



**FLORIDA HIGHWAY PATROL  
MEDIA RELEASE  
TROOP - G**



3/12/12  
DATE

1:00 AM  
TIME  PM

STATE ROAD A1A @ WASHINGTON OAKS GARDENS PARK  
LOCATION OF INCIDENT

FLAGLER  
COUNTY

VEHICLE # <b>1</b>	1989	HD	MC	\$ 3,000.00	ALCOHOL RELATED?	Yes <input type="checkbox"/> No <input type="checkbox"/> Pend <input checked="" type="checkbox"/>
	YEAR	MAKE	MODEL	DAMAGE	SEATBELT IN USE?	Yes <input type="checkbox"/> No <input type="checkbox"/>
DRIVER: <u>BILLY SALLEE</u>					RELATIVE NOTIFIED?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
			38		<u>NEOSHO, MO</u>	
			NAME		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 HOSPITAL FLAGLER</u>
						HOSPITAL
PASSENGER: <u>DIANA SALLEE</u>					<u>NEOSHO, MO</u>	
			39		CITY / STATE OF RESIDENCE	
			NAME		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"/>				<u>HALIFAX</u>	SEATBELT IN USE?	Yes <input type="checkbox"/> No <input type="checkbox"/>
HELMET: DR. <input checked="" type="checkbox"/> PASS. <input checked="" type="checkbox"/> N/A <input type="checkbox"/>						RELATIVE NOTIFIED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						HOSPITAL

VEHICLE # <b>2</b>	2007	HD	MC	\$ 1,500.00	ALCOHOL RELATED?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pend <input type="checkbox"/>
	YEAR	MAKE	MODEL	DAMAGE	SEATBELT IN USE?	Yes <input type="checkbox"/> No <input type="checkbox"/>
DRIVER: <u>RICHARD KIRTLEY</u>					RELATIVE NOTIFIED?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
			65		<u>JACKSONVILLE, FL</u>	
			NAME		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"/>						<u>N/A</u>
						HOSPITAL
PASSENGER: <u>TOMMY SALLEE</u>					<u>NEOSHO, MO</u>	
			16		CITY / STATE OF RESIDENCE	
			NAME		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"/>				<u>N/A</u>	SEATBELT IN USE?	Yes <input type="checkbox"/> No <input type="checkbox"/>
HELMET: DR. <input checked="" type="checkbox"/> PASS. <input checked="" type="checkbox"/> N/A <input type="checkbox"/>						RELATIVE NOTIFIED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						HOSPITAL

PEDESTRIAN: <u>N/A</u>					<u>N/A</u>	
			NAME		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 <u>N/A</u>						

CHARGES: PENDING BLOOD TOXICOLOGY RESULTS OF DRIVER 1

**NARRATIVE:**  
 \*\*\*UPDATE 3/13/12\*\*\* The passenger of Vehicle 01, Diana Sallee, was pronounced deceased on 3/13/12 at 7:10PM at Halifax Hospital.

Vehicle 01, a Harley Davidson motorcycle, traveled southbound on State Road A1A. Vehicle 02, a Harley Davidson motorcycle, traveled southbound on State Road A1A directly in front of Vehicle 01. Vehicle 03, a Chevrolet Suburban, traveled southbound on State Road A1A in front of Vehicle 02. Vehicle 03 slowed and stopped to wait for oncoming traffic. Vehicle 03 stopped, waiting to turn left into the Washington Oaks Gardens State Park entrance. Driver 02 slowed Vehicle 02 behind Vehicle 03. Driver 01 failed to observe the slowing and stopped vehicles in front. As a result, the left side of Vehicle 01 struck the right side/saddle bag of Vehicle 02, causing the passenger of Vehicle 01 to be thrown onto the roadway. Vehicle 01 continued in a southwest direction before striking the right rear of Vehicle 03 with its left side. Vehicle 03 proceeded to slide on the roadway before stopping on the paved entrance to the State Park (west entrance). Due to her being thrown off of the motorcycle, the passenger of Vehicle 01 slid on the roadway and stopped underneath the rear of the stopped Vehicle 03.

