

**Witness Factual Report**

# **APPENDIX A**

## **Police Interview Summaries Pertaining to Eyewitnesses**

**DCA07MA003**

<b>COMPLAINT - FOLLOW UP - INFORMATIONAL</b> PD 313 081A (Rev. 4-20)-31		<b>INVESTIGATE DOA</b>	POL. No. <b>104</b>	PAGE OF PAGES	Date of This Report <b>10/11/06</b>	14 Page 1	
Date of Orig. Report <b>10/11/06</b>	Date Assigned	Case No.	Unit reporting <b>104 DETECTIVE SQUAD</b>	Complainant No.	Follow-Up No. <b>00</b>	15 Page 1	
Complainant's Name - Last, First, MI. <b>P.S.N.Y</b>			Victim's Name - If Different <b>SAME</b>			16 Page 1	
Last Name, First, MI.		Address, Include City, State, Zip		Apt. No.		17 Page 1	
Home Telephone	Business Telephone	Position / Relationship	Sex	Race	Date of Birth	Age	
Total No. of Pageants	Wanted	Arrested	Weapon Used	Describe Weapon (If known, give color, make, caliber, type, model, etc.)			18 Page 1
Wanted	Arrested	Last Name, First, MI.	Address, Include City, State, Zip		Apt. No.	Res. Pct.	
Sex	Race	Date of Birth	Age	Height	Weight	Eye Color	
Facial Hair	NYSD No.	Clothing Description, Scars, Marks, M.O., Etc. (Continue in Details?)					19 Page 1
Wanted	Arrested	Last Name, First, MI.	Address, Include City, State, Zip		Apt. No.	Res. Pct.	
Sex	Race	Date of Birth	Age	Height	Weight	Eye Color	
Facial Hair	NYSD No.	Clothing Description, Scars, Marks, M.O., Etc. (Continue in Details?)					20 Page 1
<b>AREA WITHIN BOX FOR DETECTIVE / LATENT FINGERPRINT OFFICER ONLY. THIS BOX WILL BE UTILIZED BY INVESTIGATOR WHENEVER POSSIBLE AND MUST BE FULLY COMPLETED WHEN USING THIS FORM TO CLOSE A CASE "NO RESULTS"</b>							
Comp. Interviewed	In Person	By Phone	Date	Time	Results: Same as Comp Report - Different (Explain in Details)		
Witness Interviewed	In Person	By Phone	Date	Time	Results: Same as Comp Report - Different (Explain in Details)		
Chances Conducted	If Yes - Make Entry in Body No: Time, Date, Name(s), Address(es), Results			Chances Viewed	If Yes - Make Entry in Body No: Time, Date, Color(s) Obtained		
Complainant Viewed Photos	Refused	Future	Results:				
Witness Viewed Photos	Refused	Future	Results:				
Crime Scene Dusted	By (Enter Results in Details)			Crime Scene Photos	By (Enter Results in Details)		
If Closing Case "No Results," Check Appropriate Box and State Justification in Details:							
<input type="checkbox"/> C-1 Inproper Referral <input type="checkbox"/> C-2 Incomplete Pack <input type="checkbox"/> C-3 No Evidence / Conf ID <input type="checkbox"/> C-4 Uncooperative Complainant <input type="checkbox"/> C-5 "Leads" Exhausted							
<b>DETAILS:</b>							
<b>Investigation: Investigate D.O.A</b> <b>Subject: Witness Interview</b> <b>Status: Case Active</b>							
1. On this date 10/11/06 at approx. 1920 hrs Det Lundy and undersign was present at [redacted] home of witness Garry Carrick [redacted]							
2. Mr Carrick states that he works at the Keyspan Plant off of Vernon Blvd and at approx. 1430 or 1445 hrs he had come out of the Vernon Blvd exit and saw a low flying plane. He states that after 9/11 he had got a little nervous when he saw how low the plane was flying and with all the fuel being stored at his Keyspan plant he watched it. States that this plane flew around Roosevelt Island Bridge and Roosevelt Island making a complete circle before passing again. States that the plane then came around once again only this time it was flying with it's right wing pointed downward before straightening up. The plane then turned all the way upside down and straightened up once again before turning into the building across Roosevelt Island and crashing. Witness states that a co-worker called 911 to report the incident.							
3. CASE ACTIVE.....							
<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> CLOSED		DATE OPENED / CLOSED <b>10/11</b>		IF ACTIVE, DATE OF NEXT REVIEW			
REPORTING OFFICER:	RANK Det.	SIGNATURE	NAME PRINTED <b>Darryl S. Ebyon</b>	TAX REG. NO.	COMMAND <b>104 SQD</b>		
REVIEWING / CLOSING SUPERVISOR:	CASE CLOSED:	ENTER DESTINATION C    OR    D	SIGNATURE	NAME PRINTED	COMMAND		

LONG PINK

1<sup>st</sup> COPY CRIMINAL RECORDS SECTION      2<sup>nd</sup> COPY UNIT REFERRED TO      3<sup>rd</sup> COPY BOROUGH ROBBERY SQUAD



**COMPLAINT - FOLLOW UP INFORMATIONAL**  
 PD 313 081A (Rev. 4-89)-31

Crime <b>Plane Crash</b>	Pct <b>19</b>	OCCB No.	Complaint No.	Date of This Report <b>10/11/06</b>
Date of Orig. Report <b>10/11/06</b>	Date Assigned <b>10/11/06</b>	Case No.	Unit reporting <b>25 sqd</b>	Follow-Up No.

