



Issue Capias Returnable Instantly

Bond Amount \$ Same Terms and Conditions she is currently under.

Clerk Number 09CF177
Agency # 09OFF000461

SA Number: 6609CF002658A

RACE: W SEX: F DOB: 01/31/1992 SS#:

ADDRESS OF DEFENDANT: ELYSE ANGELINA TIRICO, a/k/a ELYSE ANGELINA BUSHEE, C/O PARENT OR GUARDIAN 95 BAYOU RD, SANTA ROSA BEACH, FL

- 1) DUI MANSLAUGHTER (8821)
- 2) DUI WITH SERIOUS BODILY INJURY (5404)

IN THE NAME AND BY THE AUTHORITY OF THE STATE OF FLORIDA
IN THE CIRCUIT COURT OF WALTON COUNTY, FLORIDA

DIRECT FILED INFORMATION

2009 MAR 26 A 9:41
W. ELLIOTT OF C...

STATE OF FLORIDA,

vs.

ELYSE ANGELINA TIRICO, a/k/a ELYSE ANGELINA BUSHEE

WILLIAM EDDINS, STATE ATTORNEY FOR THE FIRST JUDICIAL CIRCUIT OF FLORIDA, PROSECUTING FOR THE STATE OF FLORIDA, CHARGES THAT ELYSE ANGELINA TIRICO, a/k/a ELYSE ANGELINA BUSHEE on or about January 4, 2009, at and in Walton County, Florida, did unlawfully drive or be in the actual physical control of a vehicle while under the influence of alcoholic beverages, any chemical substance set forth in Section 877.111, Florida Statutes, or any substance controlled under Chapter 893, Florida Statutes, and was affected to the extent that his or her normal faculties were impaired, and by reason of such operation of the vehicle did cause or contribute to causing the death of a human being, to-wit: [REDACTED], in violation of Sections 316.193(1) and 316.193(3)(a)(b)(c)3.a., Florida Statutes. (F2-L8)

COUNT 2: AND YOUR INFORMANT AFORESAID, PROSECUTING AS AFORESAID, ON HIS OATH AFORESAID, FURTHER INFORMATION MAKES THAT ELYSE ANGELINA TIRICO, a/k/a ELYSE ANGELINA BUSHEE on or about January 4, 2009, at and in Walton County, Florida, did unlawfully drive or be in the actual physical control of a vehicle while under the influence of alcoholic beverages, any chemical substance set forth in Section 877.111, Florida Statutes, or any substance controlled under Chapter 893, Florida Statutes, and was affected to the extent that his or her normal faculties were impaired, and by reason of such operation of the vehicle did cause or contribute to causing serious bodily injury to another, to-wit: [REDACTED], in violation of Sections 316.193(1) and 316.193(3)(a)(b)(c)2., Florida Statutes. (F3-L7)

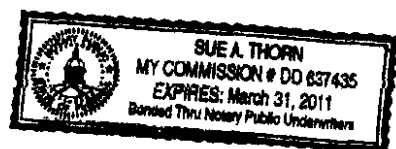
STATE OF FLORIDA
COUNTY OF WALTON

Before me personally appeared the undersigned designated Assistant State Attorney for the First Judicial Circuit of Florida, being personally known to me, and who first being duly sworn, says that the allegations set forth in the foregoing information are based on facts that have been sworn as true, and which if true, would constitute the offense there charged, that said Assistant State Attorney has received testimony under oath from a material witness or witnesses for the offense and that this prosecution is instituted in good faith.

for Gregory M. Anchors
 ASSISTANT STATE ATTORNEY
 JOHN AMOLCHAN
 PO BOX 12726
 190 GOVERNMENTAL CENTER
 PENSACOLA, FL 32591
 PHONE NO.:
 FLORIDA BAR NO.: 0747580

Sworn to and subscribed before me this 26th day of March, 2009.

Sue S. Thorn
 Notary Public



1 sub 3/26/09



FILED
WALTON CO FLORIDA
CLERK OF COURTS

3401-SPF CHECK DIGIT 5

COMPLAINT

MAR 12 P 2:38

FLORIDA UNIFORM TRAFFIC CITATION

COUNTY OF **WALTON** NHP CPD GPO MPO
 CITY (IF APPLICABLE): _____ **FLORIDA HIGHWAY PATROL**
 AGENCY

IN THE COURT DEPARTMENT BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS
 JOINT AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON

COMPLAINT (RETAINED BY COURT)

DAY OF WEEK: **SUNDAY** MONTH: **01** DAY: **04** YEAR: **2009** TIME: **12:05** A.M. P.M.

NAME (FIRST) **ELYSE** (LAST) **ANGELINA** (MIDDLE) **TIRICO**

STREET: **95 BAYOU RD**

CITY: **SANTA ROSA BEACH** STATE: **FL** ZIP CODE: **32459**

TELEPHONE NUMBER: _____ DATE OF BIRTH: **01 31 1992** RACE: **W** SEX: **F** HT: **509**

DRIVER LICENSE NUMBER: **T620201925310**

STATE: **FL** CLASS: **E** COLL. LICENSE: **N** YR. LICENSE EXP.: **2014** IF COMMERCIAL VEH. "X" HERE

VR. VEHICLE: **2005** MAKE: **LNOR** STYLE: **4D** COLOR: **YEL** IF PLACARDED HAZARDOUS MATERIAL "X" HERE

VEHICLE LICENSE NO. **L989AY** TRAILER TAG NO. _____ STATE: **FL** YEAR TAG EXP.: **2010** IF COMPANION CITATION "X" HERE

LOCAL A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY **RR 20 AND CR 63A**

FT. _____ MILES OF MILE _____

DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE. CHECK ONLY ONE OFFENSE EACH CITATION.

UNLAWFUL SPEED WITH SPEED APPLICABLE _____ MPH

INTERSTATE 4-LANE HWY WITH 36 FT. MEDIAN OUTSIDE SHOULDER OR REAL DIST.

CARELESS DRIVING SAFETY BELT VIOLATION EXPIRED DRIVER LICENSE

VIOLATION OF TRAFFIC CONTROL DEVICE IMPROPER OR MISSING EQUIPMENT FOUR (4) MONTHS OR LESS

VIOLATION OF RIGHT-OF-WAY EXPIRED TAG MORE THAN FOUR (4) MONTHS

IMPROPER CHANGES OF LANE OR COLLISION SIX (6) MONTHS OR LESS NO VALID DRIVER LICENSE

IMPROPER PASSING MORE THAN SIX (6) MONTHS DRIVING VEHICLE LICENSE SUSPENDED OR REVOKED

CHILD RESTRAINT NO PROOF OF INSURANCE FAILURE TO STOP AT A TRAFFIC SIGNAL

BREAKS UNDER THE INFLUENCE OF ALCOHOL, DRUGS, OR CONTROLLED SUBSTANCE, IMMEDIATELY PHYSICAL CONTROL WHILE OPERATING OR ADMINISTRATIVE PHYSICAL CONTROL WITH UNLAWFUL BLOODING ALCOHOL LEVEL, BAC _____

OTHER VIOLATIONS OR COMMENTS PERTAINING TO OFFENSE:
BAC 0.103/0.102 GRAMS OF ETHYL ALCOHOL PER 100 MILLILITERS OF BLOOD LAST NAME HAS BEEN CHANGED FROM BUSHEE TO TIRICO

AGGRESSIVE DRIVING IN VIOLATION OF STATE STATUTE SECTION **316.193.3abc3** SUB-SECTION _____

CRASH: YES NO PROPERTY DAMAGE: YES NO \$ **20000** INJURY TO MOTORIST: YES NO IMPROPERLY BURST TYRE: YES NO FATAL: YES NO

CRIMINAL VIOLATION COURT APPEARANCE REQUIRED, AS INDICATED BELOW

INFRACTION COURT APPEARANCE REQUIRED, AS INDICATED BELOW

INFRACTION WHICH DOES NOT REQUIRE APPEARANCE IN COURT

3401-SPF CHECK DIGIT 5

COURT INFORMATION: DATE _____ TIME **AM**
WALTON COUNTY COURT
P O BOX 1260
DEFUNIAK SPRGS

ARREST DELIVERED VIA WARRANT/ DATE **02/20/2009**

I, SHERIFF OF COUNTY, **ERIC A. STONE** C677 1738

SIGNATURE OF OFFICER _____

HEARD YEAR (PL. 920)

CASE NO _____ DOCKET NO _____ PAGE NO _____

DATE	COURT ACTION AND OTHER ORDERS
	BAIL FIXED AT \$ _____ OR CASH DEPOSIT OF \$ _____
	SIGNATURE OF PERSON GIVING BAIL _____
	SIGNATURE OF PERSON TAKING BAIL _____
	FINE IN THE AMOUNT OF \$ _____ RECEIVED AS REQUIRED BY COURT SCHEDULE
	SIGNATURE OF CLERK _____
	CONTINUANCE TO _____ REASON _____
	CONTINUANCE TO _____ REASON _____
	BOND ESTREATED _____
	WARRANT ISSUED _____
	DEFENDANT FAILED TO APPEAR-DRIVER LICENSE SUSPENDED
	DEFENDANT ARRAIGNED ON _____ (DATE)
	PLEA: _____
	FINDING: _____
	ADJUDICATION: _____
	SENTENCE: FINE _____ COST _____
	JAILED _____ DAYS
	DRIVER IMPROVEMENT SCHOOL _____
	OTHER _____
	DRIVER LICENSE SUSPENDED OR REVOKED FOR _____ DAYS
	RECOMMEND DRIVER LICENSE SUSPENSION FOR _____ DAYS
	RECOMMEND RE-TEST _____
	SIGNATURE OF JUDGE _____
	TESTIMONY - JUDGE'S NOTES (OR OTHER COURT ORDERS):
	APPEAL BOND OF \$ _____
	DEFENDANT'S FINGERPRINT WHEN APPLICABLE

SEARCHED
SERIALIZED
INDEXED
MAR 12 2009
3/24/09

FILED
WALTON CO FLORIDA
CLERK OF COURTS



3400-SPF CHECK 4 DIGIT 2:38

COMPLAINT

FLORIDA UNIFORM TRAFFIC CITATION

COUNTY OF **WALTON** (1) F.H.P. (2) P.D. (3) S.O. (4) OTHER
 CITY (IF APPLICABLE) _____ **FLORIDA HIGHWAY PATROL AGENCY**

IN THE COURT DEBATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON _____ COMPLAINT (RETAINED BY COURT)

DAY OF WEEK: **SUNDAY** MONTH: **01** DAY: **04** YEAR: **2009** TIME: **12:05** A.M. P.M.

PLAINTIFF (PRINT) FIRST: **ELYSE** MIDDLE: **ANGELINA** LAST: **TIRICO**

STREET: **95 BAYOU RD** (IF DIFFERENT FROM ONE ON DRIVER LICENSE "X" HERE)

CITY: **SANTA ROSA BEACH** STATE: **FL** ZIP CODE: **32459**

TELEPHONE NUMBER: _____ DATE OF BIRTH: **01 31 1992** RACE: **W** SEX: **F** HGT: **509**

DRIVER LICENSE NUMBER: **T620201925310** STATE: **FL** CLASS: **E** CDL LICENSE: **N** YR LICENSE EXP: **2014** IF COMMERCIAL MTR. VEH. "X" HERE

YR VEHICLE: **2005** MAKE: **LNDR** STYLE: **4D** COLOR: **YEL** IF PLACARDED HAZARDOUS MATERIAL "X" HERE

VEHICLE LICENSE NO.: **1989AY** TRAILER TAG NO.: _____ STATE: **FL** YEAR TAG EXPIRES: **2010** IF COMPANION CITATION(S) "X" HERE

UPON A PUBLIC STREET OR HIGHWAY OR OTHER LOCATION, NAMELY **SR 20 AND CR 63A**

FT. _____ MILES _____ OF MILE _____

DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE. CHECK ONLY ONE OFFENSE EACH CITATION.

UNLAWFUL SPEED _____ MPH (SPEED APPLICABLE) _____ MPH

CITY/STATE 4-LANE HWY WITH 3 FT. MEDIAN OUTSIDE SHOULDER OR REEL. (DWT.)

CARELESS DRIVING SAFETY BELT VIOLATION EXPIRED DRIVER LICENSE

VIOLATION OF TRAFFIC CONTROL DEVICE IMPROPER OR UNSAFE EQUIPMENT FOUR (4) MONTHS OR LESS

VIOLATION OF RIGHT-OF-WAY EXPIRED TAG MORE THAN FOUR (4) MONTHS

IMPROPER CHANGE OF LANE OR COURSE 90 (9) MONTHS OR LESS NO VALID DRIVER LICENSE

IMPROPER PASSING MORE THAN SIX (6) MONTHS DRIVING WHILE LICENSE SUSPENDED OR REVOKED

CHILD RESTRAINT NO PROOF OF INSURANCE FAILURE TO STOP AT A TRAFFIC SIGNAL

DRIVES UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGE, CHEMICAL OR CONTROLLED SUBSTANCE, DRUGS, MEDICATION, PHYSICAL CONTROL, WEAR SEATBELT OR OPERATIONAL PHYSICAL CONTROL WITH UNLAWFUL BLOOD/URINE ALCOHOL LEVEL, ETC.

