

1. DEPARTMENT <b>SOUTH BRUNSWICK POLICE</b>		2. ORI NO. <b>NJ0122100</b>		3. DEPT. CASE NO. <b>I-2011-033148</b>		4. PROS. CASE NO.		5. JUVENILE CASE NO.									
6. VICTIM NO. <b>2 OF 1</b>		7. VICTIM / COMPLAINANT NAME (LAST, FIRST, MIDDLE) <b>EILBACHER, EDMUND</b>				8. PHONE (AREA) -----		9. SOCIAL SECURITY #		10. <input type="checkbox"/> RESIDENT <input checked="" type="checkbox"/> NON-RESIDENT <input type="checkbox"/> UNKNOWN / NA							
11. ADDRESS (STREET, MUN. STATE, ZIP) ----- <b>HILLSBOROUGH NJ 08844</b>						12. AGE <b>27</b>	13. DOB -----	14. SEX <b>M</b>	15. RACE <b>WHITE</b>	16. HISPANIC <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK							
17. EMPLOYER / SCHOOL <b>NASSAU HELICOPTERS</b>			18. EMPLOYER'S ADDRESS (STREET, MUN. STATE, ZIP) ----- <b>PRINCETON NJ 08540</b>				19. BUSINESS PHONE (AREA)										
20. CRIME / INCIDENT <b>AIRPLANE ACCIDENT</b>		21. N.J. STATUTE(S)	22. UCR	23. STATUS <input type="checkbox"/> ATT <input checked="" type="checkbox"/> COMP	24. <input checked="" type="checkbox"/> AT <input type="checkbox"/> BETWEEN	25. HOUR <b>11:27</b>	26. DAY OF WEEK <b>Wednesday</b>	27. DATE (MM/DD/YYYY) <b>07/20/2011</b>									
28.		29.	30.	31. STATUS <input type="checkbox"/> ATT <input type="checkbox"/> COMP	32. NO. OF SUSPECTS --	33. HOUR	34. DAY OF WEEK	35. DATE (MM/DD/YYYY)									
36.		37.	38.	39. STATUS <input type="checkbox"/> ATT <input type="checkbox"/> COMP	40. NO PERSONS ARRESTED --	41. DATE / TIME REPORTED <b>07/20/2011 11:26</b>		42. HOW RECEIVED <b>Dispatched</b>									
43. CRIME / INCIDENT LOCATION <b>2351 ROUTE 130, DAYTON NJ 08810</b>			44. MUNICIPAL CODE <b>1221</b>		45. DIST. / AREA <b>4</b>		46. BEAT <b>DAYTON</b>	47. TYPE OF BIAS INCIDENT --									
48. TOTAL HRS MIN TIME SPENT <b>03 30</b>	49. CHILDREN WERE: <input type="checkbox"/> PRESENT <input checked="" type="checkbox"/> NA <input type="checkbox"/> INVOLVED		50. PRIOR COURT ORDERS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA	51. RESIDED TOGETHER <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	52. DOMESTIC RIGHTS SIGNED <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	53. DESCRIPTION OF BIAS INCIDENT --											
54. WEATHER CONDITIONS <b>CLEAR / HOT / HUMID</b>		55. NUMBER OF UNITS ENTERED	56. TECHNICAL SERVICES <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	57. TELETYPE NO. --	58. CRIMINAL WARRANT/SUM NO. --	59. MV SUMMONS / WARNING NO. --											
60. TYPE OF VICTIM <input checked="" type="checkbox"/> 1. INDIVIDUAL <input type="checkbox"/> 2. FINANCIAL <input type="checkbox"/> 3. BUSINESS <input type="checkbox"/> 4. GOVERNMENT <input type="checkbox"/> 5. RELIGIOUS <input type="checkbox"/> 6. GEN. PUBLIC <input type="checkbox"/> 7. OTHER		61. INJURY TYPE (UP TO 5) <input type="checkbox"/> 1. NONE <input checked="" type="checkbox"/> 2. SEV. LACERATION <input type="checkbox"/> 3. BROKEN BONES <input type="checkbox"/> 4. LOSS OF TEETH <input type="checkbox"/> 