



ORIGINAL

INCIDENT/CRIME REPORT

CODE SECTION/DESCRIPTION AOA- AIRCRAFT CRASH / FATAL		DATE & TIME REPORTED 11.18.2011 - 1415		FROM: HRS. MO. DAY YR. DAY 1410 11 18 11 F	
LOCATION OCCURRED FAIRPLEX 1101 W. MCKINLEY AV, POMONA 91767		TRACKABLE OFF.		TO: HRS. MO. DAY YR. DAY 1415 11 18 11 F	
INVOLVED PERSONS CODE: V - VICTIM W - WITNESS RP - REPORTING PARTY SJ - SUBJECT					
NAME: LAST, FIRST, MIDDLE (FIRM IF BUSINESS) V DDE, JOHN (UNKNOWN)				RES ADDRESS: # STREET, CITY, STATE, ZIP	
DOB AGE RACE SEX OCCUPATION UNK - W M ENGINEER				BUS NAME/ADDRESS: # STREET, CITY, STATE, ZIP	
DR. LIC NUM (IF NONE, OTHER ID & NUM) UNK				BUS. PHONE INTERPRETER/LANG. YES <input type="checkbox"/> NO <input type="checkbox"/> PPD <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DESIRES <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> PROSECUTE <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
NAME: LAST, FIRST, MIDDLE (FIRM IF BUSINESS) W BALDWIN, BRIAN				RES ADDRESS: # STREET, CITY, STATE, ZIP	
DOB AGE RACE SEX OCCUPATION 41 W M ENGINEER				BUS NAME/ADDRESS: # STREET, CITY, STATE, ZIP	
DR. LIC NUM (IF NONE, OTHER ID & NUM) (CA)				BUS. PHONE INTERPRETER/LANG. YES <input type="checkbox"/> NO <input type="checkbox"/> PPD <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DESIRES <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> PROSECUTE <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
NAME: LAST, FIRST, MIDDLE (FIRM IF BUSINESS) W CHAMBERLAIN, ERIC CHARLES				RES ADDRESS: # STREET, CITY, STATE, ZIP	
DOB AGE RACE SEX OCCUPATION 63 W M HORTICULTURIST				BUS NAME/ADDRESS: # STREET, CITY, STATE, ZIP	
DR. LIC NUM (IF NONE, OTHER ID & NUM) (CA)				BUS. PHONE INTERPRETER/LANG. YES <input type="checkbox"/> NO <input type="checkbox"/> PPD <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DESIRES <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> PROSECUTE <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
NAME: LAST, FIRST, MIDDLE (FIRM IF BUSINESS) W HERNANDEZ, RICK #004181				RES ADDRESS: # STREET, CITY, STATE, ZIP	
DOB AGE RACE SEX OCCUPATION N/A - LASO - DEPUTY				BUS NAME/ADDRESS: # STREET, CITY, STATE, ZIP	
DR. LIC NUM (IF NONE, OTHER ID & NUM)				BUS. PHONE INTERPRETER/LANG. YES <input type="checkbox"/> NO <input type="checkbox"/> PPD <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DESIRES <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> PROSECUTE <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	

SHOTS FIRED <input type="checkbox"/>	LICENSE # N741SB	STATE	YEAR	MAKE MOONEY AIRCRAFT	MODEL MZOM	BODY STYLE 2-AS
FIA STOLEN OR LOST <input type="checkbox"/>	TOP COLOR SILVER	BOTTOM COLOR BLUE	UNIQUE CHARACTERISTICS SINGLE ENGINE AIRCRAFT / FIXED WING			
NARCOTICS <input type="checkbox"/>	COMPUTER INFORMATION	PLATE/VEH REPORTED STOLEN PRIOR	VEHICLE WAS <input type="checkbox"/> RECOVERED <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> RETURNED			
	PLATE MATCHES DESC. <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> NO <input type="checkbox"/> YES AGENCY	TOW COMPANY N/A			
	R/O INFORMATION: NAME, ADDRESS, CITY, ZIP					
	LAW OFFICES OF NORMON BOXLEY - PASADENA					