OTHER VIOLATIONS OR COMMENTS PERTAINING TO OFFENSE: **BAC 0.103/0.102 GRAMS OF ETHYL ALCOHOL PER 100 MILLILITERS OF BLOOD**

CASE NO _____ DOCKET NO _____ PAGE NO _____

DATE	COURT ACTION AND OTHER ORDERS
	BAIL FIXED AT \$ _____ OR CASH DEPOSIT OF \$ _____ SIGNATURE OF PERSON GIVING BAIL _____ SIGNATURE OF PERSON TAKING BAIL _____
	FINE IN THE AMOUNT OF \$ _____ RECEIVED AS REQUIRED BY COURT SCHEDULE SIGNATURE OF CLERK _____
	CONTINUANCE TO _____ REASON _____
	CONTINUANCE TO _____ REASON _____
	BOND ESTREATED _____
	WARRANT ISSUED _____
	DEFENDANT FAILED TO APPEAR-DRIVER LICENSE SUSPENDED
	DEFENDANT ARRAIGNED ON _____ (DATE) PLEA: _____ FINDING: _____ ADJUDICATION: _____ SENTENCE: FINE _____ COST _____ JAILED _____ DAYS DRIVER IMPROVEMENT SCHOOL _____ OTHER _____ DRIVER LICENSE SUSPENDED OR REVOKED FOR _____ DAYS RECOMMEND DRIVER LICENSE SUSPENSION FOR _____ DAYS RECOMMEND RE-TEST _____
	SIGNATURE OF JUDGE _____
	TESTIMONY - JUDGE'S NOTES (OR OTHER COURT ORDERS):
	APPEAL BOND OF \$ _____
	DEFENDANT'S FINGERPRINT WHEN APPLICABLE

AGGRESSIVE DRIVING IN VIOLATION OF STATE STATUTE SECTION: **316.193.3abc2** SUBSECTION: _____

CRIMINAL VIOLATION COURT APPEARANCE REQUIRED, AS INDICATED BELOW: YES NO

PROPERTY DAMAGE: YES NO AMOUNT: **20000**

INJURY TO ANOTHER: YES NO

PERSONAL BODILY INJURY TO ANOTHER: YES NO

FATAL: YES NO

COURT INFORMATION: DATE _____ TIME **AM**

WALTON COUNTY COURT

P O BOX **1260**

DEFUNIAK SPRGS

ARREST DELIVERED TO: **VIA WARRANT** DATE: **02/20/2009**

NAME OF DEFENDANT: **ERIC R. TIRICO**

NAME - SIGNATURE OF OFFICER: **ERIC R. TIRICO** BADGE NO: **1738** ID. NO: _____

SEARCHED
SERIALIZED
INDEXED
FILED
02/20/09
JWS
2/24/09

FILED
WALTON COUNTY FLORIDA
CLERK OF COURTS



FLORIDA DUI UNIFORM TRAFFIC CITATION

709 MAR 12 P 2:37

COMPLAINT

0112-XAR CHECK DIGIT **8**

DATE	COURT ACTION AND OTHER ORDERS
	BAIL FIXED AT \$ _____ OR CASH DEPOSIT OF \$ _____ _____ SIGNATURE OF PERSON GIVING BAIL _____ SIGNATURE OF PERSON TAKING BAIL
	FINE IN THE AMOUNT OF \$ _____ RECEIVED AS REQUIRED BY COURT SCHEDULE _____ SIGNATURE OF CLERK
	CONTINUANCE TO _____ REASON _____
	CONTINUANCE TO _____ REASON _____
	BOND ESTREATED _____
	WARRANT ISSUED _____
	VIOLATOR FAILED TO APPEAR-DRIVER LICENSE SUSPENDED
	VIOLATOR ARRAIGNED ON _____ (DATE) PLEA: _____ FINDING: _____ ADJUDICATION: _____ SENTENCE: FINE _____ COST _____ JAILED _____ DAYS DRIVER IMPROVEMENT SCHOOL _____ OTHER _____ DRIVER LICENSE SUSPENDED OR REVOKED FOR _____ DAYS RECOMMEND DRIVER LICENSE SUSPENSION FOR _____ DAYS RECOMMEND RE-TEST _____
	SIGNATURE OF JUDGE
	TESTIMONY - JUDGE'S NOTES (OR OTHER COURT ORDERS):
	APPEAL BOND OF \$ _____
	VIOLATOR'S FINGERPRINT WHEN APPLICABLE

COUNTY OF WALTON		<input checked="" type="checkbox"/> (1) F.H.P. <input type="checkbox"/> (2) P.D. <input type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER	
CITY (IF APPLICABLE)		FLORIDA HIGHWAY PATROL	
AGENCY			
IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON			
COMPLAINT (RETAINED BY COURT)			
DAY OF WEEK SUNDAY	MONTH 01	DAY 04	YEAR 2009
TIME 12:05		<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
NAME (FIRST) ELYSE	NAME (MIDDLE) ANGELINA	NAME (LAST) TIRICO	
STREET 95 BAYOU RD			
IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE			
CITY SANTA ROSA BEACH		STATE FL	ZIP CODE 32459
TELEPHONE NUMBER	DATE OF BIRTH MO 01 DAY 31 YEAR 1992	RACE W	SEX F HGT 509
DRIVER LICENSE NUMBER T620201925310			
STATE FL	CLASS E	CDL LICENSE Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	VAL. LICENSE EXP 2014
VEHICLE MAKE 2005 LNR	VEHICLE MODEL 4D	COLOR YEL	IF FLAGGED HAZARDOUS MATERIAL "X" HERE <input type="checkbox"/>
VEHICLE LICENSE NO. L989AY	TRAILER TAG NO.	STATE FL	YEAR TAG EXPIRES 2010
IF COMPANION CITATION(S) "X" HERE <input checked="" type="checkbox"/>			
IF ON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY SR 20/CR 83A			
FT. _____ MILES _____ <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OF NODE			

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; DID DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT NORMAL FACULTIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF .103

COMMENTS PERTAINING TO OFFENSE (Only one offense each column)

<input checked="" type="checkbox"/> STATE STATUTE	<input type="checkbox"/> AGGRESSIVE DRIVER	SECTION 316.193.1
CRASH <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DAMAGE TO OTHER PROPERTY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INJURY TO ANOTHER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
SERIOUS BODILY INJURY TO ANOTHER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		FATAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

THIS IS A CRIMINAL VIOLATION. COURT APPEARANCE REQUIRED, AS INDICATED BELOW

PM 0112-XAR CHECK DIGIT **8**

COURT DATE _____ TIME _____

WALTON COUNTY COURT

COURT AND LOCATION
P O BOX 1260

ARREST DELIVERED TO **VIA WARRANT** DATE **02/20/2009**

(Signature)

EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:

DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION, OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR ARE OPERATING A CMV, YOUR COMMERCIAL DRIVING PRIVILEGE WILL ALSO BE DISQUALIFIED FOR ONE YEAR FOR THE FIRST OFFENSE OR PERMANENTLY DISQUALIFIED IF YOU HAVE BEEN PREVIOUSLY DISQUALIFIED UNDER SECTION 322.04 F.S.

REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST F.S. 322.2616. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. WHEN OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY FOR A SECOND REFUSAL WHILE OPERATING A CMV.

LICENSE SURRENDERED? YES NO REASON _____

ELIGIBLE FOR PERMIT? YES NO REASON _____

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 16TH DAY FOLLOWING THE DATE OF SUSPENSION.

AT THE _____ BUREAU OF ADMINISTRATIVE REVIEW OFFICE, YOU MAY REQUEST, WITHIN 15 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES. SEE REVERSE SIDE.

ERIC R. DEAR **1738**

RANK - SIGNATURE OF OFFICER BADGE NO. ID. NO. TRC#

HSMV 7904 (Rev. 10/06)

SCANNED
3/20/09
03:12:09
3/20
3/24/09



FILED
WALTON CO FLORIDA
CLERK OF COURTS

3398-SPF 12:05 2:38
CHECK 5
DIGIT

COMPLAINT

FLORIDA UNIFORM TRAFFIC CITATION

COUNTY OF WALTON		<input checked="" type="checkbox"/> (1) F.H.P. <input type="checkbox"/> (2) F.D. <input type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER	
CITY (IF APPLICABLE)		FLORIDA HIGHWAY PATROL AGENCY	
IN THE COURT DEPICTED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON			
DAY OF WEEK SUNDAY		MONTH 01	DAY 04
YEAR 2009		TIME 12:05	
FIRST NAME ELYSE		MIDDLE NAME ANGELINA	LAST NAME TIRICO
STREET 95 BAYOU RD			
CITY SANTA ROSA BEACH		STATE FL	ZIP CODE 32459
TELEPHONE NUMBER	DATE OF BIRTH 01 31 1992	RACE W	SEX F
DRIVER LICENSE NUMBER T620201925310			
VEHICLE MAKE 2005 LNR	VEHICLE MODEL 4D	VEHICLE COLOR YEL	IF FLAGGED HAZARDOUS MATERIAL "X" HERE <input type="checkbox"/>
VEHICLE LICENSE NO. L989AY	TRAILER TAG NO.	STATE FL	YEAR LICENSE EXPIRES 2010
IF COMPANION CITATION(S) "X" HERE <input checked="" type="checkbox"/>			
USING A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY SR 20 AND CR 83A			
FT. _____ MILES _____ OF ROAD _____			
DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE. CHECK ONLY ONE OFFENSE EACH CITATION.			
<input type="checkbox"/> UNLAWFUL SPEED _____ MPH (SPEED APPLICABLE) _____ MPH			
<input type="checkbox"/> CARELESS DRIVING			
<input checked="" type="checkbox"/> VIOLATION OF TRAFFIC CONTROL DEVICE			
<input type="checkbox"/> VIOLATION OF RIGHT-OF-WAY			
<input type="checkbox"/> IMPROPER CHANGES OF LANE OR COURSE			
<input type="checkbox"/> IMPROPER PASSING			
<input type="checkbox"/> CHILD RESTRAINT			
<input type="checkbox"/> OTHER VIOLATIONS OF COMMENTS PERTAINING TO OFFENSE			
STOP SIGN LAST NAME HAS BEEN CHANGED FROM BUSHEE TO TIRICO			
<input type="checkbox"/> AGGRESSIVE DRIVING			
<input checked="" type="checkbox"/> IN VIOLATION OF STATE STATUTE SECTION 316.123.2a			
CRASH: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO PROPERTY DAMAGE: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$ 20000 HURRY TO ANOTHER: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO SERIOUS BODILY INJURY TO ANOTHER: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO FATAL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
<input checked="" type="checkbox"/> CRIMINAL VIOLATION COURT APPEARANCE REQUIRED AS INDICATED BELOW			
<input type="checkbox"/> INFRACTION COURT APPEARANCE REQUIRED AS INDICATED BELOW			
<input type="checkbox"/> INFRACTION WHICH DOES NOT REQUIRE APPEARANCE IN COURT.			
COURT INFORMATION: DATE _____ TIME AM			
COURT WALTON COUNTY COURT			
P O BOX 1260			
LOCATION DEFUNIAK SPRGS			
ARREST DELIVERED TO VIA WARRANT DATE 02/20/2009			
I HEREBY CERTIFY TO THE CORRECTNESS OF THE INFORMATION SPECIFIED IN THIS CITATION AND I ACCEPT AND AGREE THE UNDERSIGNED SHALL BE RESPONSIBLE FOR THE PROSECUTION OF THIS CITATION AND SHALL BE RESPONSIBLE FOR THE PROSECUTION OF THIS CITATION.			
SIGNATURE OF DEFENDANT ERIC R. DEAN		BADGE NO. 1739	
SIGNATURE OF OFFICER		ID NO.	

CASE NO _____	DOCKET NO _____	PAGE NO _____
DATE	COURT ACTION AND OTHER ORDERS	
	BAIL FIXED AT \$ _____ OR CASH DEPOSIT OF \$ _____	
	SIGNATURE OF PERSON GIVING BAIL _____	
	SIGNATURE OF PERSON TAKING BAIL _____	
	FINE IN THE AMOUNT OF \$ _____ RECEIVED AS REQUIRED BY COURT SCHEDULE	
	SIGNATURE OF CLERK _____	
	CONTINUANCE TO _____ REASON _____	
	CONTINUANCE TO _____ REASON _____	
	BOND ESTREATED _____	
	WARRANT ISSUED _____	
	DEFENDANT FAILED TO APPEAR-DRIVER LICENSE SUSPENDED	
	DEFENDANT ARRAIGNED ON _____ (DATE)	
	PLEA: _____	
	FINDING: _____	
	ADJUDICATION: _____	
	SENTENCE: FINE _____ COST _____	
	JAILED _____ DAYS	
	DRIVER IMPROVEMENT SCHOOL _____	
	OTHER _____	
	DRIVER LICENSE SUSPENDED OR REVOKED FOR _____ DAYS	
	RECOMMEND DRIVER LICENSE SUSPENSION FOR _____ DAYS	
	RECOMMEND RE-TEST _____	
	SIGNATURE OF JUDGE _____	
	TESTIMONY - JUDGE'S NOTES (OR OTHER COURT ORDERS):	
	APPEAL BOND OF \$ _____	
	DEFENDANT'S FINGERPRINT WHEN APPLICABLE	

SCANNED
02/20/09
2:38
3/26/07



FILED
WALTON CO FLORIDA
CLERK OF COURTS

3399-SPF CHECK 6 P 2:38

COMPLAINT

FLORIDA UNIFORM TRAFFIC CITATION

COUNTY OF **WALTON** (1) P.H.P. (2) P.D. (3) S.O. (4) OTHER
FLORIDA HIGHWAY PATROL
 AGENCY

IN THE COURT DEPOSITED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON

COMPLAINT (RETAINED BY COURT)

DAY OF WEEK: **SUNDAY** MONTH: **01** DAY: **04** YEAR: **2009** TIME: **12:05** A.M. P.M.

