

<b>INCIDENT</b>	1. Agency <b>JEFFERSON COUNTY SHERIFF PAT</b>		2. Division/Precinct <b>PAT</b>		3. ORI <b>NY0220000</b>		4. <input checked="" type="checkbox"/> Orig <input type="checkbox"/> Supp		5. Case No. <b>15S002057</b>		6. Incident No. <b>15-010250</b>																																	
	7. Report Day <b>SUN</b>		8. Date <b>02/01/2015</b>		9. Report Time <b>15:16:56</b>		10. Day <b>SUN</b>		11. Date <b>02/01/2015</b>		12. Time <b>15:15:35</b>																																	
	13. Day <b>SUN</b>		14. Date <b>02/01/2015</b>		15. Time <b>15:15:43</b>																																							
<b>ASSOCIATED PERSONS</b>	16. Incident Type <b>AIRCRAFT INCDNT</b>				17. Business Name				18. Weapon(s)																																			
	19. Incident Address (Street No., Street Name, Bldg. No., Apt. No.) <b>WILNA(T), NY</b>				20. City, State, Zip ( <input type="checkbox"/> C <input checked="" type="checkbox"/> T <input type="checkbox"/> V ) <b>WILNA(T), NY</b>				21. Location Code <b>2370</b>																																			
	22. OFF. NO.				LAW				SECTION				SUB				CL				CAT				DEG				ATT				NAME OF OFFENSE				CTS				23. No. of Victims <b>0</b>			
<b>VICTIM</b>	24. Off. No.				LAW				SECTION				SUB				CL				CAT				DEG				ATT				NAME OF OFFENSE				CTS				24. No. of Suspects <b>45</b>			
	25. Person Type: CO = Complainant OT = Other PI = Person Interviewed PR = Person Reporting WI = Witness NI = Not Interviewed VI = Victim												26. Victim also complainant <input type="checkbox"/> Y <input type="checkbox"/> N																															
	TYPE/NO		NAME (LAST, FIRST, MIDDLE, TITLE)				Date of Birth		STREET NO., STREET NAME, BLDG. NO., APT. NO., CITY, STATE, ZIP				TELEPHONE NO.																															
<b>SUSPECT</b>	CO1		JOHNSON, GARY, R				1958		WEST CARTHAGE, NY, 13619																																			
	OT1		DRAPER, MATTHEW, H				1996		CARTHAGE(V), NY				( ) -																															
	OT2		INTORCIA, ZACHARY, J				1997		CARTHAGE(V), NY				( ) -																															
<b>MISSING/ARRESTED PERSON</b>	OT3		ROHR, MICHAEL, R				1954		CARTHAGE(V), NY, 13619																																			
	27. Date of Birth		28. Age		29. Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U		30. Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk.		31. Ethnic <input type="checkbox"/> Hispanic <input type="checkbox"/> Unk. <input type="checkbox"/> Non-Hispanic		32. Handicap <input type="checkbox"/> Yes <input type="checkbox"/> No		33. Residence Status <input type="checkbox"/> Resident <input type="checkbox"/> Tourist <input type="checkbox"/> Commuter <input type="checkbox"/> Military		34. Temp. Res. Foreign Nat. <input type="checkbox"/> Student <input type="checkbox"/> Other <input type="checkbox"/> Homeless <input type="checkbox"/> Unk.																													
	34. Victim DID receive information on Victim's Rights and Services pursuant to New York State Law <input type="checkbox"/> YES <input type="checkbox"/> NO																																											
<b>PROPERTY</b>	35. Type/No.		36. Name (Last, First, Middle)				37. Alias/Nickname/Maiden Name (Last, First, Middle)				38. Apparent Condition <input type="checkbox"/> Impaired Drugs <input type="checkbox"/> Mental Dis <input type="checkbox"/> Unk. <input type="checkbox"/> Impaired Alco <input type="checkbox"/> Inj / Ill <input type="checkbox"/> App Norm																																	
	39. Address (Street No., Street Name, Bldg. No., Apt. No., City, State, Zip)												40. Phone No. <input type="checkbox"/> Home <input type="checkbox"/> Work		41. Social Security No.																													