RECORDS USE ONLY	INSTRUCTIONS FOR SUSPECT SECTION: COMPLETE FIRST TWO LINES IF AN ARREST IS REPORTED. OTHERWISE, COMPLETE ALL FIVE LINES FOR EACH SUSPECT REPORTED.														
	ARREST INFO: <input type="checkbox"/> RELEASED TO PARENT/GUARDIAN <input type="checkbox"/> CITY JAIL <input type="checkbox"/> COUNTY <input type="checkbox"/> JUV HALL <input type="checkbox"/> FIELD CITE					SUSPECT CAN BE IDENTIFIED BY: <input type="checkbox"/> VICTIM <input type="checkbox"/> WITNESS <input type="checkbox"/> OTHER:					CHARGE				
D.B.	NAME (LAST, FIRST, MIDDLE)					DOB					DRIVER'S LICENSE # STATE				
GANG	SUSP DESC (CLOTHING, TATOOS, FACIAL HAIR, SKIN TONE, ETC.)														
BRIEF-ING	AKA					SEX	RACE	HT	WT	HAIR	EYES	AGE	INTERPRETER/LANG.		
CAU	RESIDENCE ADDRESS					PHONE #					BUSINESS ADDRESS PHONE #				
DOJ	ARREST INFO: <input type="checkbox"/> RELEASED TO PARENT/GUARDIAN <input type="checkbox"/> CITY JAIL <input type="checkbox"/> COUNTY <input type="checkbox"/> JUV HALL <input type="checkbox"/> FIELD CITE					SUSPECT CAN BE IDENTIFIED BY: <input type="checkbox"/> VICTIM <input type="checkbox"/> WITNESS <input type="checkbox"/> OTHER:					CHARGE				
ABC	NAME (LAST, FIRST, MIDDLE)					DOB					DRIVER'S LICENSE # STATE				
	SUSP DESC (CLOTHING, TATOOS, FACIAL HAIR, SKIN TONE, ETC.)														
	AKA					SEX	RACE	HT	WT	HAIR	EYES	AGE	INTERPRETER/LANG.		
	RESIDENCE ADDRESS					PHONE #					BUSINESS ADDRESS PHONE #				

INDEXED BY SS	EVIDENCE OBTAINED											
	1. Fingerprints		3. Weapon/Tool		5. Photos		7. Stains		9. Sexual		11. Other	
PHI/ RAPS	2. Other Prints		4. Vehicle		6. Hair		8. Blood		10. None Obtained			
ARREST DESK	VICTIM INVOLVED WITH INJURY		VICTIM # 1		<input checked="" type="checkbox"/> FATAL INJURY <input type="checkbox"/> OTHER VISIBLE INJURY		VICTIM # N/A		<input type="checkbox"/> FATAL INJURY <input type="checkbox"/> OTHER VISIBLE INJURY		<input type="checkbox"/> SEVERE INJURY <input type="checkbox"/> COMPLAINT OF PAIN	
DSM	GANG/KREW N/A		SCHOOL N/A		GRADE N/A		PROPERTY DAMAGE/ESTIMATED DAMAGE N/A					
DATA ENTRY	ADDITIONAL CRIME CODES					CONNECTED REPORTS						
						LA CO. CORONER # 2011-07531						
						N.T.S.B. REPORT #						
REPORTING OFFICER	C. LEWIS					ID # 41472		DATE 11.18.2011		TIME 1500		
REPORT REVIEWED BY						DATE 11-18-11		CORRECTIONS REVIEWED BY		DATE		