DRIVER (PRINT) FIRST: **ELYSE** MIDDLE: **ANGELINA** LAST: **TIRICO**

STREET: **95 BAYOU RD**

CITY: **SANTA ROSA BEACH** STATE: **FL** ZIP CODE: **32459**

TELEPHONE NUMBER: DATE OF BIRTH: **01 31 1992** RACE: **W** SEX: **F** HGT: **509**

DRIVER LICENSE NUMBER: **T620201925310**

STATE: **FL** CLASS: **E** CDL LICENSE: **N** YR LICENSE EXP.: **2014** IF COMMERCIAL MTR. VEH. "X" HERE:

YR. VEHICLE: **2005** MAKE: **LNDR** STYLE: **4D** COLOR: **YEL** IF PLACARDED HAZARDOUS MATERIAL "X" HERE:

VEHICLE LICENSE NO.: **L989AY** TRAILER TAG NO.: STATE: **FL** YEAR LICENSE: **2010** IF COMPANION CITATION:

USE A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY: **SR 20 AND CR 53A**

FT _____ MILES _____ N S E W OF NODE _____

DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE. CHECK ONLY ONE OFFENSE EACH CITATION.

CASE NO. _____ DOCKET NO. _____ PAGE NO. _____

DATE	COURT ACTION AND OTHER ORDERS
	BAIL FIXED AT \$ _____ OR CASH DEPOSIT OF \$ _____
	SIGNATURE OF PERSON GIVING BAIL _____
	SIGNATURE OF PERSON TAKING BAIL _____
	FINE IN THE AMOUNT OF \$ _____ RECEIVED AS REQUIRED BY COURT SCHEDULE _____
	SIGNATURE OF CLERK _____
	CONTINUANCE TO _____ REASON _____
	CONTINUANCE TO _____ REASON _____
	BOND ESTREATED _____
	WARRANT ISSUED _____
	DEFENDANT FAILED TO APPEAR-DRIVER LICENSE SUSPENDED
	DEFENDANT ARRAIGNED ON _____ (DATE)
	PLEA: _____
	FINDING: _____
	ADJUDICATION: _____
	SENTENCE: FINE _____ COST _____
	JAILED _____ DAYS
	DRIVER IMPROVEMENT SCHOOL _____
	OTHER _____
	DRIVER LICENSE SUSPENDED OR REVOKED FOR _____ DAYS
	RECOMMEND DRIVER LICENSE SUSPENSION FOR _____ DAYS
	RECOMMEND RE-TEST _____
	SIGNATURE OF JUDGE _____
	TESTIMONY - JUDGE'S NOTES (OR OTHER COURT ORDERS):
	APPEAL BOND OF \$ _____
	DEFENDANT'S FINGERPRINT WHEN APPLICABLE

UNLAWFUL SPEED _____ MPH SPEED APPLICABLE _____ MPH

INTERSTATE 4-LANE HWY WITH 50 FT. MEDIAN OUTSIDE BUS. OR RES. DIST.

CARELESS DRIVING SAFETY BELT VIOLATION EXPIRED DRIVER LICENSE

VIOLATION OF TRAFFIC CONTROL DEVICE IMPROPER OR UNSAFE EQUIPMENT FOUR (4) MONTHS OR LESS

VIOLATION OF RIGHT-OF-WAY EXPIRED TAG MORE THAN FOUR (4) MONTHS

IMPROPER CHANGE OF LANE OR COURSE SIX (6) MONTHS OR LESS NO VALID DRIVER LICENSE

IMPROPER PASSING MORE THAN SIX (6) MONTHS EXPIRED VEHICLE LICENSE SUSPENDED OR REVOKED

CHILD RESTRAINT NO PROOF OF INSURANCE FAILURE TO STOP AT A TRAFFIC SIGNAL

BREWING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES, OBSCURANTIAL, PHYSICAL CONTROL WEAPONS, OR OBSCURANTIAL, PHYSICAL CONTROL WITH UNLAWFUL BLOOD/URINE ALCOHOL LEVEL. _____ %

OTHER VIOLATIONS OR COMMENTS PERTAINING TO OFFENSE
POSSESSION OF ALCOHOL UNDER 21 LAST NAME HAS BEEN CHANGED FROM BUSHEE TO TIRICO

AGGRESSIVE DRIVING IN VIOLATION OF STATE STATUTE SECTION **562.111.1** SUB-SECTION

CRASH: YES NO PROPERTY DAMAGE: YES \$ **20000** NO BATTERY TO ANOTHER: YES NO BATTERY TO ANOTHER: YES NO FATAL: YES NO

CRIMINAL VIOLATION COURT APPEARANCE REQUIRED, AS INDICATED BELOW.
 INFRACTION COURT APPEARANCE REQUIRED, AS INDICATED BELOW.
 INFRACTION WHICH DOES NOT REQUIRE APPEARANCE IN COURT.

3399-SPF CHECK 6
 AM

COURT INFORMATION: DATE: _____ THE COURT: **WALTON COUNTY COURT**

COURT: **P O BOX 1260**

LOCATION: **DEFUNIAK SPRGS**

ARREST DELIVERED TO: **VIA WARRANT** DATE: **02/20/2009**

I, CLERK OF COURTS, DO HEREBY CERTIFY THAT THE CITATION IS VALID AND CORRECTLY ISSUED IN ACCORDANCE WITH THE FLORIDA STATUTES AND RULES OF COURT. I HAVE RECEIVED THE CITATION FROM THE OFFICER AND HAVE REVIEWED THE CITATION AND THE CITATION IS VALID AND CORRECTLY ISSUED IN ACCORDANCE WITH THE FLORIDA STATUTES AND RULES OF COURT.

T. SIGNATURE OF CLERK: **ERIC R. STAN** 1738

OFFICER: SIGNATURE OF OFFICER: _____ BADGE NO. _____ ID. NO. _____

SCANNED
7
DND
3/24/09
50205
03/20/09

PROBABLE CAUSE AFFIDAVIT JUVENILE

Arrest (Cont.) 3. Arrest Affidavit
 Subpoena to 4. Complainant Affidavit
 Appear (Court) 5. Request for Capital 5

Agency ORI Number HP05	Agency Name FLORIDA HIGHWAY PATROL	Agency Report Number FHPA09OFF000461	Date of Offense 010409
Location of Offense (Business Name, Address) County Road 83 A and State Road 20		Date of Arrest 010409	

Name (Last, First, Middle) Elyse Angelina Bushee								Alias	
W-White L-American Indian B-Black O-Oriental / Asian	Sex F	Date of Birth or Age 013192	Height 5-9	Weight UK	Eye Color BRO	Hair Color BRO	Complexion MED	Build THN	
Address (Street, Apt. Number) 95 Bayou Rd Santa Rosa Beach, Florida 32495						Phone UK			

<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian Name of Parent or Custodian (Last, First, Middle) Bushee, Chris	Residence Phone
Address (Street, Apt. Number) 95 Bayou Rd Santa Rosa Beach, Florida 32495	Business Phone

Notified By: (Name)	Date	Time	Juvenile Disposition 1. Sentenced / Processed Within Det. and Released	2. Turned Over to HRS / CYF Incarcerated (County Jail)
Released To: (Name)	Relationship	Date	Time	

Activity N. N/A S. Sell P. Possess R. Struggle D. Deliver E. Use K. Dispense Distribute M. Manufacture / Produce / Cultivate Z. Other	Type N. N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opioid / Deriv. P. Paraphernalia / Equipment S. Synthetic U. Unknown Z. Other	Charge Disposition DUI	Counts 1	State Violation Number 316193	Violation of Section (CRS) (12ab)
Amount/Unit N/A	State Attorney Number	Court Number			

Charge Disposition DUI Manslaughter	Counts 1	State Violation Number 316193	Violation of Section (CRS) (1ac3)
Amount/Unit N/A	State Attorney Number	Court Number	

Charge Disposition DUI Serious injury	Counts 1	State Violation Number 316193	Violation of Section (CRS) (1ab3)
Amount/Unit N/A	State Attorney Number	Court Number	

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law:
 On the **4th** day of **January** **2009** at **12:30** **A.M.** (Specify (include facts constituting cause for arrest).)

On January 4, 2009, at 12:30 A.M., the Tallahassee Regional Communications Center of the Florida Highway Patrol contacted and advised me of a vehicle crash involving two serious injuries and one possible fatality. This crash occurred at the intersection of State Road 20 (Main Street) and County Road 83A (East Bay Loop Rd.) in the City of Freeport, Walton County, Florida. I arrived on the crash scene at 1:10 A.M., and began my investigation. From this point all times and measurements are approximate.

State Road 20 (Main Street), in the area of this crash, is a two-lane undivided highway with County Road 83 A (East Bay Loop Road) intersecting it on the south side of the roadway and a circular dirt service road intersecting it on the north side. State Road 20 (Main Street) is composed of asphalt and is in good condition, with one eastbound lane and one westbound lane. The eastbound lane and westbound lane are straight with 0% grade, 0% super-elevation and measure 23 feet in overall width. The marking that separate the eastbound lane from westbound lane is a solid yellow double painted line, indicating a no-passing area for traffic traveling eastbound or westbound. County Road 83 A (East Bay Loop Road) is a two lane road that runs north and south and ends at the intersection with State Road 20 (Main Street). County Road 83 A (East Bay Loop Road) is composed of asphalt and is in good condition. The northbound and southbound lanes are straight with a positive 3% grade (if traveling north) and a 0% super-elevation, the northbound lane measures 10 feet 8 inches wide and the southbound lane measures 11 feet 7 inches wide. The north and southbound lanes are divided by a double solid yellow line, there is a 10 feet wide paved shoulder located on the west side of the southbound lane and they are divided by a solid white painted line.

<input type="checkbox"/> Mirrored Warning <input type="checkbox"/> Hold for Other Agency <input type="checkbox"/> Hold for First Appearance <input type="checkbox"/> Do Not Bond Out. Reason:	Verified By Date 02-2009	Bond: Charge # All Counts - 6 Type Deliver to Detention Center to be held in jail by Judge.
Sworn to and subscribed before me, the undersigned authority this 20 day of February 2009 Name / Title of Person Authorized to Administer Oath Cpl. Eric R. Diaz / 1738/831 A-Crestview	P.C. Editor (Judge) 2009 MAR 12 P 2:00	Release Date Releasing Officer

3/12/09
 SCANNED
 704128
 03/12/09

PROBABLE CAUSE AFFIDAVIT JUVENILE

Adult (Court) Juvenile
 Arrest Affidavit
 Advice to Appear (Court) 4. Complainant Affidavit
 5. Request for Copies

CBTS Number Agency ORI Number P.L.O.	H P 0 5 Agency Name FLORIDA HIGHWAY PATROL	Agency Report Number F H P A 0 9 O F F 000461	5	
Location of Offense (Business Name, Address) County Road 83 A and State Road 20		Date of Offense 0 1 0 4 0 9	Date of Arrest	

Name (Last, First, Middle) Elyse Angelina Bushee									
Race W White B Black A American Indian O Oriental / Asian	Sex W Male F Female	Date of Birth or Age 0 1 3 1 9 2	Height 5-9	Weight UK	Eye Color BRO	Hair Color BRO	Complexion MED	Build THN	Alias
Address (Street, Apt. Number) 95 Bayou Rd Santa Rosa Beach, Florida 32495								Phone UK	

<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other	Name of Parent or Custodian (Last, First, Middle) Bushee, Chris						Residence Phone		
Address (Street, Apt. Number) 95 Bayou Rd Santa Rosa Beach, Florida 32495								Business Phone	
Notified By: (Name)			Date		Time		Juvenile Disposition 1. Handled / Processed Within Date and Released 2. Turned Over to HRS / CYF Incorporated (County Jail)		
Released To: (Name)				Relationship		Date		Time	

CODE N N/A P Penalties S Sell B Buy T Traffic	R. Struggle D. Delivery F. Use	K. Dispense Distribute	M. Manufacture / Produce / Cultivate	Z. Other	Type: N N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Marijuana I. Marijuana O. Opium / Deriv.	P. Paraphernalia / Equipment S. Synthetic	U. Unknown Z. Other	
Charge Description Vehicle entering stop intersection				Counts 1	<input type="checkbox"/> F.S. Ord. <input type="checkbox"/> Ord.	State Violation Number 3 1 6 1 2 3 (1 2 a)		Violation of Section (CRS)
Activity N/A		Drug Type N/A		Amount/Unit N/A		State Attorney Number		Court Number
<input type="checkbox"/> PC <input type="checkbox"/> Capias <input type="checkbox"/> AC		<input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW		<input type="checkbox"/> Juv. PU <input type="checkbox"/> Citation		Date Issued		Writ. Att. <input type="checkbox"/> Domestic Viol. Inj. <input type="checkbox"/> Order of Arrest
3398 - SPF								
Charge Description Possession of alcohol beverage person under 21				Counts 1	<input type="checkbox"/> F.S. Ord. <input type="checkbox"/> Ord.	State Violation Number 5 6 2 1 1 1 (1)		Violation of Section (CRS)
Activity N/A		Drug Type N/A		Amount/Unit N/A		State Attorney Number		Court Number
<input type="checkbox"/> PC <input type="checkbox"/> Capias <input type="checkbox"/> AC		<input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW		<input type="checkbox"/> Juv. PU <input type="checkbox"/> Citation		Date Issued		Writ. Att. <input type="checkbox"/> Domestic Viol. Inj. <input type="checkbox"/> Order of Arrest
3399 - SPF								
Charge Description (Blank)				Counts	<input type="checkbox"/> F.S. Ord. <input type="checkbox"/> Ord.	State Violation Number		Violation of Section (CRS)
Activity		Drug Type		Amount/Unit		State Attorney Number		Court Number
<input type="checkbox"/> PC <input type="checkbox"/> Capias <input type="checkbox"/> AC		<input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW		<input type="checkbox"/> Juv. PU <input type="checkbox"/> Citation		Date Issued		Writ. Att. <input type="checkbox"/> Domestic Viol. Inj. <input type="checkbox"/> Order of Arrest

