| Deputy: Howards                                     | 2  | Location: Summer MEDICAL CENTOR  | ,<br>         |  |
|---|--|--|---------------|--|
| Subject: <i>Heucorn</i>                             | R CRASH (FUGHT                           | Date Of Offense: squality  |               |  |
| I make the following stat<br>and no promises have b | ement of my own free een made or implied | will, with no force or threats used against me, to induce me to make this statement. |               |  |
| Name: Dauid Hun                                     | vsicker                                  | Home Phone:  | - <del></del> |  |
| P.O. Box/City:                                      |  | Business Phone:  |               |  |
| Physical Address:                                   |  | Business Name:   |               |  |
| City:   |  | Business Address:  |               |  |
| State:  | Zip:                                     |  |               |  |
| Date of Birth:                                      |  |  |               |  |
| Driver's License #                                  |  | _ Driver's License State   |               |  |
| STATEMENT   |  | \  |               |  |
| ON YULY 03, 2015                                    | AT APPOKIMATELY                          | 13 HOURS I WAS ATTHE SUMMIT  |               |  |
|   |  | THE FLIGHT FOR LIFE TAKE OFF AS I  |               |  |
|   |  |  |               |  |
|   |  | ULD SEE THE HEUCOPTER SPIN SEVENAL   |               |  |
|   |  | ard forward the Heucopier Trudo  |               |  |
| TO BOGAIN COMMON                                    | THE HOUCOPTER                            | l wont what appeared to be up  | _ <del></del> |  |
| THE SLDEWAYS CEAS                                   | HNO. I THEL                              | SAW THE OBJECTS FULL AND THATS WHE   | <b>3</b> U    |  |
|   |  | PALMOBRON AND AT WENT TOWARDS  |               |  |
|   |  | D ENTE OR TO THE PULLT OF THE HOSP   | 1721L         |  |
|   |  | 10, WE SAW MEDICAL PERSONE DEALON  |               |  |
|   |  | BACK TROM THE PHELLOOPTER ENGLIPTED 11   |               |  |
|   |  | L FOR HELP THAT THOUS WAS A THLEO  |               |  |
| *   |  |  | ,             |  |
|   |  | A. DEPUTY PRUMERION AND WANT OVER  | - ···         |  |
| TO THAT ORGERON                                     | . DEPUTY PHUMEU                          | now went over the farson on fire   | <u> </u>      |  |
| AFTER THAT GRAVE                                    | DO ON THE BILL                           | BATH TO HOLP SECONLE THE AREA  |               |  |
|   |  |  |               |  |
|   |  |  |               |  |
|   |  |  |               |  |
|   |  |  |               |  |
| Signature:  | Date                                     | : Time:  |               |  |
|   |  | Pg of  |               |  |

| Deputy:  | Location:  |     |
|--|--|-----|
| Subject:   | Date Of Offense:   |     |
| I make the following statement of my own and no promises have been made or imp | free will, with no force or threats used against lied to induce me to make this statement. | me, |
| Name: JOHN SORENSEN  | Home Phone:  |     |
| P.O. Box/City:   | Business Phone:  |     |
| Physical Addres  | Business Name:   |     |
| City: SEIVERMORNE  | Business Address:  |     |
| State: <u>Co</u> <u>Zip</u> : 804  |  |     |
| Date of Birth: Age:  | Social Security #:   |     |
| Driver's License #   |  |     |
| STATEMENT  |  |     |
|  | TE CRASH. FIRST REFOURCE   |     |
|  | TRE EXTENDUSSMEN TO PUT  |     |
| BUT FACE BEFORE FI   | ARRIAD ON SLENE.   | Im  |
| AN R.T. O SASMC.   |  |     |
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| Signature:   | Pate: Time:  |     |
|  | Pg   | of  |

| Deputy:   | Location:  |
|---|--|
| Subject:  | Date Of Offense:   |
| I make the following statement of my own free w<br>and no promises have been made or implied to |  |
| Name: (! Ma Mau Mace) P.O. Box/City: Physical Addres City: Silver than e                        | Home Phone:  Business Phone  Business Name: Summid med Center  Business Address:   |
| State: Co Zip: So 49 % Date of Birth: Age: 45   | Social Security #:   |
| Driver's License #  | Driver's License State   |
| Strateler and took in   | to find Helicopter in flames,  I fire extinguisters from  Hen to the scene, began  Pulled Back as fire Arriver  thurse. Loaded him onto  to SMC ED.  Time: 16:05 |
| Dutc.   | Pa. of   |