5. MINOR INJURY <input type="checkbox"/> 6. UNCONSCIOUSNESS <input checked="" type="checkbox"/> 7. POSS INT INJURY <input type="checkbox"/> 8. OTHER MAJOR INJ.		62. RELATIONSHIP OF VICTIM TO OFFENDER(S) VICTIM IS <input checked="" type="checkbox"/> UNKNOWN / NA <input type="checkbox"/> SON <input type="checkbox"/> BABYSITTEE <input type="checkbox"/> STEP <input type="checkbox"/> DAUGHTER <input type="checkbox"/> EMPLOYER <input type="checkbox"/> EX <input type="checkbox"/> BROTHER <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> GRAND <input type="checkbox"/> SISTER <input type="checkbox"/> FRIEND <input type="checkbox"/> IN-LAW <input type="checkbox"/> BOYFRIEND <input type="checkbox"/> NEIGHBOR <input type="checkbox"/> HUSBAND <input type="checkbox"/> GIRLFRIEND <input type="checkbox"/> AQUAINTANCE <input type="checkbox"/> WIFE <input type="checkbox"/> CHILD OF BF / GF <input type="checkbox"/> OTHERWISE KNOWN <input type="checkbox"/> MOTHER <input type="checkbox"/> BABYSITTER <input type="checkbox"/> STRANGER <input type="checkbox"/> FATHER			63. TOOLS USED <input type="checkbox"/> 1. UNKNOWN <input checked="" type="checkbox"/> 2. NOT APPLICABLE <input type="checkbox"/> 3. BOLT CUTTER/PLIERS <input type="checkbox"/> 4. BRICK / ROCK <input type="checkbox"/> 5. HAMMER / AX <input type="checkbox"/> 6. GLASS CUTTER <input type="checkbox"/> 7. HANGER/SLIP DEVICE <input type="checkbox"/> 8. KEY / LOCK PICK <input type="checkbox"/> 9. PRY TOOL <input type="checkbox"/> 10. OTHER			64. TYPE OF WEAPON <input type="checkbox"/> 1. UNKNOWN <input checked="" type="checkbox"/> 2. NOT APPLICABLE <input type="checkbox"/> 3. AUTOMATIC <input type="checkbox"/> 4. HANDGUN <input type="checkbox"/> 5. SHOTGUN <input type="checkbox"/> 6. RIFLE <input type="checkbox"/> 7. OTHER FIREARM <input type="checkbox"/> 8. UNKNOWN FIREARM <input type="checkbox"/> 9. KNIFE / CUT INST. <input type="checkbox"/> 10. CLUB / BLUNT OBJ <input type="checkbox"/> 11. HANDS / FEET <input type="checkbox"/> 12. VEHICLE <input type="checkbox"/> 13. FIRE/INCEND. DEV. <input type="checkbox"/> 14. DRUGS / NARCOTICS <input type="checkbox"/> 15. OTHER							
65. SUSPECT ACTIONS <input type="checkbox"/> 1. ALARM DISABLED <input type="checkbox"/> 17. MULT SUSPECTS INDICATED <input type="checkbox"/> 2. ALCOHOL CONSUMED <input type="checkbox"/> 18. PHONE DISABLED <input type="checkbox"/> 3. ALCOHOL ON BREATH <input type="checkbox"/> 19. PILLOWCASE TAKEN / USED <input type="checkbox"/> 4. ATE / DRANK ON PREMISES <input type="checkbox"/> 20. POWER DISABLED <input type="checkbox"/> 5. CASED LOCATION <input type="checkbox"/> 21. RANSACKED <input type="checkbox"/> 6. CASH DEMANDED <input type="checkbox"/> 22. SELECTIVE IN LOOT <input type="checkbox"/> 7. COMPUTER EQUIP USED <input type="checkbox"/> 23. SMOKED IN PREMISES <input type="checkbox"/> 8. DEMAND NOTE USED <input type="checkbox"/> 24. UNSCREWED LIGHT BULB <input type="checkbox"/> 9. DRUGS CONSUMED <input type="checkbox"/> 25. VANDALIZED <input type="checkbox"/> 10. EXIT PREPARED <input type="checkbox"/> 26. VEH DEMANDED OR STOLEN <input type="checkbox"/> 11. GLOVES WORN <input type="checkbox"/> 27. VEH NEEDED REMOVE PROP <input type="checkbox"/> 12. KNEW LOC OF HIDDEN PROP <input type="checkbox"/> 28. VICT CLOTHES CUT / RIPPED <input type="checkbox"/> 13. LOOKOUT USED <input type="checkbox"/> 29. VICTIMS NAME USED <input type="checkbox"/> 14. MASK WORN / FACE HIDDEN <input type="checkbox"/> 30. VICTIMS TOOLS USED <input type="checkbox"/> 15. MATCHES USED FOR LIGHT <input checked="" type="checkbox"/> 31. OTHER <input type="checkbox"/> 16. PRETENDED TO BE					66. METHOD OF ENTRY <input type="checkbox"/> 1. UNKNOWN <input checked="" type="checkbox"/> 2. NOT APPLICABLE <input type="checkbox"/> 3. ALLOWED IN <input type="checkbox"/> 4. ATTEMPT ONLY <input type="checkbox"/> 5. BODILY FORCE <input type="checkbox"/> 6. HID IN BLDG. <input type="checkbox"/> 7. KICKED <input type="checkbox"/> 8. KNOB TWIST <input type="checkbox"/> 9. LOCK BOX <input type="checkbox"/> 10. LOCK CUT / BROKEN <input type="checkbox"/> 11. LOCK PUNCHED <input type="checkbox"/> 12. LOCK SLIPPED <input type="checkbox"/> 13. OPEN / UNLOCKED <input type="checkbox"/> 14. PRIED <input type="checkbox"/> 15. REMOVED <input type="checkbox"/> 16. SMASHED <input type="checkbox"/> 17. TUNNELED <input type="checkbox"/> 18. OTHER FORCED <input type="checkbox"/> 19. OTHER NON-FORCED			67. POINT OF ENTRY <input type="checkbox"/> 1. UNKNOWN <input checked="" type="checkbox"/> 2. NOT APPLICABLE <input type="checkbox"/> 3. FRONT <input type="checkbox"/> 4. REAR <input type="checkbox"/> 5. SIDE <input type="checkbox"/> 6. GROUND LEVEL <input type="checkbox"/> 7. UPPER LEVEL <input type="checkbox"/> 8. ADJACENT BLDG. <input type="checkbox"/> 9. BASEMENT <input type="checkbox"/> 10. DOOR <input type="checkbox"/> 11. DUCT / VENT <input type="checkbox"/> 12. FLOOR <input type="checkbox"/> 13. GARAGE <input type="checkbox"/> 14. LOUVRE <input type="checkbox"/> 15. PET DOOR <input type="checkbox"/> 16. ROOF <input type="checkbox"/> 17. SLIDING DOOR <input type="checkbox"/> 18. WALL <input type="checkbox"/> 19. WINDOW <input type="checkbox"/> 20. OTHER		68. LOCATION OF OFFENSE <input type="checkbox"/> 1. AIR / BUS / TRAIN TERMINAL <input type="checkbox"/> 2. BANK / S & L <input type="checkbox"/> 3. BAR / NIGHT CLUB <input type="checkbox"/> 4. CHURCH / SYNAGOGUE <input type="checkbox"/> 5. COMMERCIAL / OFFICE BLDG. <input type="checkbox"/> 6. COMMON AREA / MULTI UNIT <input type="checkbox"/> 7. CONSTRUCTION SITE <input type="checkbox"/> 8. CONVENIENCE STORE <input type="checkbox"/> 9. DEPART / DISCOUNT STORE <input type="checkbox"/> 10. DRUG STORE / DR OFF / HOSP. <input type="checkbox"/> 11. FACTORY <input type="checkbox"/> 12. FIELD / WOODS <input type="checkbox"/> 13. GAS STATION <input type="checkbox"/> 14. GOVERNMENT / PUBLIC BLDG. <input type="checkbox"/> 