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law:
 On the **4th** day of **January** **2009** at **12:30** A.M. P.M. (Specify/Include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

P.C. State for Charge(s) _____ Judge's Signature _____ Date _____

<input type="checkbox"/> Misdemeanor Warning <input type="checkbox"/> Hold for Other Agency Name: _____ <input type="checkbox"/> Hold for First Appearance Do Not Bond Out. Reason: _____ I swear / affirm the above and certified attached statements are true and correct. Signature / Complainant's Signature Cpl. Eric R. Diaz 1738/831 A-Crestview Name (Printed) ID. No. / Trade	Verified By _____ Sworn to and subscribed before me, the undersigned authority this 20 day of 02-2009 Name / Title of Person Authorized to Administer Oath [Signature]	Date _____ Bond: Charge # All counts = 6 Bond: Charge # _____ Bond: Charge # _____ Bond Type 1. ROR 2. Cash 3. Surety 4. Bail / Bond 5. Cert. & Other Type Deliver to Detention Center Returnable Court Date _____ Returnable Court Time to be held until seen by a judge. Release Date _____ Release Time _____ Releasing Officer [Signature] Page 2 of 6
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NARRATIVE CONTINUATION
JUVENILE

Offense Arrest Juvenile 1. Original 2. Supplement 1

Agency Name **FLORIDA HIGHWAY PATROL**

Case Reference **DUI/DUI Manslaughter / DUI Injury**

On January 4, 2009, I spoke with a [REDACTED], the right front passenger in V-1, in a sworn tape recorded interview. [REDACTED] mother was present at this interview along with Trooper Mark Kemp. [REDACTED] stated in her interview that D-1 along with P-2 had picked her up from her house earlier in the evening on January 3, 2009 and all three headed over to a party on East Loop Road. [REDACTED] stated that while they were at the party everyone was drinking and playing beer pong, a drinking game, along with herself, D-1 and P-2. [REDACTED] stated that the three of them were passing around a bottle of Malibu rum and taking sips and drinking beer while at the party. [REDACTED] stated that at 11:27 P.M. she told D-1 and P-2 that they needed to leave because she had a midnight curfew and that the three of them needed to leave and that D-1 and P-2 were going to stay the night at her house. [REDACTED] stated that when they went to leave, V-1 was blocked in by four vehicles and that they had to get people to move the four vehicles. [REDACTED] stated that there was an altercation between D-1 and a person at the party in regards to D-1 backing V-1 into there vehicle. [REDACTED] stated that D-1 and the other person worked it out and the three girls left the party. [REDACTED] stated that as they were traveling northbound on East Bay Loop Road, P-2 asked D-1 if she wanted her to drive and D-1 stated that she was okay. [REDACTED] stated that as they traveled on East Bay Loop Road that D-1 was driving V-1 all over the road, V-1 traveled off of the roadway and almost struck a mail box. [REDACTED] stated that as they continued northbound on East Bay Loop Road V-1 passed a stop sign and struck an oak tree. [REDACTED] stated that after striking the oak tree she came too, she stated that she does not know how long she was knocked out, she heard D-1 screaming that her leg was broke and that when she looked in the back of the vehicle at P-2 she was slumped over into the middle of the rear seat with blood everywhere. P-1 stated that she exited out of the vehicle and laid on the ground before calling her house and having someone come pick her up. [REDACTED] after arriving at her home and speaking with her mother, her mother drove her to Sacred Heart Medical Center in South Walton County due to her injuries.

I asked [REDACTED] during the interview, who was having the party? She stated that [REDACTED] was having the party at his parents' house. She also stated that [REDACTED] father was at the party and that he knew that everyone at the party was drinking alcohol. She also stated that Mr. Woods, [REDACTED] father, was drinking alcohol and playing the drinking games with everyone at the party. [REDACTED] was asked if she knew where the alcohol came from and she stated that when they arrived at the party the alcohol was already there.

On Tuesday January 6, 2009 I spoke to Investigator Stephen Sunday with the Walton County Sheriff's Office and he had stated that they had received a number of calls regarding the house party that occurred at Mr. Woods home on January 3, 2009 and that they had begun an investigation into the allegations of Mr. Woods having an open house party and contributing alcohol to minors. It was agreed upon by the two departments, Walton County Sheriff's Office and the Florida Highway Patrol that the Walton County Sheriff's Office would handle the investigation concerning the house party and that the Florida Highway Patrol would handle the investigation concerning the Traffic Crash involving the fatality.

Report Contains **toxicology report, crash report, witness statement** Related Report Number (s) **FHP709-36-001**

Officer(s) Reporting **Cpl. Eric R. Diaz** ID Number **1738/831** Troop **A-Crestview** Date **2/17/09**

Officer Reviewing (If Applicable) ID Number Routed To Referred To Assigned To By Date

Case Status Clearance Type 1. Arrest 2. Exceptional 3. Unfounded 4. Adult 5. Juvenile

Exception Type 1. Extradition Declined 2. Arrest on Primary Offense Secondary Offense Without Prosecution 3. Death of Offender 4. V/W Refused to Cooperate 5. Prosecution Declined 6. Juvenile / No Custody

NARRATIVE CONTINUATION
JUVENILE

Offense Arrest Juvenile 1. Original Supplement 1

Agency Name **FLORIDA HIGHWAY PATROL**

Case Reference **DUI/DUI Manslaughter / DUI Injury**

It was also determined through the evidence collected at the scene and mathematical formulas that V-1 was traveling at 23.23 mph as it drove off the roadway and impacted with an oak tree.

On January 15, 2009, I received the toxicology results back from the Florida Department of Law Enforcement for D-1. The results are as follows: 0.103 grams of ethyl alcohol per 100 milliliters of blood and 0.102 grams of ethyl alcohol per 100 milliliters of blood.

At the time of this collision it was dark, early morning. The temperature was 61 degrees Fahrenheit; the Relative Humidity was 90 percent. The winds were calm, the skies' cloudy, light rain, and the pavement was wet. Weather conditions did not contribute to this collision. Weather information was obtained from www.wunderground.com.

On January 6, 2009, Doctor Andrea Minyard, Okaloosa County Medical Examiner, performed an autopsy on P-2 at the Medical Examiners Office located at 206 Staff Drive, Ft. Walton Bch., Florida. Doctor Minyard stated in her report that the cause of death of P-2 was "Multiple Blunt Force Injuries". Doctor Minyard did not take blood samples from P-2 for toxicology examination.

On Sunday, January 4, 2009, at 12:05 A.M., a crash occurred north of the intersection of State Road 20 (Main Street) and County Road 83 A (East Bay Loop Road). This crash occurred in the City of Freeport, Walton County, Florida. This collision involved 1 vehicle; a 2005 Land Rover Freelander, 2-door sport utility vehicle. As a result of this investigation, I have determined that D-1, Mrs. Elyse A. Bushee, the driver of V-1, was operating her vehicle northbound in the northbound lane of County Road 83 A (East Bay Loop Road) when D-1 failed to stop for a stop sign located at the intersection of State Road 20 (Main Street) and County Road 83 A (East Bay Loop Road) traveling through the intersection and on to a dirt service road were V-1 struck an oak tree. After careful review of the facts of this case, I have determined that D-1, Mrs. Elyse A. Bushee, violated the following State Statutes:

- (1) Driving under the influence, as set forth in Florida Statute 316.193(1)(2)(a)(b).
- 2.) Driving under the influence; DUI Manslaughter, as set forth in Florida Statute 316.193(1)(a)(c)(3)(a)(b)(c)3ab(I)(II)
- 3.) Driving under the influence; Serious bodily injury to another, as set forth in Florida Statute 316.193(1)(a)(b)3(a)(b)(c)2
- 4.) Vehicle entering stop or yield intersection, as set forth in Florida Statute 316.123(1)(2)(a)
- 5.) Possession of alcoholic beverage by persons under age 21 prohibited, as set forth in Florida Statute 562.111(1)

Report Contains **toxicology report, crash report, witness statement** Related Report Number(s) **FHP709-36-001**

Officer(s) Reporting **Cpl. Eric R. Diaz** ID Number **1738/831** Troop **A-Crestview** Date **2/17/09**

Officer Reviewing (If Applicable) ID Number Routed To Referred To Assigned To By Date

Case Status Clearance Type 1. Arrest 2. Exceptional 3. Unfounded A-Adult J-Juvenile
 Exception Type 1. Extradition Declined 2. Arrest on Primary Offense Secondary Offense Without Prosecution 3. Death of Offender 4. W/V Refused to Cooperate 5. Prosecution Declined 6. Juvenile / No Custody

FLORIDA TRAFFIC CRASH REPORT LONG FORM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32309-0637

DO NOT WRITE IN THIS SPACE

JUVENILE

Time & Location	DATE OF CRASH 01/04/2009	TIME OF CRASH 12:05 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	TIME OFFICER NOTIFIED 12:08 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	TIME OFFICER ARRIVED 12:17 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	INVEST. AGENCY REPORT NUMBER FHPA09OFF000461	HSMV CRASH REPORT NUMBER 77077578
	COUNTY / CITY CODE 36 / 52	FEET or MILE(S) N S E W	CITY OR TOWN Freeport		COUNTY <input checked="" type="checkbox"/> Walton	
	AT NODE NO. or FEET or MILE(S)	FROM NODE NO.	NEXT NODE NO.	NO. OF LANES 2	ON STREET, ROAD OR HIGHWAY COUNTY ROAD 83A	
	AT THE INTERSECTION OF (street, road or highway) or FEET MILE(S)		FROM INTERSECTION OF (street, road or highway)		STATE ROAD 20	

DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A	YEAR 03	MAKE LNDR	TYPE 03	USE 01	VEH. LICENSE NUMBER L989AY	STATE FL	VEHICLE IDENTIFICATION NUMBER SALNY12275A458454	<input type="checkbox"/> Undercarriage <input type="checkbox"/> 18 Overturn <input type="checkbox"/> 20 Windshield <input type="checkbox"/> 21 Trailer SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREAS: <input type="checkbox"/> 01
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		VEHICLE REMOVED BY: 1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other <input type="checkbox"/> 01				

Vehicle	VEHICLE TRAVELING ON AT N S E W COUNTY ROAD 83A	Est. MPH 55	Posted Speed 35	EST. VEHICLE DAMAGE \$20,000	1 Disabling 2 Functional 3 No Damage	EST. TRAILER DAMAGE 01
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) ALLSTATE		POLICY NUMBER 9613378650908		VEHICLE REMOVED BY: 1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other <input type="checkbox"/> 01	
	NAME OF VEHICLE OWNER (Check Box if Same As Driver) <input checked="" type="checkbox"/> SAME AS DRIVER		CURRENT ADDRESS (Number and Street)		CITY AND STATE	

Pedestrian	NAME OF MOTOR CARRIER (Commercial vehicle Only)		CURRENT ADDRESS (Number and Street)		CITY, STATE AND ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS					
	NAME OF DRIVER (take From Driver License) / PEDESTRIAN ELYSE A BUSHEE		CURRENT ADDRESS (Number and Street) 95 BAYOU RD		CITY & STATE / ZIP CODE SANTA RSA BCH FL 32459		DATE OF BIRTH 01/31/92					
	DRIVER LICENSE NUMBER B200201925310	STATE FL	DL TYPE 5	RES. END. 3	ALCO/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused	RESULTS 01	ALCO/DRUG PHYS. DEF. 6	RES. 1	RACE 1	SEX 2	INJ. 4	S. EQUIP. 1

DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	<input type="checkbox"/> 18 Undercarriage <input type="checkbox"/> 19 Overturn <input type="checkbox"/> 20 Windshield <input type="checkbox"/> 21 Trailer SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREAS:
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		VEHICLE REMOVED BY: 1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other				

Vehicle	VEHICLE TRAVELING ON AT N S E W	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	1 Disabling 2 Functional 3 No Damage	EST. TRAILER DAMAGE
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) WALTON CO COURTS		POLICY NUMBER		VEHICLE REMOVED BY: 1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other	
	NAME OF VEHICLE OWNER (Check Box if Same As Driver)		CURRENT ADDRESS (Number and Street)		CITY AND STATE	

Pedestrian	NAME OF MOTOR CARRIER (Commercial vehicle Only)		CURRENT ADDRESS (Number and Street)		CITY, STATE AND ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS					
	NAME OF DRIVER (take From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)		CITY & STATE / ZIP CODE		DATE OF BIRTH					
	DRIVER LICENSE NUMBER	STATE	DL TYPE	RES. END.	ALCO/DRUG TEST TYPE	RESULTS	ALCO/DRUG PHYS. DEF.	RES.	RACE	SEX	INJ.	S. EQUIP.

