ORLA	ANDO POLIC	E DEPARTME	NT	Case #: 2019	5-119183
Date of M Statement:	Ionthia 3 Day: 22	Year: 5 Time: 607		SANOTE CONTRACTOR OF THE PROPERTY OF THE PROPE	
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Date of M	lonth: Day:		Suspect (last, first, middle):	Please fill out in f	ull detail
Offense: Location of Offen	03 22		NIA		
	TOO BLOCK	Alba	# 		District: C
Person Code:	Name (last, first, middle):	Dave, willie	Eur Ag	60	Race:   Sex:
	Address Residence			Zip: 32854	Pho
W/-	Address Business:	U		Zip:	Phone:
S <b>V</b> 2 13	Email Address:		<u></u>		
Type of ID shown	K FIDI		ID# if applicable:		
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		efit, or favor by any person	do hereby vo	untarily make the fo	llowing statement
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Sworn to and subse	cribed before me, this@ day	of March 2015			
	-1711		I swear/affirm the above true.	e and/or attached s	tatements are correct and
Notary Public	Law Enforcement Officer	l New Year	The state of the s		
Personally Known		,	Signatu		
. Grootially Millowit	Produced Identification	Туре			
My signature belo for the alleged c	ow means that I refuse to prose	cute the person(s) named above of the property under my control.	Victim Rights Booklet prov		Noger
	The state of the s	property under my contion.	I will testify in court and pr		Initials:
Signature		Date	Miranda Warni Yes 🗅	ng Read? No.□	Page / of /
	opolicy prohibits use of this section 10 A Rev. 9/23/12	n in domestic violence cases.)  White: State Attorne			

ORLANDO POLICE DEPART	MENT Case #: 110 000
	2015 111/03
Offense:	Statement
Date of Month: Day: Year: Time:	Please fill out in full detail
Offense: Jack Jack Jack Jack Jack Jack Jack Jack	Suspect (Last, First Middle):
Location of Offense:	
Person Code: Name (Last First Middle):	District: 7. 3
Person Code: Name (Last, First Middle): Blomaust	Family Age: Sex:
Address (Street A	
Residence: Address (Street A	Zip: 32804
Business:	Zip: Prione:
Email Address:	
Type of ID shown:	ID# if applicable;
FZ DZ	10m ii applicable
Without the Many Blonguist	
without threat, coercion, offer of benefit, or favor by any pe	do hereby voluntarily make the following statement
. 4	
I was leaving my h	0 4
	Duse on Boardman Street heading
Morth on Edgewater I	oñve.
I saw a black	nelizabler with the propeller
running coming dow	THE PROPERTY OF THE PROPERTY O
1-padisky	n very quickly at a
heralty horth past	towards Soville Street.
The helipon	er was facing downwards
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andel if	Description of the second
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- Chew in	nmediately that it
was headed for	nomes + called the
police in and tol	THE CALLED TYPE
and possed	a them what we had
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My Clopus or	Auck Smoke.
A	
70 XW 100 - 207	
22 N I	
Sworn to and subscribed before me, this 22 day of March . 201	
17/11	I swear/affirm the above and/or attached statements are correct and
	true,
Notary Public 🗆 Law Enforcement Officer 🗆 Name Key 1248	
Personally Known □ Produced Identification □ Type	
My signature below means that I refuse to prosecute the person(s) named about for the alleged crime(s) that occurred to the second to the person of the pers	ve Victims' Rights Booklet provided? Yes □ No □
for the alleged crime(s) that occurred to me or to the property under my control	I will testify in court and
Signature	
Date (Departmental policy prohibits use of this section in domestic violence cases.)	Miranda Warning Read?  Yes □ No □ Pageof
OPD P&P 1113:12 A Rev. 8/20/14 White: State Attorn	100
TIME, State ALLON	ney Yellow: Records