INCIDENT NO
11-128785

MAKE/MODEL		TYPE	SPEED	BAR	TIRES	PRESS	SIMI-PHEU	BRAKE	WHEEL SIZE	STATUS
FRAME SIZE		FENDERS	COLOR	TRIM COLOR	LIGHTS	FRONT	CONDITION	FAIR	LOCKED	YES
LOCATION STORED		AVAILABLE FOR RELEASE	YES	NO	FRAME NUMBER	MARKET VALUE				
ITEM	QUAN	ARTICLE	SERIAL #	BRAND	MODEL	MISC	ESTIMATED VALUE (1)			
ITEM	QUAN	ARTICLE	SERIAL #	BRAND	MODEL	MISC	ESTIMATED VALUE (2)			
ITEM	QUAN	ARTICLE	SERIAL #	BRAND	MODEL	MISC	ESTIMATED VALUE (3)			
SERIAL	MAKE	MODEL	CALIBER	TYPE	STYLE	MISC	EST VALUE			
SERIAL	MAKE	MODEL	CALIBER	TYPE	STYLE	MISC	EST VALUE			
Code Table		Code Table		Code Table		Code Table				
OBJECT OF ATTACK		PREMISE TYPE		DEPARTURE METHOD		SUSPECT DEMEANOR				
Code Description		Code Description		Code Description		Code Description				
<input type="checkbox"/> 1. ART RELATED/PICTURES <input type="checkbox"/> 2. BOOKS <input type="checkbox"/> 3. MUSICAL INSTRUMENTS <input type="checkbox"/> 4. PETS <input type="checkbox"/> 5. SAFE <input type="checkbox"/> 6. CLOTHING/FOOD <input type="checkbox"/> 7. BEER/LIQUOR <input type="checkbox"/> 8. OTHER <input type="checkbox"/> A. STEREO/RADIO <input type="checkbox"/> B. TV/VIDEO <input type="checkbox"/> C. CURRENCY/CHECKS <input type="checkbox"/> D. JEWELRY/PRECIOUS METAL <input type="checkbox"/> E. PURSE/WALLET <input type="checkbox"/> F. LOTTERY TICKETS/FOOD STAMP <input type="checkbox"/> G. FIREARM/KNIFE/AMMUNITION <input type="checkbox"/> H. VEHICLE <input type="checkbox"/> I. CAR T' TOPS <input type="checkbox"/> J. AUTO RELATED ITEMS <input type="checkbox"/> K. BUSINESS MACHINE/TYPEWRITER <input type="checkbox"/> L. COMPUTER EQUIPMENT <input type="checkbox"/> M. BICYCLE/SKATEBOARD/ROLLER SKATES <input type="checkbox"/> N. SPORTING GOODS <input type="checkbox"/> O. UNKNOWN <input type="checkbox"/> P. HAND/POWER TOOLS <input type="checkbox"/> Q. LAWN EQUIPMENT <input type="checkbox"/> R. DRUGS/MEDICAL SUPPLIES <input type="checkbox"/> S. CONSTRUCTION/BUILDING MATERIALS <input type="checkbox"/> T. SCRAP METAL <input type="checkbox"/> U. CAMERA/PHOTO EQUIPMENT <input type="checkbox"/> V. SMALL APPLIANCES <input type="checkbox"/> W. MAJOR APPLIANCES/FURNITURE <input type="checkbox"/> X. ANTIQUES <input type="checkbox"/> Y. RARE COINS/STAMPS/COLLECTIBLES <input type="checkbox"/> Z. FURS		<input type="checkbox"/> A1. SINGL FAM - 1 STORY <input type="checkbox"/> A2. SINGL FAM - 2 STORY <input type="checkbox"/> A3. DUPLEX/TOWNHOUSE <input type="checkbox"/> A4. APARTMENT/CONDO <input type="checkbox"/> A5. HOTEL/MOTEL <input type="checkbox"/> A6. MOBILE HOME <input type="checkbox"/> A7. OTHER <input type="checkbox"/> A8. GARAGE/SHED <input type="checkbox"/> A9. MFG/CONST.INDUST <input type="checkbox"/> B1. OFFICE <input type="checkbox"/> B2. MEDICAL/DENTAL <input type="checkbox"/> B3. GAS STATION/AUTO REPAIR <input type="checkbox"/> B4. AUTO DEALER <input type="checkbox"/> B5. BANK <input type="checkbox"/> B6. CONVENIENCE <input type="checkbox"/> B7. DRUG STORE <input type="checkbox"/> B8. FAST FOOD <input type="checkbox"/> B9. LIQUOR STORE <input type="checkbox"/> C1. TV/APPLIANCE <input type="checkbox"/> C2. SCHOOL <input type="checkbox"/> C3. CHURCH <input type="checkbox"/> C4. AMUSEMENT/RECREATION <input type="checkbox"/> C5. GROCERY STORE <input type="checkbox"/> C6. GUN/SPORTING GOODS <input type="checkbox"/> C7. RESTAURANT/BAR <input type="checkbox"/> C8. PAWN SHOP <input type="checkbox"/> C9. DEPARTMENT STORE <input type="checkbox"/> D1. AUTO PARTS/JUNK YARD <input type="checkbox"/> D2. WAREHOUSE/STORAGE FACILITY <input type="checkbox"/> D3. VEHICLE <input type="checkbox"/> D4. STREET/ALLEY <input type="checkbox"/> D5. LOT/PARK/YARD <input