Case #: 15-7240

| Deputy: J. MAZONE   | Location: SMC  |
|---|--|
| Subject: WFINESS  | Date Of Offense: 07-03-15  |
| I make the following statement of my own free wand no promises have been made or implied to |  |
| Name: Lason Boanes  | Home Phone:  |
| P.O. Box/City:  | Business Phone:  |
| Physical Address:   | Business Name:   |
| City: <u>Uma ha</u> State: <u>NF</u> <u>Zip: 68/54</u>                                      | Business Address:  |
| Date of Birth: Age:34   | Social Security #:   |
| Driver's License #  | Driver's License State   |
| STATEMENT.  My family and I were  | riding our bike back to Breek                                      |
| fixing my wifes bike when   | the helicopter took of I heard                                     |
| air before having problems. It  | I it rose about 100 ft in the started to have stability issues and |
|   | deways. It I hit an RV, scattering                                 |
|   | to see the H in flumes and the                                     |
| 100   | e from the hospital. I had a                                       |
| " " " "   | Another pilot was trapped Summe                                    |
| with the extingisher below get  | Another pelot was trapped, Somere him out and put him out. Then    |
| The week Another me pulle   | I towards the luming H to get                                      |
| a 3rd person out, He was taken  | down to the bike sath. I then                                      |
| directed the ambulance to the 2.  | Dilates in the purping lot and the the                             |
| 3rd on the path, Then went &  | pilots in the parking lot and The The rack with my family.         |
|   |  |
| Signatur Date:  | 7/3/16 Time: 2:38 pm   |
|   | Pg. <u>1</u> of <u>l</u>   |

#### SUMMIT COUNTY SHERIFF'S OFFICE Case #: 15-7240 WITNESS STATEMENT

| Deputy: J. MAZONE   | Location: SMC  |
|---|--|
| Subject: WITNESS  | Date Of Offense: 07-03-15  |
| I make the following statement of my own free and no promises have been made or implied to                                  |  |
| Name: Amanda Boyner  P.O. Box/City:  Physical Address:  City:  City:  State:  Date of Birth:  Driver's License #  STATEMENT | Social Security #:  Driver's License State _ NE  |
| SAW THE HELOCOPTER BEE  | CREST THE TIPE LINE A FEW  |
| SECONDS AFTER LIFT OFF. IMM   | NEDIATELY IT WAS OUT OF CONTROL  |
| and spinning ABOVE THE BI   | LE PATA. IT SPUN SEVERAL TIMES   |
| THEN CRASHED. UPON CRASH  | DEBRIS SCATTERED.  |
|   |  |
| A D COCATION THE  | My Daughter INDICATER THAT IT  Spun 3 times then, with tail  death it crashed. THERE WAS  A LOUD POP SOUND.  So crash, my HUSBAND RAN TO  HELIOCOPTER TO HELP LIFT. VITCIMS  OF MELIOCOPTER. |
| X = 1 LMS HERE A LA   | ARGE FIRE STARTED AND EMBRGENCY<br>UNDERS ARRIVED.   |
| Signature Date:   | 7/3/1.5 Time:  |
|   | Pa.   of 2   |

| Case | # | •<br>• |
|------|---|--------|
|      |   |        |

| Deputy:                          | Location:   |
|----------------------------------|---|
| Subject:                         | Date Of Offense:  |
| •                                | free will, with no force or threats used against me, ied to induce me to make this statement. |
| Name: MICHAEL DSENTOSKI          |   |
| P.O. Box/City:                   | Business Phone:   |
| Physical Address:                | Business Name:  |
| City: LONGMONT                   | Business Address:   |
| State: <u>CD</u> Zip: <u>805</u> | <del>Y</del> -  |
| Date of Birth: Age:_             | *L Social Security #:   |
| Driver's License #               | Driver's License State  |
| STATEMENT                        |   |
| AS SOON AS HELD T                | OR DFF IT WENT INTO   |
|                                  | D THEN CRASHED  |
|                                  |   |
|                                  |   |
|                                  |   |
|                                  |   |
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|                                  |   |
| Cianatura                        | Time:   |
| Signature:                       | ate: Time: Pg of  |