Complainant's Name - Last, First, M.I. **PSNY**      Victim's Name - If Different

Last Name, First, M.I. <b>Wallace, Alexandra</b>		Address, include City, State, Zip			Apt. No.
Home Telephone	Business Telephone	Position / Relationship <b>witness</b>	Sex <b>F</b>	Race	Date of Birth
Age					

Total No. of Perpetrators	Wanted	Arrested	Weapon Used <input type="checkbox"/> Possessed <input type="checkbox"/>	Describe Weapon (if firearm, give color, make, calibre, type, model, etc.)
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Wanted <input type="checkbox"/>	Arrested <input type="checkbox"/>	Last Name, First, M.I.	Address, include City, State, Zip	Apt. No.	Res. Pct.
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Sex	Race	Date of Birth	Age	Height	Weight	Eye Color	Hair Color	Hair Length	Facial Hair	NYSID No.
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<input type="checkbox"/> Eyeglasses	<input type="checkbox"/> Sunglasses	Clothing Description, Scars, Marks, M.O., Etc. (Continue in "Details"):
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Wanted <input type="checkbox"/>	Arrested <input type="checkbox"/>	Last Name, First, M.I.	Address, include City, State, Zip	Apt. No.	Res. Pct.
---------------------------------	-----------------------------------	------------------------	-----------------------------------	----------	-----------

Sex	Race	Date of Birth	Age	Height	Weight	Eye Color	Hair Color	Hair Length	Facial Hair	NYSID No.
-----	------	---------------	-----	--------	--------	-----------	------------	-------------	-------------	-----------

<input type="checkbox"/> Eyeglasses	<input type="checkbox"/> Sunglasses	Clothing Description, Scars, Marks, M.O., Etc. (Continue in "Details"):
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**AREA WITHIN BOX FOR DETECTIVE / LATENT FINGERPRINT OFFICER ONLY. THIS BOX WILL BE UTILIZED BY INVESTIGATOR WHENEVER POSSIBLE AND MUST BE FULLY COMPLETED WHEN USING THIS FORM TO CLOSE A CASE "NO RESULTS"**

Comp. Interviewed <input type="checkbox"/> Yes <input type="checkbox"/> No	In Person <input type="checkbox"/>	By Phone <input type="checkbox"/>	Date	Time	Results: Same as Comp Report - Different (Explain in Details)
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Witness Interviewed <input type="checkbox"/> Yes <input type="checkbox"/> No	In Person <input type="checkbox"/>	By Phone <input type="checkbox"/>	Date	Time	Results: Same as Comp Report - Different (Explain in Details)
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Canvass Conducted <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - Make Entry in Body Re: Time, Date, Names, Addresses, Results	Crime Scene Visited <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - Make Entry in Body Re: Time, Date, Evidence Obtained
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Complainant Viewed Photos <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future	Results:
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Witness Viewed Photos <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future	Results:
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Crime Scene Dusted <input type="checkbox"/> Yes <input type="checkbox"/> No	By (Enter Results in Details)	Crime Scene Photos <input type="checkbox"/> Yes <input type="checkbox"/> No	By (Enter Results in Details)
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If Closing Case "No Results," Check Appropriate Box and State Justification in Details:

C-1 Improper Referral     C-2 Inaccurate Facts     C-3 No Evidence / Can't ID     C-4 Uncooperative Complainant     C-5 "Leads" Exhausted

**DETAILS:**


**Investigation: Plane Crash**  
**Subject: Interview witness Alexandra Wallace.**

1. On 10/11/06 the u/s did speak with Ms. Wallace on the phone in regards to this incident. Ms. Wallace stated that she was dropping her daughter off at school on E 74st and York ave. She stated that she walked to 72 and York and she heard a loud whining sound. Ms. Wallace stated that she looked up and saw a white aircraft that she thought might be a helicopter nose dive and crash into the bldg. Ms. Wallace stated that she then saw the plane fall to the ground. She stated there was a fireball and then a lot of smoke. Ms. Wallace stated that the plane did not look like it was flying level and looked like it was in distress. Ms. Wallace stated that it looked like the plane came from the river and was heading south.

2. Case Active...

CASE <input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> CLOSED	DATE REVIEWED / CLOSED <b>10/11/06</b>	IF ACTIVE, DATE OF NEXT REVIEW
REPORTING OFFICER: <b>Det</b>	RANK	SIGNATURE <i>[Signature]</i>
REVIEWING / CLOSING SUPERVISOR:	CASE CLOSED <input type="checkbox"/> ENTER DESTINATION C OR B	NAME PRINTED <b>Koprowski</b>
		TAX REG. NO.
		COMMAND <b>25 sqd</b>
		SIGNATURE <i>[Signature]</i>
		C.O.'s INITIALS <i>[Initials]</i>

LONG PINK

 <b>COMPLAINT - FOLLOW UP INFORMATIONAL</b> PD 313 081A (Rev. 4-89)-31		Crime <b>INVESTIGATE DOA - PLANE CRASH</b>	Pct. <b>019</b>	OCCB No.	PAGE 1 OF 1 PAGE Complaint No.	Date of This Report <b>10/11/2006</b>
Date of Orig. Report <b>10/11/2006</b>	Date Assigned <b>10/11/2006</b>	Case No. <b>2089</b>	Unit reporting <b>19<sup>TH</sup> BRAM</b>	Follow-Up No.		
Complainant's Name - Last, First, M.I. <b>PSNY</b>				Victim's Name - If Different <b>SAME</b>		

Witness No 1 Last Name, First, M.I. <b>HARTLAUB, JOANNE</b>	Address, include City, State, Zip [REDACTED]					Apt. No. <b>4C</b>
	Home Telephone [REDACTED]	Business Telephone	Position / Relationship <b>TENANT</b>	Sex <b>F</b>	Race <b>W</b>	Date of Birth