		COLICI	E DEPARTME	NT	Case #:	19183	
Date of Statement:	Month:	Day:	Year: Time: 1530		Statem		
Offense:	iroluna	CRAS					
	Nonth:	Day:	Year: Time:≥150	Suspect (last, first, middle):	Please fill out in	tuli detail	
Location of Offer		120	2012 5160				
Location of Offer	722		eda 87.			District: C	-3
Person Code:	Name (last, fi	rst, middle):	The	Ag	e: IDOR-	Race:	Sex:
	Address	164		20 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	lip:	Phone:	] F
<	Residence: Address				ip: 37% l Zip:		
	Business: Email Address	6.			Laip.	Phone:	
Type of ID above		2.					
Type of ID show	n:		*	ID# if applicable:	Maria a resulting		***
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without thr	eat, coercion,	offer of bene	favor by any persor	s whomsoever.	luntarily make the f	ollowing statemen	t i i i i i i i i i i i i i i i i i i i
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7 10,22			**	V-102 102			
Sworn to and subs	cribed before me,	this 22 day of	of Meacu Zolo				
	*			swear/affirm the abov	e and/or attached s	tatements are co	real and
-				true.			ired and
Notary Public	Law Enforcer	ment Officer	Marme/Key	Signature:			
Personally Known	☐ Produced (e	dentification	Туре				
V 80 100 100	7.22.						
My signature bel for the alleged of	ow means that I r crime(s) that occur	efuse to prosecu rred to me or to t	te the person(s) named above the property under my control.	Victim Rights Booklet prov		Note	
			. , ,,,	I will testify in court and pr		Initials:	
Signature	d nollow t " "		Date	Miranda Wamii Yes □	ng Read? No <b>Ş</b> a	Page	of )
OPD P&P 1113			n domestic violence cases.)				7

Date of	Month:	POLICE D		=IN I	Case #: 2015	- 60119183
tatement:		Day: Year:	5 / 1/35		Statem	
ffense:	Aviation	Acc. dut		1	Please fill out in f	
ate of ffense:	Month:	Day: Year: 22 15	Time:215	Suspect (last, first, m	iddle):	
cation of C		12 01	1 6 1	Larry		District: O = 1
erson Code	: Name (last.	first, middle):	medic > +	-	Age: / IDOB:	
	Address	Fine	ch. Como	E Carole	60	Race: Sex:
, 1	Residence:				32804	
W	Address Business:				Zip:	mono.
	Email Addre	SS:		· · · · · · · · · · · · · · · · · · ·		
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				true.	e above and/or attached s	tatements are correct ar
otary Public	☐ Law Enforce	ement Officer D Na	me Key			
ersonally Kno	2		A STATE OF THE STA	Signatur		SEP
o.oo.iany Mic	mi Li Flouuced	I Identification   Type	-	P		A SUPPLICATION
Y	below means that	I refuse to prosecute the p	erson(s) named above	Victim Rights Book	klet provided? Yes □	No □
My signature	eu crime(s) that occ	curred to me or to the prop	erty under my control	and the second s		
My signature for the alleg	2.00		only and on my dankon	I will testify in court	and prosecute criminally.	Initials:
or the alley				Miranda	and prosecute criminally.  Warning Read?	Initials:
ignature_		use of this section in domes	Date		Warning Read?	Initials:

ORLANDO POLICE DEPARTME	NT   Case #: 7015 - 001/9/63				
Date of Month: Day: Year: Time:	L 2013 - UUTI 1183				
Offense: /	Statement				
Date of Month: Day: Year: Time: 2/6	Please fill out in full detail Suspect (last, first, middle):				
Offense: 3 ZZ 15 216	and the state of t				
Location of Offense: 1722 Alarmeda St	District: C-3				
Person Code: Name (last, first, middle);	Age: Race: Sex:				
Address	Zip:				
Residence: Address	Zip: 32804 Zip:				
Business: Email Address:	ζ				
Type of ID shown;					
SSUMMUPS THE ATTENDANT OF THE PROPERTY OF THE	ID# if applicable:				
	do nereby voluntarily make the following statement				
without threat coercion offenot benefit ion avortay any persons	swhomsoeven				
	droom with her at the time of				
the Crash. I was in the ba	throom at the time curling my				
hair when I heard the cu	ash. I ran outside onto the patio				
and saw smoke and leaves	flying through the air. I yelled				
to my grandmother who was					
What happened. I then van					
014					
	A THE COOLO				
1 1 - 1 . love 1 U . I	de ICIC				
C	THE WALL WILL THEIGHDOYS				
,	The tractiful a stiff				
The state of the s	govern 110000 Miles				
to put out the fire on the	ground but the fire inside the				
garage apartment was growing	g. I made Sure myself and my				
family members were out of	the house and the firemen of				
police had arrived.					
Sworn to and subscribed before me, this 22nd day of March 15					
AA	I swear/affirm the above and/or attached statements are correct and a				
	(rue)				
Notary Public ☐ Law Enforcement Officer ☐ Name Key	Signature:				
Personally Known  Produced Identification  Type					
May signature below means that I was					
My signature below means that I refuse to prosecute the person(s) named above for the alleged crime(s) that occurred to me or to the property under my control.	Victim Rights Booklet provided? Yes □ No □				
	I will testify in court and prosecute criminally. Initials:  Miranda Warning Read?				
SignatureDate	Yes No D Pageof				
(Departmental policy prohibits use of this section in domestic violence cases.)  OPD P&P 1113.10 A Rev. 9/23/12 White: State Attorney					