type="checkbox"/> D6. OPEN SPACE <input type="checkbox"/> D7. CARPORT/DRIVEWAY		<input type="checkbox"/> A. FOOT <input type="checkbox"/> B. MOTORCYCLE <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. AUTO <input type="checkbox"/> E. PICKUP <input type="checkbox"/> F. VAN <input type="checkbox"/> G. MOPED <input type="checkbox"/> H. OTHER METHOD ATTACK PERSON <input type="checkbox"/> A. PHYSICAL FORCE <input type="checkbox"/> B. PURSE SNATCH <input type="checkbox"/> C. TILL TAP <input type="checkbox"/> D. EXHIBITED WEAPON <input type="checkbox"/> E. VERBAL THREATS <input type="checkbox"/> F. JUMPED COUNTER <input type="checkbox"/> G. BUSINESS TAKE OVER <input type="checkbox"/> H. SHOPPING CENTER <input type="checkbox"/> I. DEMANDS SAFE TO BE OPENED <input type="checkbox"/> J. FORCE VICTIM TO LIE ON FLOOR <input type="checkbox"/> K. LOCKS VICTIM IN ROOM <input type="checkbox"/> L. FIRED WEAPON <input type="checkbox"/> M. BOUND/GAGGED VICTIM <input type="checkbox"/> N. USED DEMAND NOTE <input type="checkbox"/> O. OTHER. _____		<input type="checkbox"/> A. MADE INITIAL CONTACT <input type="checkbox"/> B. CUSTOMER <input type="checkbox"/> C. DELIVERY PERSON <input type="checkbox"/> D. DISABLE MOTORIST <input type="checkbox"/> E. NEED WATER/BATHROOM <input type="checkbox"/> F. LENDING/SEEKING ASSISTANCE <input type="checkbox"/> G. LOOKING FOR DIRECTIONS <input type="checkbox"/> H. SALESPERSON <input type="checkbox"/> I. USING THE PHONE <input type="checkbox"/> J. HITCHHIKING <input type="checkbox"/> K. REPAIR PERSON <input type="checkbox"/> L. PRETEND TO BE POLICE <input type="checkbox"/> M. FRIEND/RELATIVE OF <input type="checkbox"/> N. SEEKING EMPLOYMENT <input type="checkbox"/> O. PERSON WHO FOUND <input type="checkbox"/> P. OTHER. _____ METHOD ATTACK PROPERTY <input type="checkbox"/> A. PHYSICAL FORCE <input type="checkbox"/> B. PURSE SNATCH <input type="checkbox"/> C. TILL TAP <input type="checkbox"/> D. EXHIBITED WEAPON <input type="checkbox"/> E. VERBAL THREATS <input type="checkbox"/> F. JUMPED COUNTER <input type="checkbox"/> G. BUSINESS TAKE OVER <input type="checkbox"/> H. SHOPPING CENTER <input type="checkbox"/> I. DEMANDS SAFE TO BE OPENED <input type="checkbox"/> J. FORCE VIC TO LIE ON FLOOR <input type="checkbox"/> K. LOCKS VIC IN ROOM <input type="checkbox"/> L. FIRED WEAPON <input type="checkbox"/> M. BOUND/GAGGED VIC <input type="checkbox"/> N. USED DEMAND NOTE <input type="checkbox"/> O. OTHER. _____				
PLACE OF ATTACK		POINT OF ENTRY		WEAPON TYPE		PROPERTY TYPE				
Code Description		Code Description		Code Description		Code Description				
<input type="checkbox"/> A1. SINGL FAM - 1 STORY <input type="checkbox"/> A2. SINGL FAM - 2 STORY <input type="checkbox"/> A3. DUPLEX/TOWNHOUSE <input type="checkbox"/> A4. APARTMENT/CONDO <input type="checkbox"/> A5. HOTEL/MOTEL <input type="checkbox"/> A6. MOBILE HOME <input type="checkbox"/> A7. OTHER <input type="checkbox"/> A8. GARAGE/SHED <input type="checkbox"/> A9. MFG/CONST.INDUST <input type="checkbox"/> B1. OFFICE <input type="checkbox"/> B2. MEDICAL/DENTAL <input type="checkbox"/> B3. GAS STATION/AUTO REPAIR <input type="checkbox"/> B4. AUTO DEALER <input type="checkbox"/> B5. BANK <input type="checkbox"/> B6. CONVENIENCE <input type="checkbox"/> B7. DRUG STORE <input type="checkbox"/> B8. FAST FOOD <input type="checkbox"/> B9. LIQUOR STORE <input type="checkbox"/> C1. TV/APPLIANCE <input type="checkbox"/> C2. SCHOOL <input type="checkbox"/> C3. CHURCH <input type="checkbox"/> C4. AMUSEMENT/RECREATION <input type="checkbox"/> C5. GROCERY STORE <input type="checkbox"/> C6. GUN/SPORTING GOODS <input type="checkbox"/> C7. RESTAURANT/BAR <input type="checkbox"/> C8. PAWN SHOP <input type="checkbox"/> C9. DEPARTMENT STORE <input type="checkbox"/> D1. AUTO PARTS/JUNK YARD <input type="checkbox"/> D2. WAREHOUSE/STORAGE FACILITY <input type="checkbox"/> D3. VEHICLE <input type="checkbox"/> D4. STREET/ALLEY <input type="checkbox"/> D5. LOT/PARK/YARD <input type="checkbox"/> D6. OPEN SPACE <input type="checkbox"/> D7. CARPORT/DRIVEWAY		<input type="checkbox"/> O. UNKNOWN <input type="checkbox"/> A. FRONT DOOR <input type="checkbox"/> AP. BASEMENT <input type="checkbox"/> B. FRONT WINDOW <input type="checkbox"/> BQ. BALCONY <input type="checkbox"/> C. REAR DOOR <input type="checkbox"/> CR. DOGGIE DOOR <input type="checkbox"/> D. REAR WINDOW <input type="checkbox"/> DS. GARAGE DOOR <input type="checkbox"/> E. SIDE DOOR <input type="checkbox"/> ET. GARAGE WINDOW <input type="checkbox"/> F. SIDE WINDOW <input type="checkbox"/> FU. OTHER <input type="checkbox"/> G. SLIDING GLASS DOOR <input type="checkbox"/> H. UPPER DOOR <input type="checkbox"/> I. UPPER WINDOW <input type="checkbox"/> J. DUCT/VENT <input type="checkbox"/> K. ROOF <input type="checkbox"/> L. FLOOR <input type="checkbox"/> M. ADJACENT BUILDING <input type="checkbox"/> N. WALL <input type="checkbox"/> O. UNKNOWN		<input type="checkbox"/> A. UNKNOWN <input type="checkbox"/> B. SIMULATED <input type="checkbox"/> C. HANDGUN <input type="checkbox"/> D. RIFLE <input type="checkbox"/> E. SHOTGUN <input type="checkbox"/> F. HANDS/FEET <input type="checkbox"/> G. KNIFE <input type="checkbox"/> H. BRICK/ROCK <input type="checkbox"/> I. TOY GUN <input type="checkbox"/> J. PELLET/BB GUN <input type="checkbox"/> K. CLUB/STICK <input type="checkbox"/> L. TIRE IRON/BAR <input type="checkbox"/> M. ICE PICK <input type="checkbox"/> N. CHAIN <input type="checkbox"/> O. VEHICLE <input type="checkbox"/> P. OTHER. _____ USE OF WEAPON <input type="checkbox"/> A. THREATENS <input type="checkbox"/> B. HITS/STRIKES <input type="checkbox"/> C. CUTS/STABS <input type="checkbox"/> D. SHOOT <input type="checkbox"/> E. CHOKES <input type="checkbox"/> F. GRABS <input type="checkbox"/> G. OTHER. _____		<input type="checkbox"/> O. OTHER. _____ <input type="checkbox"/> 1. ART RELATED/PICTURES <input type="checkbox"/> 2. BOOKS <input type="checkbox"/> 3. MUSICAL INSTRUMENTS <input type="checkbox"/> 4. PETS <input type="checkbox"/> 5. SAFE <input type="checkbox"/> 6. CLOTHING/FOOD <input type="checkbox"/> 7. BEER/LIQUOR <input type="checkbox"/> A. STEREO/RADIO <input type="checkbox"/> B. TV/VIDEO <input type="checkbox"/> C. CURRENCY/CHECKS <input type="checkbox"/> D. JEWELRY/PRECIOUS METAL <input type="checkbox"/> E. PURSE/WALLET <input type="checkbox"/> F. LOTTERY TICKETS/FOOD STAMP <input type="checkbox"/> G. FIREARM/KNIFE/AMMUNITION <input type="checkbox"/> H. VEHICLE <input type="checkbox"/> I. CAR T' TOPS <input type="checkbox"/> J. AUTO RELATED ITEMS <input type="checkbox"/> K. BUSINESS MACHINE/TYPEWRITER <input type="checkbox"/> L. COMPUTER EQUIPMENT <input type="checkbox"/> M. BICYCLE/SKATEBOARD/ROLLER SKATES <input type="checkbox"/> N. SPORTING GOODS <input type="checkbox"/> O. UNKNOWN <input type="checkbox"/> P. HAND/POWER TOOLS <input type="checkbox"/> Q. LAWN EQUIPMENT <input type="checkbox"/> R. DRUGS/MEDICAL SUPPLIES <input type="checkbox"/> S. CONSTRUCTION/BUILDING MATERIALS <input type="checkbox"/> T. SCRAP METAL <input type="checkbox"/> U. CAMERA/PHOTO EQUIPMENT <input type="checkbox"/> V. SMALL APPLIANCES <input type="checkbox"/> W. MAJOR APPLIANCES/FURNITURE <input type="checkbox"/> X. ANTIQUES <input type="checkbox"/> Y. RARE COINS/STAMPS/COLLECTIBLES <input type="checkbox"/> Z. FURS				

