

Docket No. SA-520

Exhibit No. 4-G

NATIONAL TRANSPORTATION SAFETY BOARD

Washington, D. C .

**Statement of
K. tePass**

(4 Pages)

**STATEMENT OF
KIMBERLY te PASS**
[REDACTED]
PORT HUENEME, CA 93035

On February 2, 2000, about 1100 hours Pacific standard time, Mrs. te Pass was interviewed by the National Transportation Safety Board Witness Group. In summary, she made the following statements:

At 1600 on January 31, 2000, I was cleaning my house and thought it would be nice to take pictures outside. I looked at the clock on the microwave and it was approximately 1615. (On February 2, 2000, the Safety Board Witness Group observed the microwave in Mrs. te Pass's kitchen. She indicated that she had not reset its electronic clock. The time the clock displayed was observed to be within about 2 minutes of the correct time.)

I then walked to a nearby beach which took less than 1 minute. (The Safety Board Group went with Mrs. te Pass to the approximate location where she had taken photographs while located on the Silver Strand Beach. The beach is located within about 1/16-mile from her residence.)

I took 6 pictures with my Samsung Impax 200I camera which was equipped with an auto-macro 28-60 mm zoom lens. Picture frames #15 through #20 were taken. I did not see or hear anything unusual. During this period I did not observe any airplanes or any change in the weather. I saw birds and the sun setting. To take these pictures required 10 to 15 minutes. The entire process from the time I left my house to the time I returned lasted approximately 20 to 25 minutes.

Later that afternoon I finished taking pictures in the roll of film so that I could have it developed immediately. The roll was developed by a local store. The next day I picked up the pictures and showed them to my husband who is a commercial pilot and certified flight instructor. He saw a dark object on frame #19 and was pretty sure it was an airplane. I called the authorities. On February 1, 2000, I gave the negatives and picture from frame #19 to the Ventura County Sheriff's Department.