ORLANDO POLICE DEPARTME	NT Case #: 2015-119183
Date of Month: 3 Day: 22 Year: Time: 314	20/3 (1105)
Offense: Airplane, Crash	Statement
Offence:   Vear:   Ime: 215	Please fill out in full detail Suspect (last, first, middle):
Offense: 3 22 15 2165 Location of Offense:	
122 Alameda St.	District: - 3
Person Code: Name (last, first, middle):	Age: Race: Sex:
Address	Zip:
Residence: Address	3 ≥ 8 ⇔       Zip:
Business Creed Ac	32,801
that I	
Type of ID shown:	ID# if applicable;
I, PHILLIP R. FINCH	, do hereby voluntarily make the following statement
without threat, coercion, offer of benefit, or favor by any persons	s whomsoever.
WAS IN FAMILY ROOM, HEAVED EXPLOSION, RAN	TO BACK DOOR, SAW FLAMES IN 2 BEHIND CHANGE APT.
CHECKED THAT WIFE ( IN POOR ANEA) WAS OR, WISH	T MISING TO CALL 911, GRANDDAUGHTER HAD ALAGADY
DONE SO, WENT OUTSIDE TO TURN ON HOSE TO FE	GHT FIRE, INSIDE TO SELLAND DOGS, FINEFICATERS
Annued	The first to second year, fine feet to
*******	
	2
William Control of the Control of th	
Sworn to and subscribed before me, this 22 nd day of March 5	
LI day or Those or	I swear/affirm the above and/or attached statements are correct and
	true.
Notary Public   Law Enforcement Officer 10 Name Key	Signature
Personally Known D Produced Identification Type FL. OL.	Signature
My signature below means that I refuse to prosecute the person(s) named above for the alleged crime(s) that occurred to me or to the property under my control.	Victim Rights Booklet provided? Yes Sd No □
	I will testify in court and prosecute criminally. Initials: N/A
Signature Date	Miranda Warning Read? Yes □ No   Page □ of
(Departmental policy prohibits use of this section in domestic violence cases.)	

The same of the sa	ANDO POLICE DEPAR	RTME	VT Case #,	-615	119183
Date of M Statement:	onth: 3 Day: Year: Time:	:		-	
Offense:	. 1	30	Stat	em	ent
	onth: Day: Year: Time:		Please fill	out in fu	II detail
Offense:	3 22 15 2	17 PS	uspect (last, first, middle):		
Location of Offen	Alameda St.		<del></del>	K	District:
Person Code:	Name (last, first, middle): 12 urtz, Carbline		Age: 1 6		Race: Sex:
101	Address Residence:	t Min to de	IZ.ID:		
VV	Address		32.80 Zip:	94	Edous,
	Business:				
	Email Address:				
Type of ID shown		10 Sec-128-144-144	ID# if applicable:		
I, <u>Car</u> without thre	caline Kurtz eat, coercion, offer of benefit, or favor by an	ny persons	, do hereby voluntarily mak whomsoever.	e the fol	lowing statement
	F	Distriction of	ped taking a na	/> ^	+ annraz
3	20 pm Sunday Mar	ch 22	I then heard	a l	oud
Cr	ash soming from	the i	pack area of my	hou	SP
neo	ir the garage ap	part	ment, Upon lookin		11
hun	dow, I rould see	é 10	arac hlumus of	7-0-0	noke
bille	wing from the gara	ge a	partment's back	lef	- corner.
Pe	ple / neighbors floor	ded	the property yell	lind	about a
	copfer that just	crash	od. I rah bu	tside	
imi	mediately trying to	assis	t the neighbors	In	Endind
ho:	ses to start upray	109	the fire with.		
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<u>va</u>	- Ly Ly		indparents about	the	hoves /
<u>&amp;</u>	make rure the do	11	ere taken gre og	r. M	ly sister
calle	d 911 and emergeni	y Ve	hours Stretighter.	s / p	olice officers
carra	Immediately. I th	ila V	valked to the fro	ht'	of my
yara	in the street and	1 Wg	ifed with my sis	fer	While
Helly	ng emergency people	e wh	at had happened	TA	Monor
We	y just watched a	s th	e firetighters took	Cho	ires to
	nguish the Flames a	nd	try to help the to	re si	Sp.
./†_1	5 Currently 3:00 an	d I.	n how writing a	rep	ort
Sworn to and subse	cribed before me, this day of Manch.	17	· · · · · · · · · · · · · · · · · · ·	2	
			I swear/affirm the above and/or atte true.	ached st	atements are correct and
Notary Public 🏻	Law Enforcement Officer Name K	4	Cianalum ( 1 · · · · · · · · · · · · · · · · · ·	/ <u>1938-88</u> 1	
Personally Known	1/A	<del>acar na n</del> asa	Signature:	7/	
Musical			Violin Dioble Data		
for the alleged c	ow means that I refuse to prosecute the person(s) name rime(s) that occurred to me or to the property under my	ned above y control.	Victim Rights Booklet provided?  I will testify in court and prosecute crimi	Yes 🗆	No DX
Signature	2		Miranda Warning Read?	many.	Initials:
	Date_   policy prohibits use of this section in domestic violence ca	ises.)	Yes 🗆 No 🗆		Pageof