Total No. of Perpetrators Wanted <input type="checkbox"/> Arrested <input type="checkbox"/>	Weapon Used <input type="checkbox"/> Possessed <input type="checkbox"/>	Describe Weapon (If firearm, give color, make, calibre, type, model, etc.)
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Wanted <input type="checkbox"/> Arrested <input type="checkbox"/>	Last Name, First, M.I.	Address, include City, State, Zip	Apt. No.	Res. Pct.
Sex <input type="checkbox"/> Eye-glasses <input type="checkbox"/> Sunglasses	Race <input type="checkbox"/> Nickname, First Name, Alias	Date of Birth Clothing Description, Scars, Marks, M.O., Etc. (Continue in "Details")	Age Height Weight Eye Color Hair Color Hair Length Facial Hair NYSID No.	Perp No. 1

Wanted <input type="checkbox"/> Arrested <input type="checkbox"/>	Last Name, First, M.I.	Address, include City, State, Zip	Apt. No.	Res. Pct.
Sex <input type="checkbox"/> Eye-glasses <input type="checkbox"/> Sunglasses	Race <input type="checkbox"/> Nickname, First Name, Alias	Date of Birth Clothing Description, Scars, Marks, M.O., Etc. (Continue in "Details")	Age Height Weight Eye Color Hair Color Hair Length Facial Hair NYSID No.	Perp No. 2

**AREA WITHIN BOX FOR DETECTIVE / LATENT FINGERPRINT OFFICER ONLY. THIS BOX WILL BE UTILIZED BY INVESTGATOR WHENEVER POSSIBLE AND MUST BE FULLY COMPLETED WHEN USING THIS FORM TO CLOSE A CASE "NO RESULTS"**

Comp. Interviewed <input type="checkbox"/> Yes <input type="checkbox"/> No	In Person <input type="checkbox"/>	By Phone <input type="checkbox"/>	Date	Time	Results: Same as Comp Report - Different (Explain in Details)
Witness Interviewed <input type="checkbox"/> Yes <input type="checkbox"/> No	In Person <input type="checkbox"/>	By Phone <input type="checkbox"/>	Date	Time	Results: Same as Comp Report - Different (Explain in Details)

Canvass Conducted <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - Make Entry in Body Re: Time, Date, Names, Addresses, Results	Crime Scene Visited <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - Make Entry in Body Re: Time, Date, Evidence Obtained
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Complainant Viewed Photos <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future	Results:
Witness Viewed Photos <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future	Results:

Crime Scene Dusted <input type="checkbox"/> Yes <input type="checkbox"/> No	By (Enter Results in Details)	Crime Scene Photos <input type="checkbox"/> Yes <input type="checkbox"/> No	By (Enter Results in Details)
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If Closing Case "No Results," Check Appropriate Box and State Justification in Details:

C-1 Improper Referral  
  C-2 Inaccurate Facts  
  C-3 No Evidence / Can't ID  
  C-4 Uncooperative Complainant  
  C-5 "Leads" Exhausted

**DETAILS:**  
**INVESTIGATION: INVESTIGATE DOA - 524 EAST 72 STREET**  
**SUBJECT: WITNESS STATEMENT- HARTLAUB, JOANNE**

1. ON THIS DATE AT @ 1610 HRS THE UIS WAS PRESENT WO 525 EAST 72 STREET ON THE 49<sup>TH</sup> FLOOR WHICH IS A LAUNDRY AREA. I WAS CANVASSING FOR WITNESSES, AND WAS APPROACHED BY MS JOANNE HARTLAUB WHO STATES SHE HAD SEEN THE PLANE HIT THE BUILDING. SHE RELATED THE FOLLOWING VERSION OF EVENTS:

2. SHE HAD BEEN WORKING OUT IN THE BUILDING'S GYM ON THE 49<sup>TH</sup> FLOOR, DOWN THE HALL FROM WHERE I HAD MET WITH HER. SHE STATES SHE WAS ON AN EXCERSIZE BICYCLE AGAINST A WINDOW, FACING OUT OF THE SOUTH SIDE OF THE BUILDING. SHE OBSERVED WHAT SHE DESCRIBES AS A "SILVER METAL OVAL", FLY OVER THE BUILDING SHE WAS IN, TRAVELLING SB, AND THEN FALL SHARPLY DIAGONALLY DOWN INTO THE FACE OF THE BUILDING ACROSS THE STREET. SHE STATES SHE COULD HEAR THE SOUND OF AN ENGINE AND WATCHED AS THE OBJECT SLAMMED INTO THE BUILDING, THEN BURST INTO AN EXPLOSION OF FLAMES. FOR A MOMENT, THE ENTIRE CRAFT STAYED IN THE BUILDING, BUT AS IT BURNED, WHAT SHE THOUGHT TO BE WINGS BEGAN TO FALL FROM THE BUILDING INTO THE STREET BELOW. THERE WERE SEVERAL SMALL PIECES OF THE CRAFT THAT CONTINUED TO RAIN DOWN AS WELL. SHE SCREAMED AND ENSURED THAT BUILDING EMPLOYEES HAD CALLED 911.

3. INVESTIGATION CONTINUES

CASE <input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> CLOSED	DATE REVIEWED [REDACTED]	IF ACTIVE, DATE OF NEXT REVIEW			
REPORTING OFFICER: <b>CORCORAN</b>	RANK <b>DT</b>	SIGNATURE [REDACTED]	NAME PRINTED <b>CORCORAN</b>	TAX RES. NO.	COMMAND <b>019</b>
REVIEWING / CLOSING SUPERVISOR:	CASE CLOSED: <b>C</b>	ENTER DESTINATION <b>C</b> OR <b>B</b>	SIGNATURE [REDACTED]	O'S INITIALS [REDACTED]	

**LONG PINK**



Crime **INV. PLANE CRASH /DOA** Pct. **019** OCCB No. \_\_\_\_\_ Complaint No. \_\_\_\_\_ Date of This Report **10/11/06**

Date of Orig. Report **10/11/06** Date Assigned **10/11/06** Case No. **2089** Unit Reporting **19BRAM** Follow-Up No. \_\_\_\_\_

Complainant's Name - Last, First, M.I. **PSNY** Victim's Name - If Different \_\_\_\_\_