[REDACTED SIGNATURE]
Kimberly te Pass

1 CONNECTING REPORT NUMBERS		2 R.D. 3321		3 BEAT 3D3		4 RB NUMBER 00-9961													
<input type="checkbox"/> CRIME <input checked="" type="checkbox"/> INCIDENT <input type="checkbox"/> SUPPLEMENTAL <input type="checkbox"/> CASE CLEARED <input type="checkbox"/> _____				6 <input type="checkbox"/> DOMESTIC <input type="checkbox"/> CHILD ABUSE <input type="checkbox"/> HATE <input type="checkbox"/> GANG <input type="checkbox"/> ELDERLY ABUSE <input type="checkbox"/> _____															
7 CODE SECTION / DESCRIPTION (INCIDENT) ALASKA INCIDENT - AIRPLANE CRASH			9 CLASS. <input type="checkbox"/> Misd. <input type="checkbox"/> Fel.	9 CODE SECTION / DESCRIPTION (<input type="checkbox"/> Reclassify To)			10 CLASS. <input type="checkbox"/> Misd. <input type="checkbox"/> Fel.												
11 CODE SECTION / DESCRIPTION (INCIDENT) -			12 CLASS. <input type="checkbox"/> Misd. <input type="checkbox"/> Fel.	13 CODE SECTION / DESCRIPTION (<input type="checkbox"/> Reclassify To)			14 CLASS. <input type="checkbox"/> Misd. <input type="checkbox"/> Fel.												
15 OCCURRED FROM		MO. DAY YR. TIME		16 DOW		17 OCCURRED TO		18 DOW											
01		31 00 1649		MON															
19 LOCATION OF OFFENSE / INCIDENT ADDRESS CITY STATE ZIP																			
7.5 MILES / PACIFIC OCEAN W/O PORT HUENEME CA.																			
20 CODE: V-VICTIM W-WITNESS R-REPORTING PARTY F-FINDER O-OWNER P-PARTY																			
21 CODE	22 NAME (Last, First, Middle, Gen.) / FIRM NAME			AKA / Moniker	RACE	SEX	27 HAIR												
FI	TE PASS, KIMBERLY ELIZABETH				W	F	BL												
31 RESIDENCE ADDRESS / (<input type="checkbox"/> Same as Box # _____) CITY STATE ZIP																			
[REDACTED] OXNARD CA. 93030																			
33 BUSINESS / SCHOOL NAME ADDRESS / (<input type="checkbox"/> Same as Box # _____) CITY STATE ZIP																			
-																			
35 OCCUPATION (<input type="checkbox"/> STUDENT)			36 DAYS OFF		37 WORK HRS		38 INTERPRETEI												
-																			
40 VEH. LIC. NO. / STATE		41 VEH. COLOR / YEAR / MAKE / MODEL / BODY STYLE		42 OTHER CHAR															
-																			
E	44 NAME (Last, First, Middle, Gen.) / FIRM NAME			AKA / Moniker	RACE	SEX	47 HT	48 WT	49 HAIR	50 EYES	51 DOB	52 AGE							
53 RESIDENCE ADDRESS / (<input type="checkbox"/> Same as Box # _____) CITY STATE ZIP										54 RESIDENCE PHONE									
55 BUSINESS / SCHOOL NAME ADDRESS / (<input type="checkbox"/> Same as Box # _____) CITY STATE ZIP										56 BUSINESS PHONE									
57 OCCUPATION (<input type="checkbox"/> STUDENT)										58 DAYS OFF		59 WORK HRS		60 INTERPRETER		61 OPERATOR'S LIC. NO. / STATE			
62 VEH. LIC. NO. / STATE										63 VEH. COLOR / YEAR / MAKE / MODEL / BODY STYLE		64 OTHER CHARACTERISTICS / VIN NO.							
65 ARSON										66 BURGLARY		68 THEFT		70 FORCE / WEAPON		72 SPECIAL INTEREST			
<input type="checkbox"/> Single Fam. Resd. <input type="checkbox"/> Inhabited <input type="checkbox"/> Uninhabited <input type="checkbox"/> Storage <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Other Structure <input type="checkbox"/> Public Place <input type="checkbox"/> Vehicle <input type="checkbox"/> Unlawful Fire <input type="checkbox"/> Forest <input type="checkbox"/> Injury Occurred <input type="checkbox"/> Other										<input type="checkbox"/> Residential <input type="checkbox"/> Vehicle <input type="checkbox"/> Commercial <input type="checkbox"/> Other		<input type="checkbox"/> Auto Parts <input type="checkbox"/> Bicycle <input type="checkbox"/> From Bldg. <input type="checkbox"/> Coin Machine <input type="checkbox"/> From Person <input type="checkbox"/> From Vehicle <input type="checkbox"/> Purse Snatch <input type="checkbox"/> Shoplift <input type="checkbox"/> Other		<input type="checkbox"/> No Force <input type="checkbox"/> No Weapon <input type="checkbox"/> Verbal Only <input type="checkbox"/> Attempt Only <input type="checkbox"/> Great Bodily Injury <input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Hands/Fists/Feet <input type="checkbox"/> Other		(Copy to Agency/Unit) <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Sex Crime <input type="checkbox"/> Child Abuse <input type="checkbox"/> PSSA <input type="checkbox"/> Gang Related <input type="checkbox"/> Hate Crime <input type="checkbox"/> Agricultural <input type="checkbox"/> Probation <input type="checkbox"/> Parole <input type="checkbox"/> Other			
67 ROBBERY										69 VALUE / DOLLAR LOSS		71 DOMESTIC VIOLENCE / SEX / HATE CRIMES							
<input type="checkbox"/> Bank <input type="checkbox"/> Chain Store <input type="checkbox"/> Commercial <input type="checkbox"/> Gas Station <input type="checkbox"/> Highway <input type="checkbox"/> Residence <input type="checkbox"/> Other										\$ _____ VALUE / DAMAGE LOSS \$ _____		<input type="checkbox"/> D.V. and/or S. A. Pamphlet given to: <input type="checkbox"/> Victim <input type="checkbox"/> P-1 <input type="checkbox"/> P-2 <input type="checkbox"/> Pursuant to Sec. 6254 G.C., victim of D.V., Sex or Hate Crime requests their name be <u>withheld</u> from the public. <input type="checkbox"/> YES <input type="checkbox"/> NO							
73 DATE AND TIME REPORTED		74 DATE / TIME OF REPORT		75 REPORTING OFFICER / ID NO. / DIV. / UNIT			76 APPROVED BY / ID NO.												
2-1-00 2030		2-1-00 2030		THERRIEN 1384 EAST CO. TRAFFIC			[Signature]												
77 COPIES TO <input type="checkbox"/> DET/MC <input type="checkbox"/> NARC <input type="checkbox"/> GANG/SED <input type="checkbox"/> STATS <input type="checkbox"/> PRESS <input type="checkbox"/> DOJ <input type="checkbox"/> COURT <input type="checkbox"/> OTHER																			

77 ADDITIONAL NAME (Complete Form PA057/3)

81 NAME (Last, First, Middle, Gen.) / FIRM NAME	AKA / Moniker	RACE 82	SEX 83	84 HT	85 WT	86 HAIR	87 EYES	88 DOB	89 AGE
90 RESIDENCE ADDRESS / (<input type="checkbox"/> Same as Box _____) CITY STATE ZIP							91 RESIDENCE PHONE ()		
92 BUSINESS / SCHOOL NAME ADDRESS / (<input type="checkbox"/> Same as Box _____) CITY STATE ZIP							93 BUSINESS PHONE ()		
94 OCCUPATION (<input type="checkbox"/> STUDENT)			95 DAYS OFF	96 WORK HRS	97 INTERPRETER		98 OPERATOR'S LIC. NO. / STATE		
99 VEHICLE LIC. NO. / STATE		100 VEH. COLOR / YEAR / MAKE / MODEL / BODY STYLE				101 OTHER CHARACTERISTICS / VIN NO.			