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<b>NARRATIVE</b>	49. Height		50. Weight		51. Hair		52. Eyes		53. Glasses <input type="checkbox"/> Yes <input type="checkbox"/> Contacts <input type="checkbox"/> No		54. Build <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Medium		55. Employer/School		56. Address																													
	57. Scars/Marks/Tattoos (Describe)																																											
	58. Misc.																																											
<b>VEHICLE</b>	59. Victim or Suspect No.		Property Status		Property Type		Quantity/Measure		Make or Drug Type		Model		Serial No.		Description		Value																											
	60. Vehicle Status <b>04</b>		61. License Plate No. <b>20059</b>		Full <input checked="" type="checkbox"/> Partial <input type="checkbox"/>		62. State		63. Exp. Yr.		64. Plate Type		65. Value <b>\$0.00</b>																															
	66. Veh. Yr. <b>0</b>		67. Make <b>HOME</b>		68. Model		69. Style		70. VIN.																																			
<b>ADMINISTRATIVE</b>	71. Color(s) <b>WHI</b>		72. Towed By: To:		73. Vehicle Notes																																							
	74. Sun Feb 1 16:10:03 2015																																											
	<p>I responded to a report of a aircraft that had crashed on the ice covered water of the Black River located on State Route 3 in the Town of Wilna. Upon my arrival I observed a helicopter in the middle of the river that appeared to have crashed on the ice. I located, interviewed and deposed the pilot, Gary, and interviewed, Michael, who were both in the helicopter when it crashed. Both Gary and Michael advised me that they were flying over the river when Gary began to bank the helicopter to the left. At that time Gary states he was to low to the ground and the skid on the helicopter caught the ice causing Gary to lose control of the helicopter. Gray stated he maneuvered the helicopter the best he could and it was a soft crash onto the ice covered river. Both Gary and Michael advised that they were not injured from the accident and they both declined medical treatment.</p>																																											
<b>ADMINISTRATIVE</b>	75. Inquiries (Check all that apply) <input type="checkbox"/> DMV <input type="checkbox"/> Want/Warrant <input type="checkbox"/> Scottlaw <input type="checkbox"/> Crim. History <input type="checkbox"/> Stolen Property <input type="checkbox"/> Other				76. NYSPIN Message No.				77. Complainant Signature																																			
	78. Reporting Officer Signature (Include Rank)				79. ID No. <b>RYAN S</b>				80. Supervisor's Signature (Include Rank)				81. ID No.																															
	82. Status <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed (if Closed, check box below) <input type="checkbox"/> Unfounded <input type="checkbox"/> Victim Refused to Coop. <input type="checkbox"/> Arrest <input type="checkbox"/> Pros Declined <input type="checkbox"/> Warrant Advised <input type="checkbox"/> CBI <input type="checkbox"/> Juv. - No Custody <input type="checkbox"/> Arrest - Juv <input type="checkbox"/> Offender Dead <input type="checkbox"/> Extrad. Declin <input checked="" type="checkbox"/> Unk.				83. Status Date <b>02/01/2015</b>				84. Notified/TOT																																			

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	14. Date <b>02/01/2015</b>		15. Time <b>15:15:43</b>		16. Incident Type <b>AIRCRAFT INCDNT</b>		17. Business Name		18. Weapon(s)															
<b>ASSOCIATED PERSONS</b>	19. Incident Address (Street No., Street Name, Bldg. No., Apt. No.) <b>GAMBLE DISTRIBUTORS</b>										20. City, State, Zip ( <input type="checkbox"/> C <input checked="" type="checkbox"/> T <input type="checkbox"/> V ) <b>WILNA(T), NY</b>		21. Location Code <b>2370</b>											
	22. OFF. NO.		LAW		SECTION		SUB		CL		CAT		DEG		ATT		NAME OF OFFENSE		CTS		23. No. of Victims <b>0</b>		C.	
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	TYPE/NO		NAME (LAST, FIRST, MIDDLE, TITLE)				Date of Birth		STREET NO., STREET NAME, BLDG. NO., APT. NO., CITY, STATE, ZIP						TELEPHONE NO.									