Last Name, First, M.I. **SALINAS, GONZALEZ, JOSE, L** Address, include City, State, Zip \_\_\_\_\_ Apt. No. \_\_\_\_\_

Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_ Position / Relationship \_\_\_\_\_ Sex **M** Race **HISP** Age **23**

Total No. of Perpetrators \_\_\_\_\_ Wanted \_\_\_\_\_ Arrested \_\_\_\_\_ Weapon \_\_\_\_\_ Describe Weapon (if firearm, give color, make, calibre, type, model, etc.) \_\_\_\_\_  
 Used  Possessed

Wanted  Arrested  Last Name, First, M.I. \_\_\_\_\_ Address, include City, State, Zip \_\_\_\_\_ Apt. No. \_\_\_\_\_ Res. Pct. \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Ft. \_\_\_\_\_ In. \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Hair Length \_\_\_\_\_ Facial Hair \_\_\_\_\_ NYSID No. \_\_\_\_\_

Eyeglasses  Sunglasses Clothing Description, \_\_\_\_\_  
Nickname, First Name, Alias \_\_\_\_\_ Scars, Marks, M.O., Etc. \_\_\_\_\_  
(Continue in "Details"):

Wanted  Arrested  Last Name, First, M.I. \_\_\_\_\_ Address, include City, State, Zip \_\_\_\_\_ Apt. No. \_\_\_\_\_ Res. Pct. \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Ft. \_\_\_\_\_ In. \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Hair Length \_\_\_\_\_ Facial Hair \_\_\_\_\_ NYSID No. \_\_\_\_\_

Eyeglasses  Sunglasses Clothing Description, \_\_\_\_\_  
Nickname, First Name, Alias \_\_\_\_\_ Scars, Marks, M.O., Etc. \_\_\_\_\_  
(Continue in "Details"):

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Comp. interviewed  Yes  No In Person  By Phone  Date \_\_\_\_\_ Time \_\_\_\_\_ Results: Same as Comp. Report - Different (Explain in Details)

Witness interviewed  Yes  No In Person  By Phone  Date \_\_\_\_\_ Time \_\_\_\_\_ Results: Same as Comp. Report - Different (Explain in Details)

Canvass Conducted  Yes  No If Yes - Make Entry in Body Re: Time, Date, Names, Addresses, Results \_\_\_\_\_ Crime Scene Visited  Yes  No If Yes - Make Entry in Details Re: Time, Date, Evidence Obtained \_\_\_\_\_

Complainant Viewed Photos  Yes  Refused  Future Results: \_\_\_\_\_

Witness Viewed Photos  Yes  Refused  Future Results: \_\_\_\_\_

Crime Scene Dusted  Yes  No By (Enter Results in Details) \_\_\_\_\_ Crime Scene Photos  Yes  No By (Enter Results in Details) \_\_\_\_\_

If Closing Case "No Results," Check Appropriate Box and State Justification in Details:  
 C-1 Improper Referral  C-2 Inaccurate Facts  C-3 No Evidence / Can't ID  C-4 Uncooperative Complainant  C-5 "Leads" Exhausted

**DETAILS:**

**INVESTIGATION: INV. PLANE CRASH  
SUBJECT: WITNESS INTERVIEW  
CASE STATUS: ACTIVE**

1. ON THIS DATE AT 1500HRS THE U/S DID INTERVIEW A MR. JOSE SALINAS WHO STATES IN SUM/SUBSTANCE THAT HE WAS WORKING IN APT. [REDACTED] AND HE AND HIS FRIEND LOOKED OUT THE WINDOW AND SAW A PLANE TRYING TO AVOID HITTING THE BIULDING AND EVENTUALLY HITTING IT. THE PLANE HIT THE BIULDING ON THE SIDE.

2. INVESTIGATION CONTINUES

CASE  ACTIVE  CLOSED DATE REVIEWED / CLOSED \_\_\_\_\_ IF ACTIVE, DATE OF NEXT REVIEW \_\_\_\_\_

REPORTING OFFICER: \_\_\_\_\_ RANK **PO** SIGNATURE \_\_\_\_\_ NAME PRINTED **ARIANO** TAX REG. NO. \_\_\_\_\_ COMMAND **19BRAM**

REVIEWING / CLOSING SUPERVISOR: \_\_\_\_\_ CASE ENTER DESIGNATION \_\_\_\_\_ SIGNATURE \_\_\_\_\_ C.O.'s INITIALS \_\_\_\_\_  
CLOSED: **C** \_\_\_\_\_ OR B \_\_\_\_\_



**COMPLAINT - FOLLOW UP INFORMATIONAL**  
 PD 313 081A (Rev. 4-89)-31

Crime: **INVESTIGATE D.O.A** Pct: **019** OCCB No. [ ] Complaint No. [ ] Date of This Report: **10/11/2006**

Date of Orig. Report: **10/11/2006** Date Assigned: **10/11/2006** Case No.: **2089** Unit reporting: **19 Sgd** Follow-Up No. [ ]

Complainant's Name - Last, First, M.I.: **P.S.N.Y.** Victim's Name - If Different [ ]

Witness No 1: Last Name, First, M.I. [ ] Address, include City, State, Zip [ ] Apt. No. [ ]  
 Home Telephone [ ] Business Telephone [ ] Position / Relationship [ ] Sex [ ] Race [ ] Date of Birth [ ] Age [ ]

Perpetrators: Total No. of Perpetrators [ ] Wanted [ ] Arrested [ ] Weapon Used  Possessed  Describe Weapon (if firearm, give color, make, calibra, type, model, etc.) [ ]