Charges are pending the toxicology results of Driver 01's blood.

TPR C. CONRAD  
 CRASH INVESTIGATOR  
SGT H.L. SMITH  
 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

CPL G. COHN  
 HOMICIDE INVESTIGATOR  
FHPG12OFF009741  
 CASE NUMBER



FLORIDA HIGHWAY PATROL  
 MEDIA RELEASE  
 TROOP - G



03/12/12 1:00  AM

STATE ROAD A1A AT ENTRANCE TO WASHINGTON OAKS  
 GARDENS PARK

DATE TIME  PM LOCATION OF INCIDENT COUNTY

VEHICLE #	<b>3</b>	1993	GMC	<b>SUBURBAN</b>	\$ 1,000.	ALCOHOL RELATED	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pend <input type="checkbox"/>
		YEAR	MAKE	MODEL	DAMAGE	SEATBELT IN USE?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
DRIVER:	CATHERINE MEAGHER			70	EXCELSIOR, MN		
	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"/>	N/A	
					HOSPITAL		
PASSENGER:	HELEN PURVEY			52	EDEN PRAIRIE, MN		
	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"/>	N/A	SEATBELT IN USE? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
HELMET:	DR. <input type="checkbox"/>	PASS. <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	HOSPITAL			RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

VEHICLE #	<input type="checkbox"/>				\$	ALCOHOL RELATED	Yes <input type="checkbox"/> No <input type="checkbox"/> Pend <input type="checkbox"/>
		YEAR	MAKE	MODEL	DAMAGE	SEATBELT IN USE?	Yes <input type="checkbox"/> No <input type="checkbox"/>
DRIVER:							
	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		
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:	DR. <input type="checkbox"/>	PASS. <input type="checkbox"/>	N/A <input type="checkbox"/>	HOSPITAL			RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>

VEHICLE #	<input type="checkbox"/>				\$	ALCOHOL RELATED	Yes <input type="checkbox"/> No <input type="checkbox"/> Pend <input type="checkbox"/>
		YEAR	MAKE	MODEL	DAMAGE	SEATBELT IN USE?	Yes <input type="checkbox"/> No <input type="checkbox"/>
DRIVER:							
	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		
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:	DR. <input type="checkbox"/>	PASS. <input type="checkbox"/>	N/A <input type="checkbox"/>	HOSPITAL			RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>

VEHICLE #	<input type="checkbox"/>				\$	ALCOHOL RELATED	Yes <input type="checkbox"/> No <input type="checkbox"/> Pend <input type="checkbox"/>
		YEAR	MAKE	MODEL	DAMAGE	SEATBELT IN USE?	Yes <input type="checkbox"/> No <input type="checkbox"/>
DRIVER:							
	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		
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:	DR. <input type="checkbox"/>	PASS. <input type="checkbox"/>	N/A <input type="checkbox"/>	HOSPITAL			RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>

TPR C. CONRAD  
 CRASH INVESTIGATOR  
 SGT H.L. SMITH

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

CPL G. COHN  
 HOMICIDE INVESTIGATOR  
 FHPG12OFF009741



FLORIDA HIGHWAY PATROL  
 MEDIA RELEASE  
 TROOP - G



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

904-301-3664

\_\_\_\_\_ CASE NUMBER

PAGE \_\_\_ OF \_\_\_ PAGES

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 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 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 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 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 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 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 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 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 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 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 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 IN USE? Yes <input type="checkbox"/> No <input type="checkbox"/>	RELATIVE NOTIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>



FLORIDA HIGHWAY PATROL  
MEDIA RELEASE  
TROOP – G



\_\_\_\_\_ HOSPITAL

RELATIVE NOTIFIED? Yes  No

PAGE \_\_\_ OF \_\_\_ PAGES