VEHICLE TYPE	VEHICLE USE	TRAILER TYPE	RESIDENCE (Driver Only)	PHYSICAL DEFECTS	ALCOHOL / DRUG USE	LOCATION IN VEHICLE
01 Automobile	01 Private Transportation	01 Single Semi Trailer	1 County of Crash	1 No Defects Known	1 Not Drinking or Using Drugs	1 Front Left
02 Van	02 Commercial Passengers	02 Tandem Semi Trailer	2 Elsewhere In State	2 Eyesight Defect	2 Alcohol - Under Influence	2 Front Center
03 Light Truck / P.U. - 2 or 4 rear tires	03 Commercial Cargo	03 Tank Trailer	3 Non-Resident Out of State	3 Fatigue / Asleep	3 Drugs - Under Influence	3 Front Right
04 Medium Truck - 4 rear tires	04 Public Transportation	04 Saddle Mount / Flatbed	4 Foreign 5 Unknown	4 Hearing Defect	4 Alcohol & Drugs - Under Influence	4 Rear Left
05 Heavy Truck - 2 or more rear axles	05 Public School Bus	05 Boat Trailer	DL TYPE	5 Illness	5 Had Been Drinking	5 Rear Center
06 Truck Tractor (Cab-Booth)	06 Private School Bus	06 Utility Trailer	1 A 2 B 3 C	6 Seizure, Epilepsy, Blackout	6 Pending ALCO/DRUG Test Result	6 Rear Right
07 Motor Home (RV)	07 Ambulance	07 House Trailer	4 D / Chauffeur	7 Other Physical Defect		7 In Body of Truck
08 Bus (driver + seats for 9-15)	08 Law Enforcement	08 Pole Trailer	6 E / Operator	INJURY SEVERITY	SAFETY EQUIPMENT IN USE	8 Bus Passenger
09 Bus (driver + seats for over 15)	09 Fire/Rescue	09 Towed Vehicle	8 E / Oper-Rest	1 None	1 Not In Use	9 Other
10 Bicycle	10 Military	10 Auto Transport	7 Other	2 Possible	2 Seat Belt / Shoulder Harness	1 No
11 Motorcycle	11 Other Government	77 Other	REQUIRED ENDORSEMENTS	3 Non-Incapacitating	3 Child Restraint	2 Yes
12 Moped	12 Dump		1 Yes	4 Incapacitating	4 Air Bag - Deployed	3 Partial
13 All Terrain Vehicle	13 Concrete Mixer		2 No	5 Fatal (Within 30 Days)	5 Air Bag - Not Deployed	
14 Train	14 Garbage or Refuse		3 No Endorsement Required	6 Non-Traffic Fatality	6 Safety Helmet	
15 Low Speed Vehicle	15 Cargo Van				7 Eye Protection	
77 - Other	77 Other					

12
JMS
3/24/09



FLORIDA TRAFFIC CRASH REPORT

NARRATIVE / DIAGRAM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES TRAFFIC CRASH RECORDS SECTION, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0500

DO NOT WRITE IN THIS SPACE

TIME EMS NOTIFIED (FATALITIES ONLY) <input type="checkbox"/> AM <input type="checkbox"/> PM	TIME EMS ARRIVED (FATALITIES ONLY) <input type="checkbox"/> AM <input type="checkbox"/> PM	DATE OF CRASH 01/04/2009	COUNTY / CITY CODE 36 / 52	INVEST. AGENCY REPORT NUMBER FHPA09OFF000461	HSMV CRASH REPORT NUMBER 77077578
--	---	-----------------------------	-------------------------------	---	--------------------------------------

(NARRATIVE)

VEHICLE 1 (V1) WAS NORTHBOUND ON COUNTY ROAD 83A. V1 FAILED TO STOP FOR THE STOP SIGN AT STATE ROAD 20. V1 CONTINUED NORTH ACROSS STATE ROAD 20 AND ONTO THE NORTH SHOULDER OF STATE ROAD 20. THE FRONT OF V1 COLLIDED WITH A TREE. V1 CAME TO FINAL REST FACING NORTHWEST. CHARGES PENDING BLOOD SAMPLE RESULTS.

PHOTOS TAKEN BY CPL ERIC DIAZ

Latitude: 30.4990283333333 Longitude: -86.1382416666667

SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP	EJECT
1	01	[REDACTED]	261 DON GRAFF RD	FREERPT FL	32439	08/08/92	1	2	3	4	1	4
1	02	[REDACTED]	449 WATERVIEW COVE DR	FREERPT FL	32439	04/08/92	1	2	5	4	2	1
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP	EJECT
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP	EJECT
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP	EJECT
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP	EJECT

Violator(s)	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

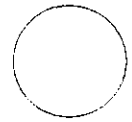
WITNESS NAME (1)	CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)	CURRENT ADDRESS	CITY & STATE	ZIP CODE

FIRST AID GIVEN BY - NAME: WALTON CO EMS	1 Physician or Nurse 4 Certified 1st Aider	2 Paramedic or EMT 5 Other	3 Police Officer 02	INJURED TAKEN TO: SACRED HEART EMRLD COA	BY - NAME: WALTON CO EMS
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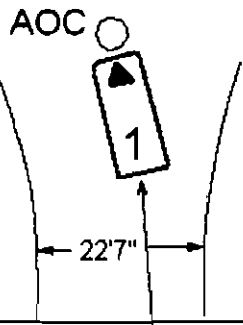
WAS INVESTIGATION MADE AT SCENE? 1 YES 2 NO <input checked="" type="checkbox"/> 1	IF NO, THEN WHERE?	IS INVESTIGATION COMPLETE? 1 YES 2 NO <input checked="" type="checkbox"/> 1	IF NO, THEN WHY?	DATE OF REPORT 01/04/2009	PHOTOS TAKEN? 1 YES 2 NO <input checked="" type="checkbox"/> 2	IF YES, BY WHOM? 1 INVEST. AGENCY 2 OTHER <input type="checkbox"/>
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INVESTIGATOR - RANK & SIGNATURE TROOPER M. A. KEMP	ID / BADGE NUMBER 1622/2843	DEPARTMENT FLORIDA HIGHWAY PATROL	FHP <input checked="" type="checkbox"/> SO <input type="checkbox"/> CPD <input type="checkbox"/> OTHER <input type="checkbox"/>
---	--------------------------------	--------------------------------------	---

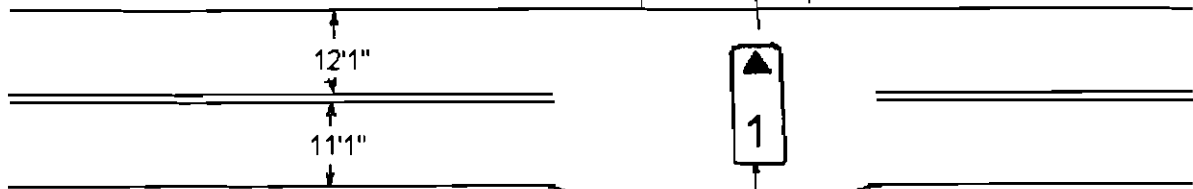
DIAGRAM



INDICATE NORTH
WITH ARROW



Power Pole 102110



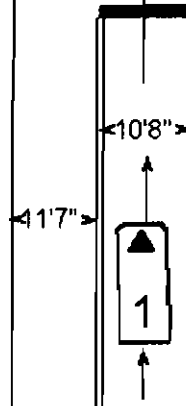
AOC - Oak Tree 24 feet 6 inches located north
of State Road 20

Not Drawn to scale

Incline of 3.6 % for Coutry Highway 83A
no super elevation.

Stop sign

From stop bar on Co. Hwy. 83A to AOC 113'1"



INVESTIGATOR - NAME AND SIGNATURE TROOPER M. A. KEMP		ID / BADGE NUMBER 1622/2843	DEPARTMENT FLORIDA HIGHWAY PATROL	<input type="checkbox"/> OTHER <input type="checkbox"/> CPD <input type="checkbox"/> SO <input checked="" type="checkbox"/> FHP		
MADE AT SCENE? <input checked="" type="checkbox"/> YES IF NO, THEN WHERE? <input type="checkbox"/> 1		IS INVESTIGATION COMPLETE? <input checked="" type="checkbox"/> YES IF NO, THEN WHY? <input type="checkbox"/> 1	DATE OF REPORT 01/06/2009	PHOTOS TAKEN? <input checked="" type="checkbox"/> YES IF YES, BY WHOM? <input type="checkbox"/> 1 Investigating Agency <input type="checkbox"/> 2 Other		
WITNESS NAME (1) CURRENT ADDRESS CITY & STATE ZIP CODE		WITNESS NAME (2) CURRENT ADDRESS CITY & STATE ZIP CODE		ZIP CODE		
PROPERTY DAMAGED - OTHER THAN VEHICLES EST. AMOUNT \$		OWNERS NAME ADDRESS CITY STATE ZIP				
PROPERTY DAMAGED - OTHER THAN VEHICLES EST. AMOUNT \$		OWNERS NAME ADDRESS CITY STATE ZIP				
PROPERTY DAMAGED - OTHER THAN VEHICLES EST. AMOUNT \$		OWNERS NAME ADDRESS CITY STATE ZIP				
PROPERTY DAMAGED - OTHER THAN VEHICLES EST. AMOUNT \$		OWNERS NAME ADDRESS CITY STATE ZIP				
HAZARDOUS MATERIALS BEING TRANSPORTED? <input type="checkbox"/> YES 2 No PLACARDED? <input type="checkbox"/> YES 2 No		IF YES, INDICATE NAME OF 4 DIGIT NUMBER FROM BOTTOM OF DIAMOND OR BOWTIE HAZARDOUS ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND. MATERIAL SPILLED? <input type="checkbox"/> YES 2 No		RECOMMEND DRIVER RE-EXAM. IF YES EXPLAIN IN NARRATIVE. <input type="checkbox"/> YES 2 No		
DRIVER LICENSE NUMBER		RESULTS AL / DRUG PHYS. DEF. RES. SEX INL. S. EQUIP. EJECT.		DATE OF BIRTH		
NAME OF DRIVER (Take From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)		CITY, STATE & ZIP CODE		
NAME OF MOTOR CARRIER (Commercial vehicle Only)		CURRENT ADDRESS (Number and Street)		CITY, STATE AND ZIP CODE		
NAME OF DRIVER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE ZIP CODE		
NAME OF VEHICLE OWNER (Check if Same As Driver)		CURRENT ADDRESS (Number and Street)		CITY AND STATE ZIP CODE		
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY: 1 Tow Station List 2 Tow Owner's Request 3 Driver 4 Other		
VEHICLE TRAVELING ON		EST. MPH		EST. VEHICLE DAMAGE		
TRAILER OR TOWED VEHICLE INFORMATION		VEHICLE IDENTIFICATION NUMBER		EST. TRAILER DAMAGE AND CIRCLES (DAMAGED AREAS)		
DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A		YEAR		MAKE		
HAZARDOUS MATERIALS BEING TRANSPORTED? <input type="checkbox"/> YES 2 No PLACARDED? <input type="checkbox"/> YES 2 No		IF YES, INDICATE NAME OF 4 DIGIT NUMBER FROM BOTTOM OF DIAMOND OR BOWTIE HAZARDOUS ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND. MATERIAL SPILLED? <input type="checkbox"/> YES 2 No		RECOMMEND DRIVER RE-EXAM. IF YES EXPLAIN IN NARRATIVE. <input type="checkbox"/> YES 2 No		
DRIVER LICENSE NUMBER		RESULTS AL / DRUG PHYS. DEF. RES. SEX INL. S. EQUIP. EJECT.		DATE OF BIRTH		
NAME OF DRIVER (Take From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)		CITY, STATE & ZIP CODE		
NAME OF MOTOR CARRIER (Commercial vehicle Only)		CURRENT ADDRESS (Number and Street)		CITY, STATE AND ZIP CODE		
NAME OF DRIVER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE ZIP CODE		
NAME OF VEHICLE OWNER (Check if Same As Driver)		CURRENT ADDRESS (Number and Street)		CITY AND STATE ZIP CODE		
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY: 1 Tow Station List 2 Tow Owner's Request 3 Driver 4 Other		
VEHICLE TRAVELING ON		EST. MPH		EST. VEHICLE DAMAGE		
TRAILER OR TOWED VEHICLE INFORMATION		VEHICLE IDENTIFICATION NUMBER		EST. TRAILER DAMAGE AND CIRCLES (DAMAGED AREAS)		
DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A		YEAR		MAKE		
DATE OF CRASH 01/04/2009		COUNTY/CITY CODE 36 / 52		INVEST. AGENCY REPORT NUMBER FHPA09OFF00461		
HSNA CRASH REPORT NUMBER 7707578						

MAIL TO: DEPT OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH RECORDS SECTION, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0500

FLORIDA TRAFFIC CRASH REPORT

DO NOT WRITE IN THIS SPACE





CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN		VEHICLE DEFECT	VEHICLE MOVEMENT	VEHICLE SPECIAL FUNCTIONS
01 No Improper Driving / Action		01 Defects	01 Straight Ahead	1 None
02 Careless Driving (Explain in Narrative)		02 Def. Brakes	02 Slowing / Stopped / Stalled	2 Farm
03 Failed to Yield Right-of-Way		03 Worn / Smooth Tires	03 Making Left Turn	3 Police Pursuit
04 Improper Backing		04 Defective / Improper Lights	04 Backing	4 Recreational
05 Improper Lane Change		05 Puncture / Blowout	05 Making Right Turn	5 Emergency Operation
06 Improper Turn		06 Steering Mech.	06 Changing Lanes	6 Construction / Maintenance
07 Alcohol-Under Influence		07 Windshield Wipers	07 Entering/Leaving Parking Space	SOURCE OF CARRIER INFORMATION
08 Drugs-Under Influence		08 Equipment / Vehicle Defect	08 Properly Parked	1 Not Applicable
09 Drugs & Alcohol-Under Influence		77 All Other (Explain in Narrative)	09 Improperly Parked	2 Shipping Papers
10 Followed Too Closely	19 Improper Load	POINT OF COLLISION	10 Making U-Turn	3 Vehicle Side
11 Disregarded Traffic Signal	20 Disregarded Other Traffic Control	1 On Road		4 Driver
12 Exceeded Safe Speed Limit	21 Driving Wrong Side / Way	2 Not On Road		5 Other
13 Disregarded Stop Sign	22 Flashing Police Vehicle Modified	3 Shoulder		
14 Failed to Maintain Equip. / Vehicle	23 Vehicle Modified	4 Median		
15 Improper Passing	24 Driver Distraction (Explain in Narrative)	5 Turn Lane / Safety Zone		
16 Drove Left of Center	77 All Other (Explain)	WORK AREA		
17 Exceeded Stated Speed Limit		01 None		
18 Obstructing Traffic		02 Nearby		
		03 Entered		