Perp No. 1: Wanted  Arrested  Last Name, First, M.I. [ ] Address, include City, State, Zip [ ] Apt. No. [ ] Res. Pct. [ ]  
 Sex [ ] Race [ ] Date of Birth [ ] Age [ ] Height [ ] Weight [ ] Eye Color [ ] Hair Color [ ] Hair Length [ ] Facial Hair [ ] NYSID No. [ ]  
 Eyeglasses  Sunglasses Clothing Description, Scars, Marks, M.O., Etc. (Continue in 'Details'): [ ]  
 Nickname, First Name, Alias [ ]

Perp No. 2: Wanted  Arrested  Last Name, First, M.I. [ ] Address, include City, State, Zip [ ] Apt. No. [ ] Res. Pct. [ ]  
 Sex [ ] Race [ ] Date of Birth [ ] Age [ ] Height [ ] Weight [ ] Eye Color [ ] Hair Color [ ] Hair Length [ ] Facial Hair [ ] NYSID No. [ ]  
 Eyeglasses  Sunglasses Clothing Description, Scars, Marks, M.O., Etc. (Continue in 'Details'): [ ]  
 Nickname, First Name, Alias [ ]

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Comp. Interviewed: Yes  No  In Person  By Phone  Date [ ] Time [ ] Results: Same as Comp Report - Different (Explain in Details) [ ]

Witness Interviewed: Yes  No  In Person  By Phone  Date [ ] Time [ ] Results: Same as Comp Report - Different (Explain in Details) [ ]

Canvass Conducted: Yes  No  If Yes - Make Entry in Body Re: Time, Date, Names, Addresses, Results [ ] Crime Scene Visited: Yes  No  If Yes - Make Entry in Body Re: Time, Date, Evidence Obtained [ ]

Complainant Viewed Photos: Yes  Refused  Future  Results: [ ]

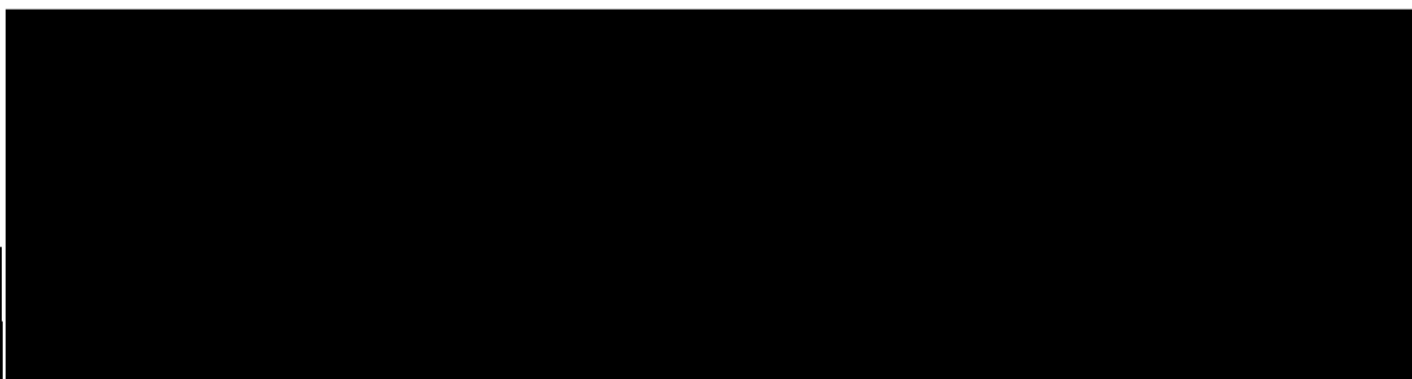
Witness Viewed Photos: Yes  Refused  Future  Results: [ ]

Crime Scene Dusted: Yes  No  By (Enter Results in Details) [ ] Crime Scene Photos: Yes  No  By (Enter Results in Details) [ ]

If Closing Case "No Results," Check Appropriate Box and State Justification in Details:  
 C-1 Improper Referral  C-2 Inaccurate Facts  C-3 No Evidence / Can't ID  C-4 Uncooperative Complainant  C-5 "Leads" Exhausted

DETAILS:  
**INVESTIGATION : INVESTIGATE D.O.A.**  
**SUBJECT: INTERVIEW 911 CALLERS**

1. On this date at 1930 hours the Undersigned did call the following 911 callers in regards to a plane crash at 524 E 72 Street. The results are as follows:



**Carmody, Verna** [ ] She was looking out the window and heard the plane coming down (Sound of the engine) The plane was traveling N/E and appeared to fall down, hit the building, exploded and half of the plane came down to the ground.

2. Investigation Continues.

CASE:  ACTIVE  CLOSED DATE REVIEWED / CLOSED: **10/11/06** IF ACTIVE, DATE OF NEXT REVIEW [ ]  
 REPORTING OFFICER: [ ] RANK: Det SIGNATURE: [ ] NAME PRINTED: **Moran, Lisa** TAX REG. NO. [ ] COMMAND: **019 Sgd**  
 REVIEWING / CLOSING SUPERVISOR: [ ] CASE CLOSED: **C** ENTER DESTINATION OR B: [ ] SIGNATURE: [ ] C.O.'S INITIALS: [ ]

LONG PINK



Crime: **Private Aircraft Crash** Pct: **019** OCCB No.: [ ] Complaint No.: [ ] Date of This Report: **10/11/06**

Date of Orig. Report: **10/11/06** Date Assigned: **10/11/06** Case No.: **2089** Unit reporting: **Manhattan Transit Detective Squad [257]** Follow-Up No.: [ ]

Complainant's Name - Last, First, M.I.: **PSNY** Victim's Name - If Different: [ ]

Witness No 1: Last Name, First, M.I.: [ ] Address, include City, State, Zip: [ ] Apt. No.: [ ]  
 Home Telephone: [ ] Business Telephone: [ ] Position / Relationship: [ ] Sex: [ ] Race: [ ] Date of Birth: [ ] Age: [ ]

Total No. of Perpetrators: [ ] Wanted: [ ] Arrested: [ ] Weapon Used  Possessed  Describe Weapon (if firearm, give color, make, calibre, type, model, etc.): [ ]

