

STATE OF CALIFORNIA
CRIME / INCIDENT REPORT
PART C-STAFF REPORT
 CDCR 837-C (REV. 10/06)

PAGE 1 OF 1 INCIDENT LOG NUMBER [REDACTED]

NAME: LAST CUEVAS FIRST J MI J INCIDENT DATE 8-16-15 INCIDENT TIME 1105

POST # 201082 POSITION VR YEARS OF SERVICE 1 YEARS 8 MONTHS DATE OF REPORT 8-16-15 LOCATION OF INCIDENT C-PLAZA

RDO'S VARIES DUTY HOURS 0600-1400 DESCRIPTION OF CRIME / INCIDENT AIR PLANE CRASH / POWER OUTAGE CCR SECTION / RULE N/A (A)

YOUR ROLE	WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OHER)	INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)
<input type="checkbox"/> PRIMARY <input type="checkbox"/> RESPONDER <input checked="" type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM <input type="checkbox"/> CAMERA <input type="checkbox"/> SCRIBE		

FORCE USED BY YOU	FORCE USED BY YOU - TYPE OF WEAPON / SHOTS FIRED / FORCE			
<input type="checkbox"/> WEAPON <input type="checkbox"/> PHYSICAL <input type="checkbox"/> CHEMICAL <input checked="" type="checkbox"/> NONE	<input type="checkbox"/> N/A FORCE: <input type="checkbox"/> EXPANDABLE BATON <input type="checkbox"/> PHYSICAL FORCE <input type="checkbox"/> X-10	WEAPON <input type="checkbox"/> MINI 14 <input type="checkbox"/> 38 CAL <input type="checkbox"/> 9 MM <input type="checkbox"/> SHOTGUN	WARNING _____ _____ _____	EFFECT _____ _____ _____
<input type="checkbox"/> WEAPON <input type="checkbox"/> PHYSICAL <input type="checkbox"/> CHEMICAL <input checked="" type="checkbox"/> NONE		LAUNCHER <input type="checkbox"/> 37MM <input type="checkbox"/> L8 <input type="checkbox"/> 40MM <input type="checkbox"/> 40 MULTI <input type="checkbox"/> HFWRS	CHEMICAL /TYPE : <input type="checkbox"/> N/A <input type="checkbox"/> OC <input type="checkbox"/> CN <input type="checkbox"/> CS <input type="checkbox"/> OTHER	

EVIDENCE COLLECTED BY	EVIDENCE DESCRIPTION	EVIDENCE DISPOSITION	BIO HAZARD	PPE
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

REPORTING STAFF INJURED	DESCRIPTION OF INJURY	LOCATION TREATED (HOSPITAL / CLINIC)	FLUID EXPOSURE	SCIF 3301 /3067 COMPLETED
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> BODILY <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

NARRATIVE:
 ON AUG 16, 2015 AT APPROXIMATELY 1105 HOURS, WHILE ASSIGNED TO C-PLAZA GATE OFFICER. I NOTICED TWO AIRCRAFTS FLYING WHAT SEEM TO BE THE SAME ALTITUDE AND FLYING TOWARDS EACH OTHER. THE PRIVATE JET WAS FLYING THE DIRECTION OF BROWN FIELD AIRPORT AND LOWERING HIS ALTITUDE. THE SMALL JET WAS COMING FROM THE DIRECTION OF BROWN FIELD AIRPORT. NEITHER AIRCRAFT SEEM TO SEE EACH OTHER DUE TO THE FACT THAT NEITHER ATTEMPTED TO AVOID THE COLLISION. THE SMALL JET COLLIDED WITH THE RIGHT WING OF THE BIGGER JET WHICH CAUSED AN EXPLOSION OF THE SMALL JET. THE SMALL JET DISINTEGRATED IN THE AIR AND THE LARGER PRIVATE JET LOST HIS RIGHT WING AND SLOWLY TILTED LEFT AND TOOK A NOSE DIVE AND EXPLODED ON IMPACT. THERE WAS A LOUD BOOM AND BLACK SMOKE.

CHECK IF NARRATIVE IS CONTINUED ON PART C-1

SIGNATURE <u>[REDACTED]</u>	TITLE <u>C/O</u>	BADGE # <u>[REDACTED]</u>	ID# <u>[REDACTED]</u>	DATE <u>8-16-15</u>
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE) <u>Moore Sgt</u>	DATE RECEIVED <u>8/16/15</u>	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE <u>8/16/15</u>

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Officer Cuevas

Officer spot
Prison

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from
Patricia work

~~Sabuelines~~
C-112

Explosion Fine dust
on contact.

Wreckage

Brown Field