FIRST / SUBSEQUENT HARMFUL EVENT(S)		
01 Collision With MV in Transport (Rear End)	15 Collision with Animal	29 MV Ran Into Ditch / Culvert
02 Collision With MV in Transport (Head-on)	16 MV Hit Sign / Sign Post	30 Ran Off Road / Into Water
03 Collision With MV in Transport (Angle)	17 MV Hit Utility Pole / Light Pole	31 Overturned
04 Collision With MV in Transport (Left Turn)	18 MV Hit Guardrail	32 Occupant Fall From Vehicle
05 Collision With MV in Transport (Right Turn)	19 MV Hit Fence	33 Tractor / Trailer Jackknifed
06 Collision With MV in Transport (Sideswipe)	20 MV Hit Concrete Barrier Wall	34 Fire
07 Collision With MV in Transport (Backed Into)	21 MV Hit Bridge / Pier / Abutment / Rail	35 Downhill Runaway
08 Collision With Parked Car	22 MV Hit Tree / Shrubbery	36 Cargo Loss or Shift
09 Collision with MV on Other Roadway	23 Collision with Construction Barricade Sign	37 Separation of Units
10 Collision with Pedestrian	24 Collision with Traffic Gate	38 Median Crossover
11 Collision with Bicycle	25 Collision with Crash Attenuators	77 All Other (Explain in Narrative)
12 Collision with Bicycle (Bike Lane)	26 Collision with Fixed Object Above Road	
13 Collision with Moped	27 MV Hit Other Fixed Object	
14 Collision with Train	28 Collision with Moveable Object on Road	

(ADDITIONAL NARRATIVE)

PASSENGER [REDACTED] WAS PRONOUNCED DEAD 1/4/2009 AT 10:00 AM BY DR. PETERSON AT SACRED HEART HOSPITAL IN PENSACOLA.

Latitude: 30.4990283333333 Longitude: -86.1382416666667

ADDITIONAL PASSENGERS

SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP	EJECT

Violator(s)	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

FLORIDA TRAFFIC CRASH REPORT

UPDATE CONTINUATION

MAIL TO: DEPT OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH RECORDS SECTION, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0500

DO NOT WRITE IN THIS SPACE

DATE OF CRASH 01/04/2009		COUNTY/CITY CODE 36 / 52		INVEST. AGENCY REPORT NUMBER FHPA09OFF000461		HSMV CRASH REPROT NUMBER 77077578	
DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER
TRAILER OR TOWED VEHICLE INFORMATION				TRAILER TYPE			
VEHICLE TRAVELING N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>		ON	AL	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE 1 Disabling 2 Functional 3 No Damage	EST. TRAILER DAMAGE
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)				POLICY NUMBER		VEHICLE REMOVED BY: 1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other	
NAME OF VEHICLE OWNER (Check if Same As Driver)				CURRENT ADDRESS (Number and Street)		CITY AND STATE ZIP CODE	
NAME OF OWNER (Trailer or Towed Vehicle)				CURRENT ADDRESS (Number and Street)		CITY AND STATE ZIP CODE	
NAME OF MOTOR CARRIER (Commercial vehicle Only)				CURRENT ADDRESS (Number and Street)		CITY, STATE AND ZIP CODE US DOT or ICC MC IDENTIFICATION NUMBERS	
NAME OF DRIVER (Take From Driver License) / PEDESTRIAN ELYSE A BUSHEE				CURRENT ADDRESS (Number and Street) 95 BAYOU RD SANTA ROSA BCH FL		CITY, STATE & ZIP CODE 32458	
DRIVER LICENSE NUMBER T620201925310				STATE FL	DL TYPE 5	REG. END. 3	BAC TEST 1 Blood 2 Breath 3 Urine 4 Refused 5 None 01
HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No 2		PLACARDED 1 Yes 2 No 2		IF YES, INDICATE NAME OF 4 DIGIT NUMBER FROM DIAMOND OR BOTTOM OF DIAMOND. MATERIAL SPILLED?		RECOMMEND DRIVER RE-EXAM. IF YES EXPLAIN IN NARRATIVE	
DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A		YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE
TRAILER OR TOWED VEHICLE INFORMATION				TRAILER TYPE			
VEHICLE TRAVELING N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>		ON	AL	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE 1 Disabling 2 Functional 3 No Damage	EST. TRAILER DAMAGE
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)				POLICY NUMBER		VEHICLE REMOVED BY: 1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other	
NAME OF VEHICLE OWNER (Check if Same As Driver)				CURRENT ADDRESS (Number and Street)		CITY AND STATE ZIP CODE	
NAME OF OWNER (Trailer or Towed Vehicle)				CURRENT ADDRESS (Number and Street)		CITY AND STATE ZIP CODE	
NAME OF MOTOR CARRIER (Commercial vehicle Only)				CURRENT ADDRESS (Number and Street)		CITY, STATE AND ZIP CODE US DOT or ICC MC IDENTIFICATION NUMBERS	
DRIVER (Exactly as on Driver License) / Pedestrian				CURRENT ADDRESS (Number and Street)		CITY & STATE / ZIP CODE	
DRIVER LICENSE NUMBER				STATE	DL TYPE	REG. END.	BAC TEST 1 Blood 2 Breath 3 Urine 4 Refused 5 None
HAZARDOUS MATERIALS BEING TRANSPORTED		PLACARDED		IF YES, INDICATE NAME OF 4 DIGIT NUMBER FROM DIAMOND OR BOTTOM OF DIAMOND. MATERIAL SPILLED?		RECOMMEND DRIVER RE-EXAM. IF YES EXPLAIN IN NARRATIVE	
PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT		OWNER'S NAME		ADDRESS CITY STATE ZIP	
PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT		OWNER'S NAME		ADDRESS CITY STATE ZIP	
PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT		OWNER'S NAME		ADDRESS CITY STATE ZIP	
PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT		OWNER'S NAME		ADDRESS CITY STATE ZIP	
WITNESS NAME (1)		CURRENT ADDRESS		CITY & STATE		ZIP CODE	
WITNESS NAME (2)		CURRENT ADDRESS		CITY & STATE		ZIP CODE	
WAS INVESTIGATION MADE AT SCENE? Yes 1 No 2		IF NO, THEN WHERE?		IS INVESTIGATION COMPLETE? Yes 1 No 2		IF NO, THEN WHY?	
INVESTIGATOR - RANK AND SIGNATURE CPL. E.R. DIAZ		ID / BADGE NUMBER 1738		DEPARTMENT FLORIDA HIGHWAY PATROL		DATE OF REPORT 02/20/2009	
PHOTOS TAKEN? 1 - Yes 2 2 - No		IF YES, BY WHOM? 1 Investigating Agency 2 Other		FHP <input checked="" type="checkbox"/>		SO <input type="checkbox"/> CPD <input type="checkbox"/> OTHER <input type="checkbox"/>	



CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN 01 No Improper Driving / Action 02 Careless Driving (Explain in Narrative) 03 Failed to Yield Right-of-Way 04 Improper Backing 05 Improper Lane Change 06 Improper Turn 07 Alcohol-Under Influence 08 Drugs-Under Influence 09 Drugs & Alcohol-Under Influence 10 Followed Too Closely 11 Disregarded Traffic Signal 12 Exceeded Safe Speed Limit 13 Disregarded Stop Sign 14 Failed to Maintain Equip. / Vehicle 15 Improper Passing 16 Drove Left of Center 17 Exceeded Stated Speed Limit 18 Obstructing Traffic 19 Improper Load 20 Disregarded Other Traffic Control 21 Driving Wrong Side / Way 22 Fleeting Police 23 Vehicle Modified 24 Driver Distraction (Explain in Narrative) 77 All Other (Explain)		VEHICLE DEFECT Defects of Brakes 03 Uniform / Smooth Tires 04 Defective / Improper Lights 05 Puncture / Blowout 06 Steering Mech. 07 Windshield Wipers 08 Equipment / Vehicle Defect 77 All Other (Explain in Narrative) POINT OF COLLISION 1 On Road 2 Not On Road 3 Shoulder 4 Median 5 Turn Lane / Safety Zone WORK AREA 01 None 02 Heavy 03 Entered		VEHICLE MOVEMENT 01 Straight Ahead 02 Slowing / Stopped / Stalled 03 Making Left Turn 04 Backing 05 Making Right Turn 06 Changing Lanes 07 Entering/Leaving Parking Space 08 Properly Parked 09 Improperly Parked 10 Making U-Turn 11 Passing 12 Driveway or Runway Veh. 77 All Other (Explain in Narrative)		VEHICLE SPECIAL FUNCTIONS 1 None 2 Farm 3 Police Pursuit 4 Recreational 5 Emergency Operation 6 Construction / Maintenance SOURCE OF CARRIER INFORMATION 1 Not Applicable 2 Shipping Papers 3 Vehicle Side 4 Driver 5 Other	
		PEDESTRIAN ACTION 01 Crossing Not at Intersection 02 Crossing at Mid-block Crosswalk 03 Crossing at Intersection 04 Walking Along Road With Traffic 05 Walking Along Road Against Traffic 06 Working on Vehicle in Road 07 Working in Road 08 Standing/Playing in Road 09 Standing in Pedestrian Island 77 All Other (Explain) 88 Unknown					

FIRST / SUBSEQUENT HARMFUL EVENT(S) 01 Collision With MV in Transport (Rear End) 02 Collision With MV in Transport (Head-on) 03 Collision With MV in Transport (Angle) 04 Collision With MV in Transport (Left Turn) 05 Collision With MV in Transport (Right Turn) 06 Collision With MV in Transport (Blowout) 07 Collision With MV in Transport (Backed Into) 08 Collision With Parked Car 09 Collision with MV on Other Roadway 10 Collision with Pedestrian 11 Collision with Bicycle 12 Collision with Bicycle (Bike Lane) 13 Collision with Moped 14 Collision with Train 15 Collision with Animal 16 MV Hit Sign / Sign Post 17 MV Hit Utility Pole / Light Pole 18 MV Hit Guardrail 19 MV Hit Fence 20 MV Hit Concrete Barrier Wall 21 MV Hit Bridge / Pier / Abutment / Rail 22 MV Hit Tree / Shrubby 23 Collision with Construction Barricade Sign 24 Collision with Traffic Gate 25 Collision with Crash Attenuators 26 Collision with Fixed Object Above Road 27 MV Hit Other Fixed Object 28 Collision with Moveable Object on Road 29 MV Ran into Ditch / Culvert 30 Ran Off Road / Into Water 31 Overturned 32 Occupant Fell From Vehicle 33 Tractor / Trailer Jackknifed 34 Fire 35 Explosion 36 Downhill Runaway 37 Cargo Loss or Shift 38 Separation of Units 39 Median Crossover 77 All Other (Explain in Narrative)			1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
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(ADDITIONAL NARRATIVE)

Case closed at this time a warrant has been issued for D-1 arrest.

D-1 has changed her name to Tirico.

Latitude: 30.49902833333333 Longitude: -86.13824168666667

ADDITIONAL PASSENGERS

SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP	EJECT



Violator(s)	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	1	ELYSE BUSHEE	316.193.3abc3	DUI/MANSLAUGHTER	3401-SPF
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	1	ELYSE BUSHEE	316.193.1	DRIVING UNDER THE INFLUENCE	0112-XAR

FLORIDA TRAFFIC CRASH REPORT

UPDATE CONTINUATION

MAIL TO: DEPT OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH RECORDS SECTION, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0500