Perp No. 1: Wanted  Arrested  Last Name, First, M.I.: [ ] Address, include City, State, Zip: [ ] Apt. No.: [ ] Res. Pct.: [ ]

Sex: [ ] Race: [ ] Date of Birth: [ ] Age: [ ] Height: [ ] Weight: [ ] Eye Color: [ ] Hair Color: [ ] Hair Length: [ ] Facial Hair: [ ] NYSID No.: [ ]

Eyeglasses  Sunglasses Clothing Description, Scars, Marks, M.O., Etc. (Continue in "Details"): [ ]  
 Nickname, First Name, Alias: [ ]

Perp No. 2: Wanted  Arrested  Last Name, First, M.I.: [ ] Address, include City, State, Zip: [ ] Apt. No.: [ ] Res. Pct.: [ ]

Sex: [ ] Race: [ ] Date of Birth: [ ] Age: [ ] Height: [ ] Weight: [ ] Eye Color: [ ] Hair Color: [ ] Hair Length: [ ] Facial Hair: [ ] NYSID No.: [ ]

Eyeglasses  Sunglasses Clothing Description, Scars, Marks, M.O., Etc. (Continue in "Details"): [ ]  
 Nickname, First Name, Alias: [ ]

**AREA WITHIN BOX FOR DETECTIVE / LATENT FINGERPRINT OFFICER ONLY. THIS BOX WILL BE UTILIZED BY INVESTIGATOR WHENEVER POSSIBLE AND MUST BE FULLY COMPLETED WHEN USING THIS FORM TO CLOSE A CASE "NO RESULTS"**

Comp. Interviewed:  Yes  No In Person  By Phone  Date: [ ] Time: [ ] Results: Same as Comp Report - Different (Explain in Details): [ ]

Witness Interviewed:  Yes  No In Person  By Phone  Date: [ ] Time: [ ] Results: Same as Comp Report - Different (Explain in Details): [ ]

Canvass Conducted:  Yes  No If Yes - Make Entry in Body Re: Time, Date, Names, Addresses, Results: [ ] Crime Scene Visited:  Yes  No If Yes - Make Entry in Body Re: Time, Date, Evidence Obtained: [ ]

Complainant Viewed Photos:  Yes  Refused  Future Results: [ ]

Witness Viewed Photos:  Yes  Refused  Future Results: [ ]

Crime Scene Dusted:  Yes  No By (Enter Results in Details): [ ] Crime Scene Photos:  Yes  No By (Enter Results in Details): [ ]

If Closing Case "No Results," Check Appropriate Box and State Justification in Details:  
 C-1 Improper Referral  C-2 Inaccurate Facts  C-3 No Evidence / Can't ID  C-4 Uncooperative Complainant  C-5 "Leads" Exhausted

DETAILS: **Investigate: Private Aircraft Crash**  
**Subject: Interview of witness**

1. On today's date at approximately 1930 hours the u/s was notified by Sgt. Kristine Gosling, Commanding Officer of the Manhattan Transit Detective Squad (MTDS), via telephone at the MTDS office to respond to the Time Warner Building at 59<sup>th</sup> Street & Columbus Circle for the purpose of interviewing a witness, identified as Joanne Hartlaub, to the private plane crash



4. Ms. Hartlaub stated that at approximately 2:40 pm on today's date she was exercising on the 49<sup>th</sup> floor riding an exercise bike. She stated that the exercise bike was facing to the south and she was looking directly at the building that this incident occurred at. She further stated that she heard a loud noise and observed something falling from the sky with smoke coming from it. Ms. Hartlaub stated that to her it appeared to be a jet engine. She did not see any wings as falling debris. She stated that she did not see the aircraft prior to the incident. She then dialed 911 on her cell phone and then took the elevator down to the main lobby and started talking to the media.

5. This case is still active.

CASE:  ACTIVE  CLOSED DATE REVIEWED / CLOSED: **10/11/06** IF ACTIVE, DATE OF NEXT REVIEW: [ ]  
 REPORTING OFFICER: [ ] RANK: **Detective** SIGNATURE: [ ] NAME PRINTED: **Todd Metro** TAX REG. NO.: [ ] COMMAND: **MTDS**  
 REVIEWING / CLOSING SUPERVISOR: [ ] CASE CLOSED: [ ] ENTER DESTINATION: C OR B SIGNATURE: [ ] C.O.'s INITIALS: [ ]

LONG PINK



**COMPLAINT - FOLLOW UP.**  
**INFORMATIONAL**  
 PD 313 081A (Rev. 4-89)-31

PAGE OF PAGES

Crime	Pct. 019	OCCB No.	Complaint No.	Date of This Report 10/11/2006
Date of Orig. Report 10/10/2006	Date Assigned 10/10/2006	Case No.	Unit reporting 19 SQD	Follow-Up No.
Complainant's Name - Last, First, M.I.			Victim's Name - If Different	

Witness No. 1	Last Name, First, M.I.	Address, include City, State, Zip			Apt. No.
	Home Telephone	Business Telephone	Position / Relationship	Sex	Race
				Date of Birth	Age

Perpetrators	Total No. of Perpetrators	Wanted	Arrested	Weapon Used <input type="checkbox"/> Possessed <input type="checkbox"/>	Describe Weapon (if firearm, give color, make, calibre, type, model, etc.)
	Wanted <input type="checkbox"/>	Arrested <input type="checkbox"/>	Last Name, First, M.I.		Address, include City, State, Zip
	Sex	Race	Date of Birth	Age	Height

Perp No. 2	Wanted <input type="checkbox"/>	Arrested <input type="checkbox"/>	Last Name, First, M.I.		Address, include City, State, Zip
	Sex	Race	Date of Birth	Age	Height
	<input type="checkbox"/> Eyeglasses	<input type="checkbox"/> Sunglasses	Clothing Description, Scars, Marks, M.O., Etc. (Continue in 'Details'):		