	OT4		BUSH, KEITH, W				1986		CROAGHAN, NY															
<b>SUSPECT</b>	OT5		PACELLA, COLE, V				1994		CARTHAGE(V), NY, 13619															
	OT6		LACATNINA, PETER, J						FAA INSPECTOR															
<b>MISSING/ARRESTED PERSON</b>	27. Date of Birth		28. Age		29. Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U		30. Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk.		31. Ethnic <input type="checkbox"/> Hispanic <input type="checkbox"/> Unk. <input type="checkbox"/> Non-Hispanic		32. Handicap <input type="checkbox"/> Yes <input type="checkbox"/> No		33. Residence Status <input type="checkbox"/> Resident <input type="checkbox"/> Tourist <input type="checkbox"/> Student <input type="checkbox"/> Other <input type="checkbox"/> Commuter <input type="checkbox"/> Military <input type="checkbox"/> Homeless <input type="checkbox"/> Unk.		34. Victim DID receive information on Victim's Rights and Services pursuant to New York State Law <input type="checkbox"/> YES <input type="checkbox"/> NO									
	35. Type/No.		36. Name (Last, First, Middle)				37. Alias/Nickname/Maiden Name (Last, First, Middle)						38. Apparent Condition <input type="checkbox"/> Impaired Drugs <input type="checkbox"/> Mental Dis <input type="checkbox"/> Unk. <input type="checkbox"/> Impaired Alco <input type="checkbox"/> Inj / Ill <input type="checkbox"/> App Norm		41. Social Security No.									
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	60. Vehicle Status		61. License Plate No.		Full <input type="checkbox"/> Partial <input type="checkbox"/>		62. State		63. Exp. Yr.		64. Plate Type		65. Value											
	66. Veh. Yr.		67. Make		68. Model		69. Style		70. VIN.															
<b>NARRATIVE</b>	71. Color(s)		72. Towed By: _____ To: _____		73. Vehicle Notes																			
	74. During the incident the Carthage Fire Department advised that they did not feel that the ice was safe to walk on. The Carthage Fire Department advised that they were sending out a team to check the aircraft and to make sure that no one else was on the ice. As the Fire Department Team went onto the ice I had Firefighter Draper with the Carthage Fire Department take pictures of the crash site and the helicopter for my investigation.																							
	Sergeant Mason was notified of the incident and he made notifications to the administration. I contacted the F.A.A. and spoke with Inspector In charge Peter J. Lacatnina, who advised me that due to the details of the incident, that it is a personal aircraft and that no one was injured that no members of the F.A.A. would be responding at this time. Inspector In charge Peter advised that he would be follow up with Gary in a few days and complete his reports at that time. Inspector In charge Peter advised that we could release the scene and that the helicopter could be removed from the ice. Gary owns his own tow company, Johnson's Tow Service, and he removed the helicopter from the																							
<b>ADMINISTRATIVE</b>	75. Inquiries (Check all that apply) <input type="checkbox"/> DMV <input type="checkbox"/> Want/Warrant <input type="checkbox"/> Scofflaw <input type="checkbox"/> Crim. History <input type="checkbox"/> Stolen Property <input type="checkbox"/> Other										76. NYSPIN Message No.		77. Complainant Signature											
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Page  
of  
**6**  
Pages



1. Agency <b>JEFFERSON COUNTY SHERIFF</b>		2. Division/Precinct <b>PAT</b>		New York State <b>SUPPLEMENTAL REPORT</b>		Supplement To: 15S002057		3. Incident No. <b>15-010250</b>		4. Arrest No.		
5. Date <b>02/01/2015</b>		6. Time of Report <b>15:16:56</b>		7. Complainant Name				8.				
Block No.		9. Narrative (Indicate Block No. in left margin)  ice without any further incident.										
<b>ADMINISTRATIVE</b>	10. Inquiries (Check all that apply) <input type="checkbox"/> DMV <input type="checkbox"/> Want/Warrant <input type="checkbox"/> Scofflaw <input type="checkbox"/> Crim. History <input type="checkbox"/> Stolen Property <input type="checkbox"/> Other				11. NYSPIN Message No.		12.				TOTAL	
	13. Reporting Officer Signature (Include Rank)				14. ID No. <b>RYAN S</b>		15. Supervisor's Signature (Include Rank)				16. ID No.	
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