

COPY

INCIDENT/INVESTIGATION REPORT

INCIDENT DATA	Agency Name SPD		COPY INCIDENT/INVESTIGATION REPORT		OCA 08-4118					
	Off NC 0490200				Date / Time Reported Friday Month 10 Day 27 Yr 2006 Time 1217					
	#1 Crime / Incident(s) Airplane Crash				<input type="checkbox"/> Attempt <input checked="" type="checkbox"/> Complete		As Found Friday Month 10 Day 27 Yr 2006 Time 1217		Last Known Secure Friday Month 10 Day 27 Yr 2006 Time 1215	
	#2 Crime Incident				<input type="checkbox"/> Attempt <input type="checkbox"/> Complete		Location of Incident Aviation Drive/Airport Road			
MO	#3 Crime Incident		<input type="checkbox"/> Attempt <input type="checkbox"/> Complete		Premise Type 64 Open Land Areas		Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family			
	How Attacked or Committed N/A		Exhibit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Weapons / Tools N/A					
	# of Victims -		Type: <input type="checkbox"/> Person <input type="checkbox"/> Business <input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute <input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unk		Injury: <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Loss of Teeth <input type="checkbox"/> Broken Bones <input type="checkbox"/> Severe Lacerations <input type="checkbox"/> Internal <input type="checkbox"/> Unconscious <input type="checkbox"/> Other Major		Drug/Alcohol Use: <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> N/A			
	Victim/Business Name (Last, First, Middle) V1		Victim of Crime #		DOB / Age		Race Sex W m			
VICTIM	Home Address		Home Phone							
	Employer Name/Address		Business Phone							
	VVR		Make		Model		Style			
	Color		Lic/Lic		VIN					
OTHERS INVOLVED	CODES: V-Victim (Denote V2, V3) O = Owner (If other than victim)									
	Type: <input type="checkbox"/> Person <input type="checkbox"/> Business <input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute <input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown									
	Code Name (Last, First, Middle) R Hazel, Thomas		Victim of Crime #		DOB / Age 38		Race Sex W m			
	Home Address Statesville, NC 28677		Home Phone							
	Employer Name/Address Statesville Flying Service/ 238 Airport Road Statesville, NC. 28677		Business Phone							
	Type: <input type="checkbox"/> Person <input type="checkbox"/> Business <input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute <input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown		Code Name (Last, First, Middle)		Victim of Crime #		DOB / Age			
PROPERTY	Home Address		Home Phone							
	Employee Name/Address		Business Phone							
	L - Lost S - Stolen R - Recovered D - Damaged Z - Seized B - Burned C - Counterfeit / Forged F - Found (Check "OU" column if recovered for jurisdiction)		Victim #		DOI		Status			
	Value		OU		QTY		Property Description			
Main/Model		Serial Number								
Number of Vehicle Stolen		Number Vehicle Recovered								
STATUS	Officer Name / ID LT. T. C. Souther 5393		Officer Signature LT. T. C. Souther		Supervisor Signature LT. T. C. Souther		Case Status <input type="checkbox"/> Further Investigation <input type="checkbox"/> Inactive <input type="checkbox"/> Closed/Cleared			
	Complaint Signature		Case Disposition: <input type="checkbox"/> Unfounded <input type="checkbox"/> Juvenile/No Custody <input type="checkbox"/> Extradition Declined <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Refuse to Cooperate <input type="checkbox"/> Cleared by Arrest by Another Agency							

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Status Codes		L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit Forged F = Found											
DRUGS	DCI	Status	Quantity	Type Measure	Suspected Type			Check up to 3 types of activity for each					
								Possess	Buy	Sale	Mfg.	Importing	Operating
OFFENDER	Offender Used		Alcohol/Drugs		Offender 1		Offender 2		Offender 3		Primary Offender Resident Status		
			<input type="checkbox"/> Yes <input type="checkbox"/> Unk <input type="checkbox"/> No <input type="checkbox"/> N/A		Age: Race: Sex:		Age: Race: Sex:		Age: Race: Sex:		<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown		
	Computer		<input type="checkbox"/> Yes <input type="checkbox"/> Unk <input type="checkbox"/> No <input type="checkbox"/> N/A		Offender 4		Offender 5		Offender 6				
					Age: Race: Sex:		Age: Race: Sex:		Age: Race: Sex:				
SUSPECT	Name (Last, First, Middle)				Alias or Nickname				Home Address				
	Occupation				Business Address								
	DOB / Age	Race	Sex	Height	Weight	Build	Hair Color	Hair Style	Hair Length	Eye Color	Glasses		
	Scars, Marks, Tattoos, or other distinguishing features (L.e. limp, foreign accent, voice characteristics)												
	Hat	Jacket	Shirt/Blouse	Tie/Scarf	Coat/Suit	Pants/Dress/Skirt	Socks	Shoes					
	Was suspect Armed?	Type of Weapon				Directions of Travel			Mode of Travel				
	V/R	Make	Model	Style	Color	Lic/Pls	VIN						
	Name (Last, First, Middle)				DOB / Age		Race	Sex	OCA				
WITNESS	Chapman, Eddie				44		W	m	06-4118				
	Home Address c/o Statesville Flying Service 238 Airport Rd. Statesville, NC 28677				Home Phone		Employer		Phone				
Suspect Hate / Bias Motivated: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
NARRATIVE	Narrative												
	<p>Witness # 2 Kathy Morris [REDACTED] Statesville, NC 28677 DOB [REDACTED] 1950</p> <p>On 10-27-2006 I responded to an Airplane crash as an overshoot at the Statesville Airport. Upon arrival first responders and medical personnel were attending to two of the persons inside the plane. During my investigation I learned that two of the occupants received fatal injuries during the crash and that the other two were transported to Iredell Memorial Hospital and later taken to Baptist Hospital in Winston Salem. RP Hazel advised that he saw the Airplane and that it was having difficulty landing and he went inside to make contact with the pilot via radio. The Airplane crashed prior to making contact, Then hazel called 911.</p> <p>The Flight originated from Palm Beach County FL. The Aircraft is a Cirrus SR22, tailwing # N969ES and was registered to a private owner, with an address of [REDACTED] Troutman, NC 28166. According to witnesses the airplane was observed on approach for runway 28 at Statesville Regional Airport. The airplane came out of the clouds in the vicinity of taxiway D and continued over the runway to taxiway F. An increase in engine power was heard and the airplane started a right turn and entered the clouds. The airplane was heard north of the airport and was observed again on the south side of the runway traveling from southeast to northwest located just below the clouds and crossed runway 28 in the vicinity of the fixed base operator (FBO) and a hanger. The airplane entered the clouds and came out of the clouds north of Aviation Drive. The airplane was observed to make a sharp bank to the right estimated at a 45-degree angle of bank followed by a left bank of 45-degree angle of bank. The nose of the airplane was observed to pitch down and the airplane collided with trees and the ground coming to rest just north of Avaiton Drive. Josephine Sasso DOB [REDACTED] 22 and Gary Luftman DOB [REDACTED] 56 did not survive the crash. The pilot Ed Sasso DOB [REDACTED] 52 and Cecille Luftman DOB unknown are listed in serious condition in Baptist hospital. The Plane was released to Atlanta Salvage and the personal belongings were released to Ed Sasso's son Authority of 1st Sgt. Beam NCSHP</p>												