**AREA WITHIN BOX FOR DETECTIVE / LATENT FINGERPRINT OFFICER ONLY. THIS BOX WILL BE UTILIZED BY INVESTIGATOR WHENEVER POSSIBLE AND MUST BE FULLY COMPLETED WHEN USING THIS FORM TO CLOSE A CASE "NO RESULTS"**

Comp. Interviewed	In Person	By Phone	Date	Time	Results: Same as Comp Report - Different (Explain in Details)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>

Canvass Conducted	If Yes - Make Entry in Body Re: Time, Date, Names, Addresses, Results		Crime Scene Visited	If Yes - Make Entry in Body Re: Time, Date, Evidence Obtained	
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Complainant Viewed Photos	Results:
<input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future	

Crime Scene Dusted	By (Enter Results in Details)	Crime Scene Photos	By (Enter Results in Details)
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

If Closing Case "No Results," Check Appropriate Box and State Justification in Details:

C-1 Improper Referral     C-2 Inaccurate Facts     C-3 No Evidence / Can't ID     C-4 Uncooperative Complainant     C-5 'Leads' Exhausted

**DETAILS:**

**INVESTIGATION: PLANE CRASH**  
**SUBJECT: INTERVIEW WITNESSES OF PLANE CRASH**

1. ON 10/11/06 AT 1630 HRS THE U/S AND PO RUGGIERO DID INTERVIEW A LUIS GONZALES DOB [REDACTED] CELL PHONE [REDACTED]. MR GONZALES STATES WHILE WORKING AT 524 EAST 72 ST. [REDACTED] HE SAW A WHITE PLANE COMING TOWARDS HIS WINDOW AND THAN HE HEARD A LOUD CRASH .HE STATES THE PLANE HIT BELOW THE APT HE WAS WORKING IN.

2. ON 10/11/06 AT 1700 HRS THE U/S AND PO RUGGIERO DID INTERVIEW A ROBERT MIRANDA [REDACTED] CELL PHONE [REDACTED], HOME [REDACTED]. MR MIRANDA STATES WHILE WORKING AT 524 EAST 72 ST [REDACTED] DID HEAR A PLANE WITH A VERY LOUD ENGINE AND WHEN HE LOOKED OUTSIDE HE SAW A SMALL WHITE PLANE TURNING TOWARDS THE BUILDING AND THE WINDOW WHERE HE WAS WORKING. THE PLANE CRASHED BELOW HIS APT HE WAS IN.

3. INVESTIGATION: ACTIVE

CASE <input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> CLOSED	DATE REVIEWED / CLOSED	IF ACTIVE, DATE OF NEXT REVIEW
REPORTING OFFICER: [REDACTED] RANK PO	SIGNATURE [REDACTED]	NAME PRINTED HICKS
REVIEWING / CLOSING SUPERVISOR: [REDACTED]	CASE CLOSED: [REDACTED]	TAX REG. NO. 921099
	ENTER DESTINATION C OR B	COMMAND 019
		C.O.'s INITIALS [REDACTED]





Crime INV. PLANE CRASH/DOA Pct. 019 OCCB No. Complaint No. Date of This Report 10/11/06

Date of Orig. Report 10/11/06 Date Assigned 10/11/06 Case No. 2089 Unit Reporting 19BRAM Follow-up No.

Complainant's Name - Last, First, M.I. Victim's Name - If Different

Last Name, First, M.I. FARLEY, TED Address, Include City, State, Zip Apt. No.

Home Telephone Business Telephone Position / Relationship Sex M Race WH Date of Birth Age

Total No. of Perpetrators Wanted Arrested Weapon Describe Weapon (If firearm, give color, make, calibre, type, model, etc.)

Wanted Arrested Last Name, First, M.I. Address, Include City, State, Zip Apt. No. Res. Pct.

Sex Race Date of Birth Age Height Weight Eye Color Hair Color Hair Length Facial Hair NYSID No.

Eye-glasses Sunglasses Clothing Description, Scars, Marks, M.O., Etc. (Continue in "Details")

Wanted Arrested Last Name, First, M.I. Address, Include City, State, Zip Apt. No. Res. Pct.

Sex Race Date of Birth Age Height Weight Eye Color Hair Color Hair Length Facial Hair NYSID No.

Eye-glasses Sunglasses Clothing Description, Scars, Marks, M.O., Etc. (Continue in "Details")

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Comp. Interviewed In Person By Phone Date Time Results: Same as Comp. Report - Different (Explain in Details)

Witness Interviewed In Person By Phone Date Time Results: Same as Comp. Report - Different (Explain in Details)

Canvass Conducted If Yes - Make Entry in Body Re: Time, Date, Names, Addresses, Results Crime Scene Visited If Yes - Make Entry in Details Re: Time, Date, Evidence Obtained

Complainant Viewed Photos Results: Witness Viewed Photos Results:

Crime Scene Dusted By (Enter Results in Details) Crime Scene Photos By (Enter Results in Details)

If Closing Case "No Results," Check Appropriate Box and State Justification in Details: C-1 Improper Referral C-2 Inaccurate Facts C-3 No Evidence / Can't ID C-4 Uncooperative Complainant C-5 "Leads" Exhausted

DETAILS:

INVESTIGATION: INV. PLANE CRASH  
SUBJECT: WITNESS INTERVIEW  
CASE STATUS: ACTIVE

1. ON THIS DATE AT 1530HRS THE U/S DID INTERVIEW A MR. TED FARLEY WHO STATES IN SUM/SUBSTANCE THAT HE WAS WORKING ON THE 46TH FLOOR AND SAW A PLANE EYE LEVEL. PLANE WAS ROCKING FROM SIDE TO SIDE. HE STATES THAT THE PLANE WAS ABOUT FOUR HUNDRED FEET AWAY FROM THE BIULDING AND IT WAS ROCKING/HE THOUGHT THAT THE PLANE WAS GOING TO HIT HIS FLOOR BUT THE PLANE SUDDENLY DROPPED WHEN IT WAS ABOUT 40FT AWAY FROM THE BIULDING AND THEN THE PLANE HIT THE BIULDING UNDER HIS FLOOR. HE STATES THAT HE HEARD THE PLANES PROPELLER THEN IT WAS ROCKING BACK/FORTH AND THEN IT DIPPED AND HIT THE BIULDING.