DO NOT WRITE IN THIS SPACE

DATE OF CRASH 01/04/2009		COUNTY/CITY CODE 36 / 52		INVEST. AGENCY REPORT NUMBER FHPA09OFF000461		HSMV CRASH REPRPT NUMBER 77077578									
DRIVER ACTION 1 Phantom <input type="checkbox"/> 2 Hit & Run <input type="checkbox"/> 3 N/A <input type="checkbox"/>		YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER		18 Undercarriage 19 Overturn 20 Windshield 21 Trailer					
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE													
VEHICLE TRAVELING N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>		ON	At	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE 1 Disabling 2 Functional 3 No Damage	EST. TRAILER DAMAGE	SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)							
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)				POLICY NUMBER		VEHICLE REMOVED BY: 1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other <input type="checkbox"/>									
NAME OF VEHICLE OWNER (Check if Same As Driver)				CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE							
NAME OF OWNER (Trailer or Towed Vehicle)				CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE							
NAME OF MOTOR CARRIER (Commercial vehicle Only)				CURRENT ADDRESS (Number and Street)		CITY, STATE AND ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS							
NAME OF DRIVER (Take From Driver License) / PEDESTRIAN				CURRENT ADDRESS (Number and Street)		CITY, STATE & ZIP CODE		DATE OF BIRTH							
DRIVER LICENSE NUMBER		STATE	DL TYPE	RES. ENCL.	BAC TEST	3 Urine	RESULTS	AL / DRUG	PHYS. DEF.	RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.
HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No <input type="checkbox"/>		PLACARDED 1 Yes 2 No <input type="checkbox"/>		IF YES, INDICATE NAME OF 4 DIGIT NUMBER FROM DIAMOND OR BOTTOM OF DIAMOND, MATERIAL SPILLED?				RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO.					
DRIVER ACTION 1 Phantom <input type="checkbox"/> 2 Hit & Run <input type="checkbox"/> 3 N/A <input type="checkbox"/>		YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER		18 Undercarriage 19 Overturn 20 Windshield 21 Trailer					
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE													
VEHICLE TRAVELING N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>		ON	At	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE 1 Disabling 2 Functional 3 No Damage	EST. TRAILER DAMAGE	SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)							
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)				POLICY NUMBER		VEHICLE REMOVED BY: 1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other <input type="checkbox"/>									
NAME OF VEHICLE OWNER (Check if Same As Driver)				CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE							
NAME OF OWNER (Trailer or Towed Vehicle)				CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE							
NAME OF MOTOR CARRIER (Commercial vehicle Only)				CURRENT ADDRESS (Number and Street)		CITY, STATE AND ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS							
DRIVER (Exactly as on Driver License) / PEDESTRIAN				CURRENT ADDRESS (Number and Street)		CITY & STATE / ZIP CODE		DATE OF BIRTH							
DRIVER LICENSE NUMBER		STATE	DL TYPE	RES. ENCL.	BAC TEST	3 Urine	RESULTS	AL / DRUG	PHYS. DEF.	RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.
HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No <input type="checkbox"/>		PLACARDED 1 Yes 2 No <input type="checkbox"/>		IF YES, INDICATE NAME OF 4 DIGIT NUMBER FROM DIAMOND OR BOTTOM OF DIAMOND, MATERIAL SPILLED?				RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO.					
PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT		OWNER'S NAME		ADDRESS		CITY		STATE		ZIP			
PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT		OWNER'S NAME		ADDRESS		CITY		STATE		ZIP			
PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT		OWNER'S NAME		ADDRESS		CITY		STATE		ZIP			
PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT		OWNER'S NAME		ADDRESS		CITY		STATE		ZIP			
WITNESS NAME (1)		CURRENT ADDRESS		CITY & STATE		ZIP CODE		WITNESS NAME (2)		CURRENT ADDRESS		CITY & STATE		ZIP CODE	
WAS INVESTIGATION MADE AT SCENE? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		IF NO, THEN WHERE?		IS INVESTIGATION COMPLETE? 1 Yes <input checked="" type="checkbox"/> 2 No <input type="checkbox"/>		IF NO, THEN WHY?		DATE OF REPORT 02/20/2009		PHOTOS TAKEN? 1 - Yes <input checked="" type="checkbox"/> 2 - No <input type="checkbox"/>		IF YES, BY WHOM? 1 Investigating Agency <input type="checkbox"/> 2 Other <input type="checkbox"/>			
INVESTIGATOR - RANK AND SIGNATURE CPL. E.R. DIAZ				ID / BADGE NUMBER 1738		DEPARTMENT FLORIDA HIGHWAY PATROL				FHP <input checked="" type="checkbox"/> SO <input type="checkbox"/> CPD <input type="checkbox"/> OTHER <input type="checkbox"/>					



CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN		VEHICLE DEFECT		VEHICLE MOVEMENT		VEHICLE SPECIAL FUNCTIONS	
01 No Improper Driving / Action		01 Defects		01 Straight Ahead		1 None	
02 Careless Driving (Explain in Narrative)		02 Defects / Brakes		02 Slowing / Stopped / Stalled		2 Farm	
03 Failed to Yield Right-of-Way	<input type="checkbox"/>	03 Defects / Smooth Tires	<input type="checkbox"/>	03 Making Left Turn	<input type="checkbox"/>	3 Police Pursuit	<input type="checkbox"/>
04 Improper Backing	<input type="checkbox"/>	04 Defective / Improper Lights	<input type="checkbox"/>	04 Backing	<input type="checkbox"/>	4 Recreational	<input type="checkbox"/>
05 Improper Lane Change	<input type="checkbox"/>	05 Punctures / Blowout	<input type="checkbox"/>	05 Making Right Turn		5 Emergency Operation	
06 Improper Turn	<input type="checkbox"/>	06 Steering Mech.	<input type="checkbox"/>	06 Changing Lanes		6 Construction / Maintenance	
07 Alcohol-Under Influence	<input type="checkbox"/>	07 Windshield Wipers		07 Entering/Leaving Parking Space		SOURCE OF CARRIER INFORMATION	
08 Drugs-Under Influence	<input type="checkbox"/>	08 Equipment / Vehicle Defect	77 All Other (Explain in Narrative)	08 Properly Parked		1 Not Applicable	
09 Drugs & Alcohol-Under Influence	<input type="checkbox"/>			09 Improperly Parked		2 Shipping Papers	
10 Followed Too Closely				10 Making U-Turn		3 Vehicle Side	<input type="checkbox"/>
11 Disregarded Traffic Signal	19 Improper Load	POINT OF COLLISION		PEDESTRIAN ACTION		4 Driver	<input type="checkbox"/>
12 Exceeded Safe Speed Limit	20 Disregarded Other Traffic Control	1 On Road		01 Crossing Not at Intersection	07 Working in Road	5 Other	
13 Disregarded Stop Sign	21 Driving Wrong Side / Way	2 Not On Road	<input type="checkbox"/>	02 Crossing at Mid-block Crosswalk			
14 Failed to Maintain Equip. / Vehicle	22 Fleeing Police	3 Shoulder	<input type="checkbox"/>	03 Crossing at Intersection	08 Staring/Playing in Road		<input type="checkbox"/>
15 Improper Passing	23 Vehicle Modified	4 Median	<input type="checkbox"/>	04 Walking Along Road With Traffic			
16 Drove Left of Center	24 Driver Distraction (Explain in Narrative)	5 Turn Lane / Safety Zone	<input type="checkbox"/>	05 Walking Along Road Against Traffic	09 Standing in Pedestrian Island		<input type="checkbox"/>
17 Exceeded Stated Speed Limit	77 All Other (Explain)	WORK AREA		06 Working on Vehicle in Road			
18 Obstructing Traffic		01 None	<input type="checkbox"/>				
		02 Nearby	<input type="checkbox"/>				
		03 Entered	<input type="checkbox"/>				

FIRST / SUBSEQUENT HARMFUL EVENT(S)		
01 Collision With MV in Transport (Rear End)	15 Collision with Animal	29 MV Run into Ditch / Culvert
02 Collision With MV in Transport (Head-on)	16 MV Hit Sign / Sign Post	30 Run Off Road / Into Water
03 Collision With MV in Transport (Angle)	17 MV Hit Utility Pole / Light Pole	31 Overturned
04 Collision With MV in Transport (Left Turn)	18 MV Hit Guardrail	32 Occupant Fell From Vehicle
05 Collision With MV in Transport (Right Turn)	19 MV Hit Fence	33 Tractor / Trailer Jackknifed
06 Collision With MV in Transport (Sideswipe)	20 MV Hit Concrete Barrier Wall	34 Fire
07 Collision With MV in Transport (Backed into)	21 MV Hit Bridge / Pier / Abutment / Rail	35 Explosion
08 Collision With Parked Car	22 MV Hit Tree / Shrubby	36 Downhill Runaway
09 Collision with MV on Other Roadway	23 Collision with Construction Barricade Sign	37 Cargo Loss or Shift
10 Collision with Pedestrian	24 Collision with Traffic Gate	38 Separation of Units
11 Collision with Bicycle	25 Collision with Crash Attenuators	39 Median Crossover
12 Collision with Bicycle (Bike Lane)	26 Collision with Fixed Object Above Road	77 All Other (Explain in Narrative)
13 Collision with Moped	27 MV Hit Other Fixed Object	
14 Collision with Train	28 Collision with Moveable Object on Road	

(ADDITIONAL NARRATIVE)

ADDITIONAL PASSENGERS

SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP	EJECT
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP	EJECT
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP	EJECT
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP	EJECT
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP	EJECT
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP	EJECT

Violator(s)	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	1	ELYSE BUSHEE	316.193.3abc2	DUI/SERIOUS BODY INJURY	3400-SPF
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	1	ELYSE BUSHEE	562.111.1	ALCOHOLIC BEVERAGES- POSS	3399-SPF

FLORIDA TRAFFIC CRASH REPORT

UPDATE CONTINUATION

MAIL TO: DEPT OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH RECORDS SECTION, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0500

DO NOT WRITE IN THIS SPACE

DATE OF CRASH 01/04/2009	COUNTY/CITY CODE 36 / 52	INVEST. AGENCY REPORT NUMBER FHPA09OFF000461	HSMV CRASH REPROT NUMBER 77077578
------------------------------------	------------------------------------	--	---

S e c t i o n	DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER		18 Undercarriage 19 Overtum 20 Windshield 21 Trailer				
	TRAILER OR TOWED VEHICLE INFORMATION	TRAILER TYPE			SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)									
V e h i c l e	VEHICLE TRAVELING N S E W		ON	At	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE 1 Disabling 2 Functional 3 No Damage	EST. TRAILER DAMAGE	1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other					
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)				POLICY NUMBER		VEHICLE REMOVED BY:							
	NAME OF VEHICLE OWNER (Check if Same As Driver)				CURRENT ADDRESS (Number and Street)			CITY AND STATE		ZIP CODE				
	NAME OF OWNER (Trailer or Towed Vehicle)				CURRENT ADDRESS (Number and Street)			CITY AND STATE		ZIP CODE				
P e d e s t r i a n	NAME OF MOTOR CARRIER (Commercial vehicle Only)				CURRENT ADDRESS (Number and Street)		CITY, STATE AND ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS					
	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN				CURRENT ADDRESS (Number and Street)			CITY, STATE & ZIP CODE		DATE OF BIRTH				
	DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	BAC TEST 3 Urine 1 Blood 2 Breath	3 Urine 4 Refused 5 None	RESULTS	AL / DRUG	PHYS. DEF.	RES	RACE	SEX	INJ.	S. EQUIP.
HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No	PLACARDED 1 Yes 2 No	IF YES, INDICATE NAME OF 4 DIGIT NUMBER FROM DIAMOND OR BOX WAS HAZARDOUS ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND. MATERIAL SPILLED?				1 Yes 2 No	RECOMMEND DRIVER RE-EXAM. IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO.					

S e c t i o n	DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER		18 Undercarriage 19 Overtum 20 Windshield 21 Trailer				
	TRAILER OR TOWED VEHICLE INFORMATION	TRAILER TYPE			SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)									
V e h i c l e	VEHICLE TRAVELING N S E W		ON	At	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE 1 Disabling 2 Functional 3 No Damage	EST. TRAILER DAMAGE	1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other					
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)				POLICY NUMBER		VEHICLE REMOVED BY:							
	NAME OF VEHICLE OWNER (Check if Same As Driver)				CURRENT ADDRESS (Number and Street)			CITY AND STATE		ZIP CODE				
	NAME OF OWNER (Trailer or Towed Vehicle)				CURRENT ADDRESS (Number and Street)			CITY AND STATE		ZIP CODE				
P e d e s t r i a n	NAME OF MOTOR CARRIER (Commercial vehicle Only)				CURRENT ADDRESS (Number and Street)		CITY, STATE AND ZIP CODE		US DUJ or ICC MC IDENTIFICATION NUMBERS					
	DRIVER (Exactly as on Driver License) / Pedestrian				CURRENT ADDRESS (Number and Street)			CITY & STATE / ZIP CODE		DATE OF BIRTH				
	DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	BAC TEST 3 Urine 1 Blood 2 Breath	3 Urine 4 Refused 5 None	RESULTS	AL / DRUG	PHYS. DEF.	RES	RACE	SEX	INJ.	S. EQUIP.
HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No	PLACARDED 1 Yes 2 No	IF YES, INDICATE NAME OF 4 DIGIT NUMBER FROM DIAMOND OR BOX WAS HAZARDOUS ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND. MATERIAL SPILLED?				1 Yes 2 No	RECOMMEND DRIVER RE-EXAM. IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO.					

PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP

WITNESS NAME (1)	CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)	CURRENT ADDRESS	CITY & STATE	ZIP CODE		
WAS INVESTIGATION MADE AT SCENE? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IF NO, THEN WHERE?	IS INVESTIGATION COMPLETE? 1 Yes <input checked="" type="checkbox"/> 2 No <input type="checkbox"/>	IF NO, THEN WHY?	DATE OF REPORT 02/20/2009	PHOTOS TAKEN? 1 - Yes <input type="checkbox"/> 2 - No <input checked="" type="checkbox"/>	IF YES, BY WHOM? 1 Investigating Agency <input type="checkbox"/> 2 Other <input type="checkbox"/>			
INVESTIGATOR - RANK AND SIGNATURE CPL. E.R. DIAZ			ID / BADGE NUMBER 1738	DEPARTMENT FLORIDA HIGHWAY PATROL		FHP <input checked="" type="checkbox"/>	SO <input type="checkbox"/>	CPD <input type="checkbox"/>	OTHER <input type="checkbox"/>

FDLE

Florida Department of Law Enforcement

Gerald M. Bailey
Commissioner

Tallahassee Regional Operations Center
Post Office Box 1489
Tallahassee, Florida 32302
1-800-641-4627
www.fdle.state.fl.us

Charlie Crist, Governor
Bill McCollum, Attorney General
Alex Sink, Chief Financial Officer
Charles H. Bronson, Commissioner of Agriculture

January 11, 2009

TO: FHP - Crestview - Troop A
P.O. Box 1329
Crestview, FL 32536-0000

FDLE NUMBER: 20090200036
SUBMISSION: 1
AGENCY NUMBER: FHPA09OFF000461

ATTN: Tpr. Mark Kemp

SUBPOENAS PERTAINING TO THIS CASE SHOULD REFER TO THE FDLE NUMBER.