15. GROCERY / SUPERMARKET <input type="checkbox"/> 16. HIGHWAY / ROAD / ALLEY <input type="checkbox"/> 17. HOTEL / MOTEL / ETC <input type="checkbox"/> 18. LAKE / WATERWAY <input type="checkbox"/> 19. LIQUOR STORE <input type="checkbox"/> 20. MALL <input type="checkbox"/> 21. PAKRING LOT / GARAGE <input type="checkbox"/> 22. RESIDENCE / HOME <input type="checkbox"/> 23. RESTAURANT <input type="checkbox"/> 24. SCHOOL / COLLEGE <input type="checkbox"/> 25. SPECIALTY STORE <input type="checkbox"/> 26. OTHER / UNK				69. TARGET <input type="checkbox"/> 1. UNKNOWN <input type="checkbox"/> 2. NOT APPLICABLE <input type="checkbox"/> 3. ATTIC <input type="checkbox"/> 4. BASEMENT <input type="checkbox"/> 5. BATHROOM <input type="checkbox"/> 6. BEDROOM <input type="checkbox"/> 7. CASH REG / DRAWER <input type="checkbox"/> 8. COIN OP. MACHINE <input type="checkbox"/> 9. CUSTOMER <input type="checkbox"/> 10. DINING ROOM <input type="checkbox"/> 11. DISPLAY ITEMS <input type="checkbox"/> 12. FAMILY ROOM <input type="checkbox"/> 13. GARAGE / CARPORT <input type="checkbox"/> 14. KITCHEN <input type="checkbox"/> 15. LIVING ROOM <input type="checkbox"/> 16. OWNER / EMPLOYEES <input type="checkbox"/> 17. PEDESTRIAN <input type="checkbox"/> 18. SAFE / BOX <input type="checkbox"/> 19. STORAGE SHED <input type="checkbox"/> 20. VEHICLE <input type="checkbox"/> 21. OTHER			
70. TOTAL VALUE OF PROPERTY		71. ORGANIZED GROUP NAME															
72. VEHICLE OWNER'S NAME			73. YEAR	74. MAKE	75. MODEL												
76. BODY TYPE	76. COLOR	76. REGISTRATION NO.	STATE		79. VIN / OTHER IDENTIFYING NO.												
80. MO / PERSONS		W. WITNESS	R. PERSON REPORTING	S. SUSPECT	A. ARRESTEE												
81. CODE	82. NAME	83. ADDRESS	84. CITY	85. STATE	86. PHONE	87. DOB	88. RACE	89. SEX	90. SS#								
***** PARTIES INVOLVED *****																	
91. WAS A SUSPECT ARRESTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CAN A SUSPECT BE DESCRIBED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			CAN SUSPECTS VEHICLE BE IDENTIFIED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO												
CAN A SUSPECT BE NAMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WAS THERE A KNOWN WITNESS TO THE CRIME? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IS STOLEN PROPERTY TRACEABLE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO												
CAN A SUSPECT BE LOCATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IS THERE A UNIQUE M.O. PRESENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			WAS PHYSICAL EVIDENCE RECOVERED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO												
92. PRINT RANK / OFF. NAME <b>PATROLMAN MONGALIERI, FRANK J</b>		SIGNATURE	93. BADGE NO. <b>309</b>	94. PAGE NO. <b>1 OF 2</b>	95. REPORT DATE <b>07/20/2011</b>	96. <input type="checkbox"/> CLR BY ARREST <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> EXCPTL CLRD	97. STATUS	98. REVIEWED BY <b>SERGEANT DOMINO, MARK</b>									