ORLANDO POLICE DEPARTME	Case #:	15-119183
Date of Statement: Month: 3 Day 22 Year 15 Timer: 35	Statem	
Offense:	Please fill out in fu	
Offense: 3 22 2015	Suspect (Last, First Middle):	
Location of Offense:		District:
Person Code: Name (Last, First Middle): Yergey, Palmer Y	Tr-thur Age: DOB:	Race: Sex:
Address (9 Residence	Zip: 32804	Phone:
Address (S Business:	32004  Zip:	Phone:
Email Address:		
Type of ID shown:	!D# if applicable	
without threat coercion offerof benefit or rayor by any person		lowing statement
I was working out the	Bort, HEARD Has	C K AA
It DIDN 4 SOUND Right (	As I was betting	ait of
Bout I sow It for	Down Af Agrapa	11/ 7/2
Belly Freing me.	J. Mode	7 7/5
***************************************		
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		× ×
I AM GUTSSING IF WA	3 Close To 2 PM	DR 50
		200 00
	/ 17	
	4	
Sworn to and subscribed before me, this 2 d day of March, 15		
( A) () (	I swear/affirm the above and/or artached sta	atements are correct and
Notony Dublic II		HAMPINE STATE OF THE STATE OF T
Notary Public ☐ Law Enforcement Officer ☐ Name Key ☐ Personally Known ☐ Produced Identification ☐ Type FL ☐	Signa Signa	
Personally Known Produced Identification Type L. Type		
My signature below means that I refuse to prosecute the person(s) named above for the alleged crime(s) that occurred to me or to the property under my control.	Victims' Rights Booklet provided? Yes □	No □
A I A	I will testify in court and prosecute criminally.	Initials:
Signature Date	Miranda Warning Read?	Page of
(Departmental policy prohibits use of this section in domestic violence cases.)  White: State Attorney	Yes No No Vellow: Records	

ORLANDO POLICE DEPARTME	NT Case #: 2015	- 119183
Date of Statement: 3 Day: U Year: 15 Time: 1530	Stateme	
Aviation Accident	Please fill out in fu	
Ollerise. 3 CC (S 716)	Suspect (Last, First Middle):	
Location of Offense: 722 Alarments. Rt.		District: 7
Person Code: Name (Last, First Middle): HASEN FLUE OF	INALD W Age: 65	Race: Sex:
Address (Street Address, Care Residence:	Zipi 2472	I VV I VV
Address (Street Address, City, State)	Zip:	Phone:
Business: Email Address:		
Type of ID shown:	ID# if applicable:	
Estable Call SERVICE And Assessment SERVICE CARDING CONTROL OF THE		
without threat, coercion, offer of benefit, or favor by any person	do hereby voluntarily make the folls whomsoever.	owing statement
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and got a phe	ne call about	1
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Bruce, wife and	friend to	6. O.C.1
about 2. p.m. Wor	lo for H 2	Helllonk
Remes.		
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	,	4
		.00
		one-
Sworn to and subscribed before me, this 22 day of Marcid 14		
	I swear/affirm the above and/or attached sta	tements are correct and
	true / / / /	
Notary Public   Waw Enforcement Officer  Name Key	Signati	
Personally Known Produced Identification Type		
My signature below means that I refuse to proceed the person(s) named above for the alleged crime(s) that occurred to the of to the property under my control.	Victims' Rights Booklet provided? Yes □	
the aneged chine(s) that occurred to me of to the property under my control.	I will testify in court and prosecute criminally.	Initials:
Signature Date	Miranda Warning Read?	Page L of
(Departmental policy prohibits use of this section in domestic violence cases.)  OPD P&P 1113.12 A Rev. 8/20/14 White: State Attorney	Yellow: Records	
vince, state Accordey	ICHOW, RECUIUS	