102 DOMESTIC VIOLENCE (PC 13700, 13730) COMPLETE #70 & 71 ON FRONT PAGE

103 RESPONDED TO A CALL INVOLVING A DOMESTIC INCIDENT:

Parties involved are described in 13700 (B) PC and

Incident was verbal only, no evidence of crime, physical violence or traumatic condition existed. (brief narrative required) or

A misdemeanor (_____ PC) occurred and no prosecution was desired by any involved party.

A felony A misdemeanor arrest was made for (_____ PC)

104 RELATIONSHIP OF PARTIES

SPOUSES FORMER SPOUSES

DATING/ ENGAGED FORMER DATING

COHABITANTS FORMER COHABITANT

PARENTS OF CHILD FROM RELATIONSHIP

105 # OF PRIOR RESPONSES? _____
 ALCOHOL/DRUG USE BY ABUSER? Yes No

106 BICYCLE INFORMATION

107 STOLEN LOST (Safekeeping, Found, Recovered, Evidence, use Property / Evidence Report)

108 <input type="checkbox"/> Boys <input type="checkbox"/> ATB <input type="checkbox"/> Road <input type="checkbox"/> Hybrid <input type="checkbox"/> Girls <input type="checkbox"/> Juv. <input type="checkbox"/> BMX <input type="checkbox"/> Cruiser	COLOR 109	110 MAKE / MODEL	FRAME SIZE 111	WHEEL SIZE 112	GEARS 113	114 SERIAL NUMBER
115 LICENSE NO. / CITY	116 ADDITIONAL EQUIPMENT OR IDENTIFYING CHARACTERISTICS				117 VALUE	

118 NARRATIVE (Crime report, include brief description below (establishing elements of crime). Use Narrative Report for details of crime. List stolen / lost property (use format below). Enter total value/dollar loss on 100. All suspect information on Suspect Report.)

PROPERTY CLASSIFICATION CODES			PROPERTY CODES							
SP - STOLEN PROPERTY LP - LOST PROPERTY			A - CURRENCY / NOTES	D - VEHICLE	G - FIREARMS	J - LIVESTOCK				
			B - JEWELRY / PRECIOUS METALS	E - OFFICE EQUIPMENT	H - HOUSEHOLD GOODS	K - MISCELLANEOUS				
			C - CLOTHING / FURS	F - ELECTRONIC EQUIPMENT	I - CONSUMABLE GOODS					
120 CODE	121 ITEM	122 QTY.	123 ITEM NAME	124 BRAND / MAKE MANUFACTURER	125 MODEL / NAME OR NUMBER	126 MISC. DESCRIPTION	127 IDENTIFICATION / SERIAL NUMBER	128 VALUE		
/			SOURCE OF ACTIVITY: SERGEANT GALANTE AND I WERE TOLD TO CONTACT, FI KIMBERLY TEPASS, WHO RESIDES ON [REDACTED] REGARDING A POSSIBLE PHOTOGRAPH SHE HAD IN HER POSSESSION.							
/			STATEMENT OF FI KIMBERLY TEPASS: SERGEANT GALANTE AND I CONTACTED TEPASS AT HER RESIDENCE ON 21-00 @ 2030 HOURS. TEPASS SAID SHE WAS TAKING PHOTOGRAPHS OF THE OCEAN WITH HER NEW CAMERA. TEPASS SAID SHE WAS STANDING AT THE "LAJANELLE PARK" WHEN THE PHOTOGRAPH WAS TAKEN. TEPASS SAID SHE HAD NO IDEA AN AIRPLANE HAD CRASHED. TEPASS SAID SHE HAD THE FILM DEVELOPED AND HER HUSBAND, UDO TEPASS, NOTICED THAT THEY POSSIBLY PHOTOGRAPHED THE AIRPLANE THAT WENT							


NARRATIVE REPORT VENTURA COUNTY SHERIFF'S DEPARTMENT

Page 3 of 3 Continuation

AGENCY IDENTIFIER CA0560000

1 R.D. 3321	2 BEAT 303	3 RB NUMBER 00-9961
----------------	---------------	------------------------

4 CODE	5 ITEM	6 QTY.	7 ITEM NAME	8 BRAND / MAKE MANUFACTURER	9 MODEL NAME OR NUMBER	10 MISC. DESCRIPTION	11 IDENTIFICATION / SERIAL NUMBER	12 VALUE
/			DOWN.					
/			THE TEPASS'S WERE VERY COOPERATIVE AND WERE WILLING TO GIVE THE NEGATIVES TO THE FBI & NTSB.					
/			NOTE: THE PHOTOGRAPH WAS RELEASED TO NTSB, DICK RODRIGUEZ, AT 2230 HOURS.					
/			AT 2215 HOURS SERGEANT GALANTE RECONTACTED FI-TEPASS AND COLLECTED THE FILM/NEGATIVES AND THE SECOND PHOTOGRAPH. BOTH WERE GIVEN TO COMMANDER DEAN.					

13 DATE / TIME OF REPORT 2-1-00 2030	14 REPORTING OFFICER / ID NO / DIV / UNIT THERRIEN 1384 EAST CO. TRAFFIC	15 APPROVED BY / ID NO  / 006
---	---	---