ROLE: PASS1 | NAME: ARMSTRONG-ROBERTSON, JULIA | HOME ADDRESS: -----, NEWARK DE | HOME  
PHONE: ----- | SEX: F | DOB: ----- | AGE: 44 | RACE: WHITE | HEIGHT: 0' 0"

ROLE: Owner | NAME: NEVERS, JOHN | HOME ADDRESS: PRINCETON AIRPORT - ----- PRINCETON NJ 08540 |  
HOME PHONE: ----- | SEX: M | HEIGHT: 0' 0"

ROLE: Witness | NAME: RYSZARO, MAZUR | HOME ADDRESS: -----, BRIDGEWATER TWP NJ | HOME  
ALT. PHONE: ----- | SEX: M | DOB: ----- | AGE: 55 | RACE: WHITE | HEIGHT: 0' 0"

ON WEDNESDAY JULY 20, 2010 AT 11:27 AM I WAS DISPATCHED TO THE AREA OF THE FIELD BEHIND INDIAN FIELDS SCHOOL (RIDGE RD.) FOR A REPORT OF A HELICOPTER THAT CRASHED IN A FIELD.

I ARRIVED TO THE AREA BEHIND THE SCHOOL. THERE IS A DIRT MOUND APPROXIMATELY FOUR FEET TALL THAT RUNS ALONG THE REAR OF THE SCHOOL AT THE PROPERTY LINE. IT IS ALSO COVERED BY TALL GRASS. ON THE OTHER SIDE OF THE MOUND IS A DIRT AND GRASS FIELD BELONGING TO A BUSINESS CALLED MEDICIA (2351 RT. 130). FROM THE SCHOOL PROPERTY I COULD SEE WHAT APPEARED TO BE A HELICOPTER ROTOR IN THE ADJACENT FIELD. I HAD TO EXIT MY VEHICLE TO GET TO THE CRASH SCENE.

ONCE ON SCENE I OBSERVED A TWO PERSON HELICOPTER RESTING FLAT ON ITS UNDERSIDE ON A DIRT ROAD. THE LEGS WERE FLATTENED OUT TO THE SIDES. THE TAIL WAS BROKEN TOWARDS THE REAR PORTION BUT STILL ATTACHED. THE WAS ALSO FUEL PUMPING FROM THE HELICOPTER ONTO THE GROUND. IT SOUNDED AS IF THE ELECTRICAL SYSTEM WAS STILL RUNNING POSSIBLE CAUSING THE FUEL TO SPILL. THE HELICOPTER WAS WHITE WITH BLUE STRIPING AND DECALS. IT IS A ROBERTSON R22 BETA II MODEL. THE REGISTRATION NUMBER ON THE TAIL WAS N83509.

AFTER IMMEDIATELY ASSESSING THAT THE HELICOPTER WAS CLEAR FROM PASSENGERS I TENDED TO THE TWO VICTIMS OF THE CRASH. THERE WAS AN ADULT MALE AND AN ADULT FEMALE EACH LAYING ON THE GROUND ALONG THE DIRT / GRASS MOUND. ALSO ON SCENE WAS A FEW WORKERS FROM VMG GROUP ROOFING CO. THEY WERE WORKING ON THE ROOF OF THE SCHOOL AND THE FOREMAN WITNESSED THE CRASH. THESE WORKERS HELPED REMOVE THE TWO PASSENGERS FROM THE WRECKAGE.

PTL. J. RAUSCH AND PTL. M. LAPOINT ARRIVED ON SCENE AS I STARTED TO ASSESS THE PASSENGERS INJURIES. PTL. LAPOINT WAS ABLE TO QUICKLY SHUT DOWN THE HELICOPTER ELECTRICAL SYSTEM. THIS STOPPED THE FUEL FROM PUMPING OUT ONTO THE GROUND. BOTH OFFICERS ASSISTED IN SECURING THE SCENE, TENDING TO THE INJURED, AND MAKING THE PROPER NOTIFICATIONS.

SOUTH BRUNSWICK E.M.S. AND ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL PARAMEDICS ARRIVED ON SCENE AND TOOK OVER THE CARE OF BOTH PATIENTS.

