<u>-</u>		NAME		AGE		CITY / STATE OF RESIDENCE		_
INJURIE	S:	NONE 🗌	MINOR	SERIOUS	CRITICAL	FATAL		***************************************	SEATBELT / HELMET IN USE?		
								HOSPITAL	RELATIVE NOTIFIED?	Yes 🗌	No 🗌
VEH#		PASS#									
_					NAME		AGE	-	CITY / STATE OF RESIDENCE		
INJURIE	S:	NONE 🗌	MINOR	SERIOUS	CRITICAL	FATAL			SEATBELT / HELMET IN USE?		
								HOSPITAL	RELATIVE NOTIFIED?	Yes \square	No 🗌