VICTIM(S):



SUBJECT(S): Elyse A Bushee

OFFENSE(S): DUI
Death Investigation
Walton County
1/4/2009

RECEIVE

JAN 15 2009

Monica I. Fileger, M.S., FTS-ABFT
Crime Laboratory Analyst
Toxicology Section

CRESTVIEW FHP

REFERENCE:

This report has reference to the following exhibits which were submitted to FDLE: On January 06, 2009 by [redacted] 7006345000017045693

EXHIBIT(S):

1 1 Blood specimen represented as being from Bushee, Elyse

RESULT(S):

1 1 0.103 grams of ethyl alcohol per 100 milliliters of blood.
1 1 0.102 grams of ethyl alcohol per 100 milliliters of blood.

REMARK(S):

The requested drug test will be the subject of a separate report.

CERTIFICATION:

The analyst signing above certifies that the analyst: holds a valid Florida Department of Law Enforcement Permit to Conduct Blood Alcohol Analyses; that a specimen which the record reflects was obtained from the above named subject was analyzed; that the analyses were conducted in duplicate in accordance with the provisions of Chapter 11D-8, Florida Administrative Code using a gas chromatographic method and that the duplicate results agree within 0.01 grams per 100mL.

This report may be used in administrative proceedings pursuant to 322.2615, Florida Statutes. Forward within 5 days to the local Bureau of Administrative Reviews, Division of Driver Licenses, Department of Highway Safety and Motor Vehicles.



Page 1 of 1

Service • Integrity • Respect • Quality

FILED
WALTON COUNTY FLORIDA
CLERK OF COURTS
MAR 12 P 2:41

15
2009
3/26/09

[REDACTED]

09c529

FILED
WALTON CO FLORIDA
CLERK OF COURTS

My name is Becky Burkhart-Smith and I am [REDACTED] mom.

2009 MAR 25 A 8 31

[REDACTED] was killed on January 4, 2009 while she was a passenger in a car driven by Elyse Bushee. Miss Bushee was driving under the influence of alcohol when she ran a stop sign and crashed into a tree in Freeport. [REDACTED] was in the backseat and was reportedly the only individual wearing her seatbelt. She made a fatal decision that night by getting into the vehicle, and I readily admit to that. However, knowing [REDACTED] as I do, I am adamant in the fact that there were circumstances which put her in that position. She was to be spending the night with the front seat passenger, [REDACTED]. I know that there were curfews involved, and the two scenarios which play in my mind are that either it was a 'hurry up, we're late' situation or [REDACTED] was uncomfortable in the environment where she was. She knew to call me or her sister if she was faced with a predicament she could not handle. I told [REDACTED] earlier that evening that when she got to [REDACTED] house her car was to be parked and remain parked due to weather coming in. (Her car never moved!) In retrospect, had she been driving, her curfew would have been 11:00pm, as is the law for a 16 year-old driver. In any event, I had never met Elyse before and she was not someone [REDACTED] normally 'hung out with.' [REDACTED] is a teenager, and she is not without fault. Unfortunately, she paid the ultimate price for her decision that night and has forever changed the lives of her family and friends.

[REDACTED] is an honor student and is involved in a sundry of activities and organizations within her school and community. She always took up for the 'underdog' and would do anything she could to help others. [REDACTED] was to leave in June to go to Italy and Greece as a People to People Student Ambassador. She had her sights set on attending Duke University upon graduating from high school, where she wanted to major in International Relations or International Business. She was a strong advocate for underprivileged animals, and take it from her mom, would have adopted every one of them if she could. A bright and shining life has been lost. [REDACTED] had the world in the palm of her hand. Her life was cut way too short by an irresponsible person.

SCANNED

21
3ms
3/26/09 3/25/09
PT WL

[REDACTED]

[REDACTED] and her sister were raised to be solid, upstanding citizens and were taught character, morals, and values. I can honestly say that I did not fail when it came to raising my daughters; but I will fail miserably if I am not an advocate for their lives.

It is with the above that I plead with all involved in this case to have Elyse Bushee face this crime as an adult. It is not the first time she abused alcohol and apparently the lessons taught previously made no impact on the decisions she made subsequently. I am in the process of becoming involved with different organizations whereby we just might be able to save one more child from a person who will make a decision as Elyse did. I would not wish the death of a child on even my worst enemy. I am thankful to have another daughter; I cannot even begin to imagine the pain of someone losing an only child. In that respect, I consider myself fortunate. There should NEVER, EVER, have to be a mom (or other family member or friend) who has to go through what I am faced with on a daily basis.

I have thought long and hard about the request I have made. I have tried to be objective, as [REDACTED] would. Again, I know [REDACTED] better than anyone else. I KNOW that had one of her friends or family members died in a like situation that she would be spearheading the crusade for the charges to be dealt with as an adult. That's just the way she is – fair.

Thank you for your time and consideration in this matter, and may justice prevail.

Respectfully,

Becky A. Burkhart-Smith

Becky A. Burkhart-Smith ([REDACTED] Mom)

P.S. I know that in reading this correspondence you will notice that I write in both past and present tense. [REDACTED] body, bright smile, and shining eyes are gone; therefore past tense. But [REDACTED] will always be with me; therefore present tense.

[REDACTED]

FILED
WALTON CO FLORIDA
CLERK OF COURTS

Dear Sir or Madam,

2009 MAR 25 A 8 31

My name is [REDACTED] My sister, [REDACTED] was killed in a car accident in the early morning hours of January 4, 2009. She was only sixteen years old. The driver of the vehicle, Elyse Bushee, was intoxicated when she ran a stop sign going between fifty and fifty-five miles per hour and hit a tree. [REDACTED] was the only one of the three that was wearing a seat belt.

[REDACTED] was a very optimistic, kind, intelligent, driven, and beautiful girl. She had such a bright future ahead of her. [REDACTED] was a part of several community service organizations, as well as a varsity softball player. Last year, [REDACTED] made the hit that won her team their district championship title. [REDACTED] also was a manager for the South Walton High School football team. [REDACTED] was a People to People Ambassador and was supposed to leave for Europe on June 19th. She wanted to go to Duke University after graduating and major in International Business. [REDACTED] also got an offer from Stanford University to participate in their summer program.

[REDACTED] was friends with many types of people. It did not matter what their race, ethnicity, or their sexual orientation was. If there was a student at school that was made fun of or was left out, [REDACTED] would be there to take them under her wing. She never let any of her friends down. At [REDACTED] viewing, we were astonished to hear that more than one-thousand people came to honor her life. At home, [REDACTED] was always the one to argue her point. She had so much wit and charm. She was always the one to crack a joke that would brighten all of our days.

My purpose for writing this letter is to persuade you to have Elyse Bushee tried as an adult. As you may know, Elyse has already been convicted of not one, but TWO minor in possession charges. Apparently, she didn't learn from her actions the first time. Maybe if she

[REDACTED]

had, I wouldn't have to write this letter. Her stupidity that night didn't only ruin her life, but it ruined my life as well. I came home from Auburn after last semester because I wasn't able to find my place there. In making my decision, I realized that if I came home I would be able to take [REDACTED] shopping for her Prom dress, see her play softball, and to watch her go through her senior year next year. But because of Elyse's poor actions, I will never be given the opportunity to experience any of them with my sister.

It is unfortunate that if Elyse is tried as an adult, that she will never have the chance to experience life's many adventures, but neither will [REDACTED]. She won't graduate and go off to a prestigious college. She will miss out on her senior year. [REDACTED] won't have kids or get married. She won't even be able to be in my wedding and I won't be able to be in hers. I will not be able to pick up the phone and call her up for advice or ask her for favors. I've already tried calling her since she died not realizing she wouldn't answer [REDACTED]. ~~Only given a slap on the hand by the justice system, many other teens think they can continue their reckless lives because they don't get punished.~~ Maybe if she is tried as an adult, and received her sentencing without "sugar-coating", she'd give other teens something to think about next time they pick up the keys while intoxicated. Maybe they will even think about [REDACTED] before they get in the vehicle with someone like Elyse.

Please consider my request pertaining to the charges against Elyse Bushee in the loss of [REDACTED] life.

Sincerely,
[REDACTED]

FILED
WALTON CO FLORIDA
CLERK OF COURTS

March 12, 2009

2009 MAR 25 A 8:31

For [REDACTED] Sake...

I implore you to read and consider faithfully the plea that follows.

[REDACTED] 17th birthday is April 6, 2009 – only she will never *be* 17. [REDACTED] will not graduate from high school or wear a wedding dress; she will not have babies of her own for their grandmother to spoil; [REDACTED] will not have to declare her major in college and she will never help to rescue the animals she so loved, and; the hole she has left in her mother's heart will never heal.

On January 4, 2009, [REDACTED] lost her life to a drunk driver. The driver in question, Elyse Bushee, made the decision to illegally ingest alcohol and then got behind the steering wheel of a car, transporting two passengers with her. Ironically, the one person wearing a seatbelt is the one person who died.

Ms. Bushee was entrusted with the use of a vehicle. She passed the Florida State driving test, indicating her understanding of the rules and the associated responsibilities inherent with the ownership of a driver's license. [REDACTED] and she earned the right to make her own decisions, just as she has [REDACTED]. It is incomprehensible that a person who is mature enough to drive – and foolish enough to drink and drive – would not be held fully culpable for her actions.

At the luncheon following [REDACTED] funeral I spoke with the South Walton High School athletic director and I complimented him on his speech. When I asked him if he thought it would make a difference, he replied that it would – for about a week – and then teenagers (being teenagers) would simply forget the lessons learned and move forward....until the next tragedy. The cycle will continue unless, of course, something is done to stop it. Making a driver accountable for his or her decisions is the only way to deter others from making similar ones.

[REDACTED]

Please consider Elyse Bushee's juvenile record, should she have one, and remember that the best predictor for future behavior is past behavior. In doing so, you will certainly save lives. [REDACTED] paid the ultimate price for making the mistake of getting into the car with Ms. Bushee and Ms. Bushee should also have to pay substantially for her mistake. This will not be possible unless she is charged as an adult.

Thank you for your time and consideration.

Respectfully,


Patricia B. Kenny

[REDACTED]

[REDACTED]

FILED
WALTON CO FLORIDA
CLERK OF COURTS

To Whom It May Concern:

2009 MAR 25 A 8 32

My name is Christine (Stalnaker) Haley and I have been a law enforcement officer for over 20 years and I have certainly seen my share of crimes pass through the Criminal Justice System. With that said, I felt that it was necessary to write this letter because it has come to my attention that the criminal sanctions of Elyse Bushee will be decided soon. Additionally, due to the fact that Ms. Bushee was 16 at the time of the crime she may possible be charged as a juvenile-hence, the reason for my letter.

I am a firm believer in sentencing systems that are structured so that judges can impose the most appropriate sentence on convicted offenders and the ultimate goal is to devise a sentencing system that provides greater public safety and a sense of well-being. Additionally, I believe that when an offender has been given probation or some form of a pre-trial diversion program to avoid detention or prison that it is fair to say that they have been given the opportunity for treatment and rehabilitation. With that said, it is my understanding that clearly Ms. Bushee has had this opportunity as her past record has publicly revealed. Nevertheless, on January 4th 2009 Ms. Bushee made a rational decision to attend a party where alcohol was served. While at that party she consumed enough alcohol to become impaired and then against everyone's better judgment she got into her car and made it her responsibility to drive taking with her two young ladies of which one is the victim; [REDACTED] who was 16 years of age and a young lady I knew quite well.

Rehabilitation works; however, I also believe that at times crime and punishment become a part of that process. In this case I implore you to see charging Ms Bushee as an adult and not as a juvenile. As I see it, probation and another diversion program will not suffice. It is essential that the system work in accordance with deterring crime and it seems Ms. Bushee deserves some form of punishment beyond juvenile sanctions previously imposed as it is quite clear they did not impact her because had they [REDACTED] very well may be alive today. What more can we ask of you now? I would hate to see another innocent child die because this person was given yet another slap on the wrist that she has no inclination to take seriously. I have certainly seen enough. I understand that the court must give weight to many different considerations but it is my strong opinion that Ms. Bushee took an innocent life and enough is enough, and her juvenile actions have been given plenty of consideration for her past offenses-however-now the time has come for her to be held accountable for her actions. How else can we as adults begin to teach our children to be accountable unless we begin to make examples of those juveniles who continue to flaunt the system? Those of us who are writing in belief of this charge do so are not motivated by revenge or that it will some how bring back [REDACTED] it is simply a plea for justice-this is one time I would like to see justice prevail. [REDACTED] was a beautiful child whom I knew very well. She had a bright future that was taken away instantly and unjustly-I write this only in the hopes of seeking justice and greater public safety.

Respectfully,
Christine Zien (Stalnaker) Haley

OKALOOSA
COUNTY

[REDACTED]

FILED
WALTON CO FLORIDA
CLERK OF COURTS

March 15, 2009

2009 MAR 25 A 8:32

My name is Kim Downs and my son goes to the same school that [REDACTED] went to, South Walton High School.

South Walton has had its share of shock and sadness due to students driving under the influence of drugs and alcohol.

This past June, we attended the court hearing for [REDACTED]. In May of 2007, [REDACTED] was driving under the influence when he crossed over into oncoming traffic. He killed two people. He was tried as an adult and was convicted of two counts of DUI Manslaughter. I won't forget when the daughter of the victim turned to [REDACTED] and said that she forgave him but now it is time for him to pay. His sentence is 12 years prison followed by 18 years probation. [REDACTED] had never been in trouble before, not even as school.

We have been devastated by the loss of [REDACTED] a wonderful, vibrant, bright and beautiful girl. She was killed when Elyse Bushee was driving under the influence of alcohol. We may forgive Elyse but it is her time to pay. I am stating simply that Elyse should be tried as an adult. She will lose a better part of her youth. However, compared to what [REDACTED] has lost, that is not so much.

Thank You for Your Consideration,
Kim Downs

neighbor
to
[REDACTED] + Family