THE STATE POLICE MEDICAL HELICOPTER WAS CALLED IN AND RESPONDED TO TRANSPORT THE FEMALE PASSENGER. THE F.A.A. AND MIDDLESEX COUNTY HAZMAT WERE ALSO NOTIFIED.

THE PILOT WAS EDMUND EILBACHER. HE WAS TRANSPORTED BY GROUND TO ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL. THE PASSENGER WAS JULIA ARMSTRONG-ROBERTSON. SHE WAS AIRLIFTED BY STATE POLICE HELICOPTER TO ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL.

F.A.A. TETERBORO FLIGHT STANDARDS OFFICE AVIATION SAFETY INSPECTORS DENNIS KASKOVICH AND KEVIN ZULLO RESPONDED TO THE SCENE. AFTER THEY CONCLUDED THEIR INVESTIGATION AND SPOKE WITH THE NATIONAL TRANSIT SAFETY BOARD THEY ADVISED THAT THEY WOULD NOT BE TAKING THE HELICOPTER IN FOR FURTHER INQUIRY.

MIDDLESEX COUNTY PUBLIC HEALTH HAZARDOUS MATERIALS UNIT ALSO RESPONDED. THEY ADVISED THAT THEY WOULD ATTEMPT THE CLEAN UP AFTER THE WRECKAGE WAS REMOVED.

THE HELICOPTER IS OWNED BY NASSAU HELICOPTERS ----- PRINCETON NJ 08540 ----- . THE OWNER OF THE COMPANY, JOHN NEVERS, WAS NOTIFIED. HE RESPONDED TO THE SCENE TO ASSIST WITH BASIC FLIGHT INFORMATION. JOHN CONFIRMED THAT EDMUND EILBACHER WAS THE PILOT AND THAT JULIA ARMSTRONG-ROBERTSON WAS THE PASSENGER. SHE HAS USED HIS COMPANY IN THE PAST FOR AERIAL PICTURE TAKING PURPOSES. HE CLEARED AND WAS LATER NOTIFIED THAT HE WAS NOW ABLE TO HAVE THE HELICOPTER REMOVED AS PER THE F.A.A.

THE HELICOPTER IS OWNED BY NASSAU HELICOPTERS----- PRINCETON NJ 08540 -----

WITNESS STATEMENT: MAZUR RYSZARO SAID THAT HE AND HIS CREW WERE WORKING ON THE ROOF OF INDIAN FIELDS SCHOOL. THE HELICOPTER CIRCLED THE AREA SLOWLY ONE AND A HALF TIMES AT ABOUT 150 FEET WHILE ONE OF THE TWO INSIDE WAS TAKING PICTURES. WHEN THE HELICOPTER WAS AT THE REAR OF THE SCHOOL BY THE BY ADJACENT BUSINESS (MEDICIA) IT STARTED TO COME TOWARDS THEM AND HE ALERTED HIS CREW. FOR A MOMENT HE THOUGHT THE HELICOPTER MAY CRASH INTO THE SCHOOL WHERE THEY WERE OR INTO HIS PROPANE TANKS BELOW. THEN HE SAID THE HELICOPTER MADE A RAPID DROP DOWN TO THE GROUND IN THE FIELD OF MEDICIA.

M. RYSZARO SAID THAT THE HELICOPTER SOUNDED FINE WHILE FLYING AROUND THE AREA. HE DIDN'T HEAR OR OBSERVE ANYTHING UNUSUAL UNTIL IT DROPPED. AFTER IT CRASHED HE IMMEDIATELY CALLED 911 AND RAN TO THE SCENE WITH HIS CO-WORKERS TO RENDER ANY AID THEY COULD. HE NOTICED THAT THE TWO PASSENGERS WERE STILL INSIDE WHILE THERE WAS FUEL SPILLING FROM THE CRAFT. HE AND HIS CREW CAREFULLY MOVED THE TWO PASSENGERS AWAY FROM THE WRECKAGE AND AWAY FROM THE IMMEDIATE THREAT OF FIRE OR EXPLOSION.