ORLANDO POLICE DEPARTME	NT Case #: 2015	119183
Date of Statement:  Offense:  Day: 22 Year: 15 Time: 150	Statem	ent
The state of the s	Please fill out in fu Buspect (Last, First Middle):	ıll detail
Offense: 3 7.1 15 246.0	Suspect (Last, First Middle):	2000
Location of Offense; 22 Alamuda St.		District: C-3
Person Code: Name (Last, First Middle): LASEN PLUE, OUN	MD W. Age:	Race: Sex: M
Address (Street Address, CityoState) Residence:	Zip: 12472	
Address (Street Address, etc.) State) Business:	Zip:	Phone:
Email Address:		,
Type of ID shown:	ID# if applicable:	
Dorald W. Vasey Sue DO	do hereby voluntarily make the fol	lowing statement
without threat, coercion; offer of benefit, or favor by any persons	whomsoever	County State (Tell)
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with in 17 100 in a helloop	er I was invoduced	torarother
and grapher Descender were De	core with the pide to	mae, his wife
hanger in a black helicopter	paring to take off. The	ev let the
0.01 51- 01- 4 10 0 11	un lagrona the bilat	100 Collado
back to the banger because	1/2/4/1/20 1/10/	Sh. We Cord
Seo Smoke and ambulances	From the read. We of	spopper limate
at the hanger and came to	the scene of the o	accident.
1.0 N		*
9		
Sworn to and subscribed before me, this 22 day of Massit, 15		
A .	I swear/affirm the above and/or attached st	atements are correct and
Natural Park To III	true. // // ////	
Notary Public	Signature:	
My signature below means that I refuse to prosecute the person(s) named above for the alleged crime(s) that occurred to me or to the property under my control.	Victims' Rights Booklet provided? Yes □	No 🗆
5	.1 will testify in court and prosecute criminally.  Miranda Warning Read?	Initials:
Signature Date	Yes I No	Page of
OPD P&P 1113.12 A Rev. 8/20/14 White: State Attorney	Yellow: Records	

ate of	Month: 2	Day:	Year:	Time:		(2515)			9183
Statement: Offense:	3	Day: 22	2015	1545		Sta	atem	ent	
	772 11	mude	Airplane	Arcident	1		fill out in f		
ate of ffense:	Month:	Day:	Yéar: 2015	Time: 14/6	Suspect (Last, First M	iddle):			
cation of Offe			, ,					District:	- 1
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ORLANDO POLICE DEPARTA	MENT Case #: 15- 119183
Date of Statement: Day: 22 Year: 5 Time: 45%	3 1.1(8)
Offense:	
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- Hamida ST	District: C-3
CARR DONNEL	Age: Race: Sex:
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Type of ID shown	ID# if applicable:
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without threat, coercion, offer of benefit, or favor by any pe	sons whomsoever
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	I swear/affirm the above and/or attached statements are correct and true.
Notary Public Law Enforcement Office Name Key	
	Signar
Personally Known Produced Identification Type	
My signature below means that I refuse to prosecute the person(s) named abore the alleged crime(s) that occurred to me or to the property under my control.	ve Victims' Rights Booklet provided? Yes  Not
and some state of the property under my control	I will testify in court and prosecute criminally. Initials:
Signature Date	Miranda Warning Read?
(Departmental policy prohibits use of this section in domestic violence cases.)  OPD P&P 1113.12 A Rev. 8/20/14 White: State Attor	Tes LI No La
write, State Attor	ney Yellow: Records