



FLORIDA HIGHWAY PATROL  
 MEDIA RELEASE  
 TROOP - G



02/13/12  
 DATE

6:00  AM  
 PM  
 TIME

Palm Coast Parkway at Cypress Point Parkway  
 LOCATION OF INCIDENT

FLAGLER  
 COUNTY

VEHICLE # 1    2010    Dodge    Charger    \$ 15,000  
 YEAR    MAKE    MODEL    DAMAGE

ALCOHOL RELATED?    Yes  No  Pend   
 SEATBELT IN USE?    Yes  No   
 RELATIVE NOTIFIED?    Yes  No

DRIVER: Jacqueline Lockett    34    Jacksonville, Florida  
 NAME    AGE    CITY / STATE OF RESIDENCE

INJURIES: NONE  MINOR  SERIOUS  CRITICAL  FATAL     Halifax Hospital  
 HELMET: YES  NO     HOSPITAL

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

INJURIES: NONE  MINOR  SERIOUS  CRITICAL  FATAL     SEATBELT IN USE?    Yes  No   
 HELMET: YES  NO     HOSPITAL    RELATIVE NOTIFIED?    Yes  No

VEHICLE # 2    2001    Ford    Ranger    \$ 15,000  
 YEAR    MAKE    MODEL    DAMAGE

ALCOHOL RELATED?    Yes  No  Pend   
 SEATBELT IN USE?    Yes  No   
 RELATIVE NOTIFIED?    Yes  No

DRIVER: Frank Benham III    59    Palm Coast, Florida  
 NAME    AGE    CITY / STATE OF RESIDENCE

INJURIES: NONE  MINOR  SERIOUS  CRITICAL  FATAL     None  
 HELMET: YES  NO     HOSPITAL

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

INJURIES: NONE  MINOR  SERIOUS  CRITICAL  FATAL     SEATBELT IN USE?    Yes  No   
 HELMET: YES  NO     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: Pending

NARRATIVE:  
 ON FEBRUARY 13, 2012, AT APPROXIMATELY 5:30 PM A "BOLO" WAS ISSUED FOR A RECKLESS DRIVER OPERATING A SILVER DODGE CHARGER (V-1), TRAVELING SOUTHBOUND ON I-95 IN THE AREA OF STATE ROAD 207 IN ST. JOHNS COUNTY. TROOPER PHILIP DELGADO ATTEMPTED TO STOP THIS RECKLESS VEHICLE AT THE ST. JOHNS/FLAGLER COUNTY LINE. VEHICLE 1 DRIVER FAILED TO STOP. VEHICLE 1 EXITED I-95 ONTO PALM COAST PARKWAY AND BEGAN TRAVELING WESTBOUND. TROOPER DELGADO CONTINUED TO PURSUE THIS RECKLESS DRIVER. VEHICLE 1 MADE A U-TURN AT PINE LAKES PARKWAY AND BEGAN TRAVELING EASTBOUND ON PALM COAST PARKWAY. AS THIS RECKLESS DRIVER APPROACHED CYPRESS POINT PARKWAY, BEING PURSUED BY TROOPER PHILIP DELGADO, THERE WERE NUMEROUS VEHICLES STOPPED DUE TO A RED TRAFFIC LIGHT. V-1 DRIVER FAILED TO STOP AND CRASHED INTO 8 STOPPED VEHICLES

Lt. R.C. Brown  
 CRASH INVESTIGATOR  
 Lt. R.C. Brown  
 REVIEWED BY

Send completed Press Release to:  
[JaxPR@fhp.hsmv.state.fl.us](mailto:JaxPR@fhp.hsmv.state.fl.us)  
 Or fax to:  
 904-301-3664

MCpl. Peter G. Young  
 HOMICIDE INVESTIGATOR  
 FHPG12OFF005764  
 CASE NUMBER



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DATE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	LOCATION OF INCIDENT			COUNTY
VEHICLE # <u>3</u>	<u>2006</u> YEAR	<u>Toyota</u> MAKE	<u>Tacamo</u> MODEL	<u>\$ 10,000</u> DAMAGE	ALCOHOL RELATED Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pend <input type="checkbox"/>
DRIVER: <u>Poheng Ung</u> NAME					SEATBELT IN USE? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
AGE <u>48</u>					RELATIVE NOTIFIED Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
CITY / STATE OF RESIDENCE <u>Palm Coast, Florida</u>					
INJURIES: NONE <input type="checkbox"/> MINOR <input checked="" type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input type="checkbox"/>					<u>Florida Hospital</u> HOSPITAL
HELMET: YES <input type="checkbox"/> NO <input type="checkbox"/>					
PASSENGER: <u>None</u> 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 IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>
HELMET: YES <input type="checkbox"/> NO <input type="checkbox"/>					HOSPITAL RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>