2. INVESTIGATION CONTINUES

CASE ACTIVE  CLOSED  DATE REVIEWED / CLOSED 10/11/06 IF ACTIVE, DATE OF NEXT REVIEW

REPORTING OFFICER: PO SIGNATURE: [Signature] NAME PRINTED: ARIANO TAX REG. NO. COMMAND: 19BRAM

REVIEWING / CLOSING SUPERVISOR: CASE ENTER DESIGNATION: CLOSED: C OR B SIGNATURE: [Signature] C.O.'s INITIALS: [Initials]



**COMPLAINT - FOLLOW UP INFORMATIONAL**  
 PD 313 081A (Rev. 4-89)-31

Crime: **Plane Crash** Pct: **19** OCCB No.: [ ] Complaint No.: [ ] Date of This Report: **10/11/06**

Date of Orig. Report: **10/11/06** Date Assigned: **10/11/06** Case No.: [ ] Unit reporting: **25 sqd** Follow-Up No.: [ ]

Complainant's Name - Last, First, M.I.: **PSNY** Victim's Name - If Different: [ ]

Witness No 1: Last Name, First, M.I.: [ ] Address, include City, State, Zip: [ ] Apt. No.: [ ]  
 Home Telephone: [ ] Business Telephone: [ ] Position / Relationship: [ ] Sex: [ ] Race: [ ] Date of Birth: [ ] Age: [ ]

Total No. of Perpetrators: [ ] Wanted: [ ] Arrested: [ ] Weapon Used:  Possessed:  Describe Weapon (if firearm, give color, make, calibre, type, model, etc.): [ ]

Perpetrator 1: Wanted:  Arrested:  Last Name, First, M.I.: [ ] Address, include City, State, Zip: [ ] Apt. No.: [ ] Res. Pct.: [ ]  
 Sex: [ ] Race: [ ] Date of Birth: [ ] Age: [ ] Height: [ ] Weight: [ ] Eye Color: [ ] Hair Color: [ ] Hair Length: [ ] Facial Hair: [ ] NYSID No.: [ ]

Eyeglasses  Sunglasses Clothing Description, Scars, Marks, M.O., Etc. (Continue in "Details"): [ ]  
 Nickname, First Name, Alias: [ ]

Perpetrator 2: Wanted:  Arrested:  Last Name, First, M.I.: [ ] Address, include City, State, Zip: [ ] Apt. No.: [ ] Res. Pct.: [ ]  
 Sex: [ ] Race: [ ] Date of Birth: [ ] Age: [ ] Height: [ ] Weight: [ ] Eye Color: [ ] Hair Color: [ ] Hair Length: [ ] Facial Hair: [ ] NYSID No.: [ ]

Eyeglasses  Sunglasses Clothing Description, Scars, Marks, M.O., Etc. (Continue in "Details"): [ ]  
 Nickname, First Name, Alias: [ ]

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Comp. Interviewed:  Yes  No In Person:  By Phone:  Date: [ ] Time: [ ] Results: Same as Comp Report - Different (Explain in Details): [ ]

Witness Interviewed:  Yes  No In Person:  By Phone:  Date: [ ] Time: [ ] Results: Same as Comp Report - Different (Explain in Details): [ ]

Canvass Conducted:  Yes  No If Yes - Make Entry in Body Re: Time, Date, Names, Addresses, Results: [ ] Crime Scene Visited:  Yes  No If Yes - Make Entry in Body Re: Time, Date, Evidence Obtained: [ ]

Complainant Viewed Photos:  Yes  Refused  Future Results: [ ]

Witness Viewed Photos:  Yes  Refused  Future Results: [ ]

Crime Scene Dusted:  Yes  No By (Enter Results in Details): [ ] Crime Scene Photos:  Yes  No By (Enter Results in Details): [ ]

If Closing Case "No Results," Check Appropriate Box and State Justification in Details:  
 C-1 Improper Referral  C-2 Inaccurate Facts  C-3 No Evidence / Can't ID  C-4 Uncooperative Complainant  C-5 "Leads" Exhausted

**DETAILS:**

**Investigation: Plane Crash**  
**Subject: Canvass of Media Trucks for possible witnesses.**

1. On 10/11/06 the u/s did speak with Tim Minton of News channel 4. The u/s did ask Mr. Minton if he had spoken to anyone who witnessed this plane crash. Mr. Minton did give the u/s the name of an NBC employee by the name of Alexandra Wallace. [REDACTED]

2. The u/s also spoke with NBC News reporter Pei-sze Cheng. Ms. Cheng told the u/s that she interviewed a male by the name of Louis Gonzalez who was working in the bldg when the plane struck the bldg. She stated that he told her he was working above the crash and escaped down in the elevator. [REDACTED]

4. Case Active...

CASE:  ACTIVE  CLOSED DATE REVIEWED / CLOSED: **10/11/06** IF ACTIVE, DATE OF NEXT REVIEW: [ ]  
 REPORTING OFFICER: **Det** RANK: [ ] SIGNATURE: [ ] NAME PRINTED: **Koprowski** TAX REG. NO.: [ ] COMMAND: **25 sqd**  
 REVIEWING / CLOSING SUPERVISOR: [ ] CASE CLOSED:  ENTER DESTINATION: **C** OR **B** SIGNATURE: [ ] C.O.'S INITIALS: [ ]

LONG PINK