Arrest ☐ Supplemental ☐
Incident ☐ Additional ☐

INCIDENT NO. 11-128785

ORIGINAL COMPLAINT, INCIDENT, OFFENSE A.O.A. – AIRCRAFT COLLISION (FATAL)										RECLASS TO											
INVOLVED PERSONS CODE: W – WITNESS RP – REPORTING PARTY SJ – SUBJECT																					
CODE:		NAME: LAST, FIRST, MIDDLE (FIRM IF BUSINESS)										RES ADDRESS: # STREET, CITY, STATE, ZIP									
DOB			AGE		RACE		SEX		OCCUPATION						BUS ADDRESS: # STREET, CITY, STATE, ZIP						
LIST ADDITIONAL DETAILS BELOW										RESIDENCE PHONE					BUS PHONE						

LIST ADDITIONAL DETAILS BELOW

RESIDENCE PHONE

BUS PHONE

1 **EVIDENCE:** Evidence obtained for this incident includes numerous photographs by Officer E. Rios
2 and myself of the scene. All of the photographs were deposited into the Pomona Police Department
3 DIMS System.

4 **LOCATION:** The location of this incident was The Fairplex complex located at 1101 W. McKinley
5 Avenue. The aircraft collided into a light pole on the south-east end of the racetrack which is located
6 on the east side of the Fairplex complex near White Avenue.
7

8 **VEHICLE:** The vehicle in this incident was a fixed wing, single engine, propeller driven aircraft
9 manufactured by Mooney Aircraft Corporation. It is a 2000 Model MZ0M, 2-AS style aircraft. It is two
10 tone silver over blue. The serial number is 27-0285 and the tail registration number is N741SB. It
11 registered with the FAA to The Law Offices of Norman Boxley, [REDACTED], Pasadena CA The
12 aircraft suffered catastrophic damage and was destroyed by the collision.

14 **NARRATIVE:** On 11-18-2011 I was dispatched to respond to a report of an aircraft collision at the
15 Fairplex racetrack. I arrived at or about 1422 hours and saw the above described aircraft inverted and
16 on the ground. Firefighters from L.A. County Fire Department Engine #182 on scene and near the
17 aircraft. I spoke to Fire Captain Jordan who told me that there was a single male occupant in the
18 downed aircraft who was apparently deceased from his injuries. [REDACTED]
[REDACTED] Several spectators were in the area and I began to seek out witnesses and obtain statements.

20 | **WITNESS STATEMENTS:**

22 **W/1-BALDWIN:** I spoke to W/1-BALDWIN who was at the Fairplex performing duties related to his
23 employment with Verizon. He has professional training and experience as a private pilot and his
24 attention was drawn to the aircraft as it flew overhead. He said he was concerned by the sound of the
25 engine which sounded to be "...very under power..." and immediately believed that the pilot was in
26 distress. He watched as the aircraft struggled to maintain lift and formed the opinion that the aircraft
27 was on the verge of a stall. The aircraft was banking alternating left to right and the nose was gaining
28 and losing pitch as if not in controlled flight. The aircraft banked hard (30-40 degrees) to the left and at
29 an altitude of 75-100 feet when it appeared to collide with a light pole on the south end of the race
30 track. W/1-BALDWIN could then hear the aircraft collide with the ground and ran to the wreckage.