VEHICLE # <u>4</u>	<u>2011</u> YEAR	<u>Toyota</u> MAKE	<u>Camery</u> MODEL	<u>\$ 3,000</u> DAMAGE	ALCOHOL RELATED Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pend <input type="checkbox"/>
DRIVER: <u>Thomas Dugan</u> NAME					SEATBELT IN USE? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
AGE <u>62</u>					RELATIVE NOTIFIED Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
CITY / STATE OF RESIDENCE <u>Chatnam, NY</u>					
INJURIES: NONE <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input type="checkbox"/>					<u>HOSPITAL</u> HOSPITAL
HELMET: YES <input type="checkbox"/> NO <input type="checkbox"/>					
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 IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>
HELMET: YES <input type="checkbox"/> NO <input type="checkbox"/>					HOSPITAL RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>

VEHICLE # <u>5</u>	<u>2004</u> YEAR	<u>Dodge</u> MAKE	<u>Ram</u> MODEL	<u>\$ 100</u> DAMAGE	ALCOHOL RELATED Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pend <input type="checkbox"/>
DRIVER: <u>Alberto Domenech</u> NAME					SEATBELT IN USE? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
AGE <u>27</u>					RELATIVE NOTIFIED Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
CITY / STATE OF RESIDENCE <u>Bunnell, Florida</u>					
INJURIES: NONE <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input type="checkbox"/>					<u>HOSPITAL</u> HOSPITAL
HELMET: YES <input type="checkbox"/> NO <input type="checkbox"/>					
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 IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>
HELMET: YES <input type="checkbox"/> NO <input type="checkbox"/>					HOSPITAL RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>

VEHICLE # <u>6</u>	<u>2005</u> YEAR	<u>Dodge</u> MAKE	<u>Caravan</u> MODEL	<u>\$ 500</u> DAMAGE	ALCOHOL RELATED Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pend <input type="checkbox"/>
DRIVER: <u>Stefan Tucker</u> NAME					SEATBELT IN USE? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
AGE <u>40</u>					RELATIVE NOTIFIED Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
CITY / STATE OF RESIDENCE <u>Palm Coast, Florida</u>					
INJURIES: NONE <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL <input type="checkbox"/> FATAL <input type="checkbox"/>					<u>HOSPITAL</u> HOSPITAL
HELMET: YES <input type="checkbox"/> NO <input type="checkbox"/>					
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 IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>
HELMET: YES <input type="checkbox"/> NO <input type="checkbox"/>					HOSPITAL RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>

Lt. RC Brown  
CRASH INVESTIGATOR  
Lt. RC Brown  
REVIEWED BY

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VEH# <u>7</u>	PASS# _____	<u>Joan Marie Cole</u>	<u>83</u>	<u>Palm Coast, Florida</u>
		NAME	AGE	CITY / STATE OF RESIDENCE
INJURIES: NONE <input type="checkbox"/>		MINOR <input checked="" type="checkbox"/>	SERIOUS <input type="checkbox"/>	CRITICAL <input type="checkbox"/>
		FATAL <input type="checkbox"/>	<u>Florida</u>	SEATBELT IN USE? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
			HOSPITAL	RELATIVE NOTIFIED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

VEH# <u>8</u>	PASS# _____	<u>James Van Brocklin</u>	<u>40</u>	<u>Palm Coast, Florida</u>
		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"/>		SEATBELT IN USE? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
			HOSPITAL	RELATIVE NOTIFIED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

VEH# <u>9</u>	PASS# _____	<u>Christa Santamaria</u>	<u>28</u>	<u>Palm Coast, Florida</u>
		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"/>		SEATBELT IN USE? Yes <input checked="" type="checkbox"/> No <input 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 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 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 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 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 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 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 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 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 IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>
			HOSPITAL	RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>