31 **W/2-CHAMBERLAIN:** I spoke to W/2-CHAMBERLAIN who told me that he was working at the
32 Fairplex as a private subcontractor who handles the horticulture on the grounds. He suddenly heard
33 an aircraft flying low and with apparent engine difficulties. He looked up to see as the aircraft possibly
34 struck a tall palm tree (80-90ft tall) before striking a light pole. The aircraft fell to the ground on the
35 race track.

37 **W/3-HERNANDEZ:** is a Deputy Sheriff with the Los Angeles County Sheriff's Department Special
38 Enforcement Bureau, Emergency Services Detail. He was working on Rescue Air 5 as a Flight Medic.
39 Rescue Air 5 was preparing to conduct flight operations at Brackett Airfield when he saw a silver &

RECEIVED INTO RECORDS DATE TIME			INDEXED BY		DATA ENTRY		JDIC		REPORTING OFFICER C. LEWIS			ID# 41472		DATE 11.18.11		TIME 1500	
TYPE BY	DATE	TIME	ALERT	DET BUR	PROP	CAU	OFF APPROVED			REVIEWED BY:		DATE	CORRECTIONS REVIEWED BY			DATE	

Arrest ☐ Supplemental ☐

Incident ☐ Additional ☐

INCIDENT NO. 11-128785

ORIGINAL COMPLAINT, INCIDENT, OFFENSE A.O.A. – AIRCRAFT COLLISION (FATAL)										RECLASS TO												
INVOLVED PERSONS CODE: W – WITNESS RP – REPORTING PARTY SJ – SUBJECT																						
CODE:		NAME: LAST, FIRST, MIDDLE (FIRM IF BUSINESS)										RES ADDRESS: # STREET, CITY, STATE, ZIP										
DOB			AGE		RACE		SEX		OCCUPATION						BUS ADDRESS: # STREET, CITY, STATE, ZIP							
LIST ADDITIONAL DETAILS BELOW										RESIDENCE PHONE					BUS PHONE							

1 blue aircraft flying low and in a manner inconsistent with normal approaches / departures from
2 Brackett Airfield. He watched as the plane decreased altitude until it disappeared out of view. He
3 informed the pilot of Rescue Air 5 who flew to where the aircraft was last seen. W/HERNANDEZ saw
4 that the aircraft had crashed and was inverted and on the ground on the south east curve of the
5 Fairplex race track. Rescue Air 5 landed to render assistance to the pilot and any passengers on the
6 downed aircraft. After disembarking they ran to the aircraft to find the sole occupant was apparently
7 deceased from major trauma.

8 **ADDITIONAL WITNESS STATEMENTS:** Several employees of the Fairplex including janitorial,
9 private food vendors, and patrons, approached numerous emergency personnel at the scene and
10 provided various witness statements. Several of these witnesses provided information and then left the
11 scene before being identified by myself or other law enforcement personnel. Additional witnesses may
12 come forward that were removed from the immediate scene for their safety as fire, security, and law
13 enforcement assets arrived on the scene.

15 I spoke to Ralph Schorbach, who is the Technology Manager for the Fairplex. He reviewed every
16 CCTV camera that may have potentially recorded the collision. He found that none of the camera
17 provided coverage of the area and no recordings exist.

18 **CONNECTED REPORTS:** NTSB Regional Air Safety Investigator Patrick H. Jones arrived at the
19 scene to begin the preliminary investigations for the National Transportation Safety Board. [REDACTED]
20 [REDACTED] At the time of this report the NTSB had not generated a report number for this incident.

22 Assistant Chief E. Winters of the Los Angeles County Coroner's Office arrived to command the
23 Coroner's recovery operations of the deceased persons. Their report number for this incident is 2011-
24 07531.

At the time I left the scene of this incident the deceased persons had not yet been recovered from the aircraft due to the extensive damage. As a result the deceased pilot had not yet been identified. For additional information refer to the Coroner's Case Report prepared under this DR# by officer Hayward.

RECEIVED INTO RECORDS DATE TIME				INDEXED BY		DATA ENTRY		JDIC		REPORTING OFFICER C. LEWIS				ID# 41472		DATE 11.18.11		TIME 1500	
TYPE BY	DATE	TIME	ALERT	DET BUR	PROP	CAU	OFF APPROVED			REVIEWED BY:		DATE	CORRECTIONS REVIEWED BY DATE						