| Case #: |  |
|---------|--|
|---------|--|

| Deputy:   | Location: 5MC   |
|---|---|
| Subject: Flight for Life Accident/Cross   | Date Of Offense: 7-3-15                                 |
| I make the following statement of my own free wi<br>and no promises have been made or implied to it |   |
| Name: Sylvia Lifes  | Home Phone:   |
| P.O. Box/City:  | Business Phone:   |
| Physical Address:   | Business Name:  |
| City: Littleton   | Business Address:                                       |
| State: <u>Co</u> Zip: <u>80/2*7</u>   | Social Socurity #:                                      |
| Date of Birth: Age: 51  | Social Security #:                                      |
| Driver's License #  | Driver's License State <u>CO</u>                        |
| STATEMENT I was located at the E  | east side of the hospital in                            |
| the parking lot. Saw  | the Flight for life helicoptor i pad. Wind was blowing  |
| take of from the hel  | ipad. Wind was blowing                                  |
| toward the west. The  | tail of the chilicoptor                                 |
|   | nd the body of the helicapter.                          |
| I looked un-natural   | a began to look very-much                               |
| But of control. the   | Spinning continued & the                                |
| holicopter dropped be   | low my view due to the                                  |
|   | ween me & the accorden                                  |
| Crash. Saw huge an  | nounts of black/dark gray on where Insaw the helepoper. |
| Smales pourma out fro   | on where I saw the helespoor                            |
| west  | last  |
| Kan to color side of hos  | pital, saw hug flames & dark                            |
| Smoke> Just before  | unning over, told a hospital                            |
| worker what had hansen  | ad & She ran over to get help.                          |
| First Responders began show   | ed & She ran over to get help. ingrep within munites    |
|   |   |
| Signature 7 Date:   | 1/3/15 Time:  |
| U   | Pg of   |

| Case | # | : |  |  |
|------|---|---|--|--|
|------|---|---|--|--|

| Deputy:   | Location: 5MC Helipad  |
|---|--|
| Subject: Flight for life crash  | Date Of Offense: 7/3/15  |
| I make the following statement of my own free vand no promises have been made or implied to |  |
| Name: Jorgan DoBrin   | Home Phone:  |
| P.O. Box/City:  | Business Phone:  |
| Physical Address:_  | Business Name:   |
| City: Faise   | Business Address:  |
| State: <u>Co</u> Zip: <u>8 o y y 3</u>  |  |
| Date of Birth: Age: 50  | Social Security #:   |
| Driver's License #  | Driver's License State   |
| STATEMENT   |  |
| I WAS PIDING MY BIXE ON TITE CONN.  | ELTING PATIL AS THE HELICOLTEN WAS STANFING                      |
|   | BIRE PATH BY THE "S" TUNNS / SAN THE                             |
|   | DO FEET UP IT STANTED SPINNING IN THE AIR                        |
|   | MEER CONTROL ATT HELICOSTEN STANIEY LOUN                         |
|   | NEY TO BE IN THE PARMIL FOR JUST AROUE                           |
|   | E OF THE HELICOPTED HIT MY BIRGAL I WAS                          |
| _ •   | 16 WAS ON FIRE AND WE COULD NOT GET CLE                          |
| THERE WERE ABOUT Y OTHER BITERS   | S ANDONO. WE SAN THE PIZOT AND HEW,                              |
| ON FIRE. WE GOT HINTO GO DOWN   | THE HILL AND WE TRIED TO PUT OUT THE GLA                         |
| · · · · · · · · · · · · · · · · · · ·   | TO CONS DOWN THE HILL AND ASJIST THE                             |
| P. LOT.   | - FIRE DA  |
|   | WHILE THYING TO BOTON  |
| BAIN JAMET LEFT IN CRASH 30   | WHILE TRYING TO POTONT FIRE ON  ENE AREA. IF POSSIBLE WOULD LIKE |
| TO GET BACK RSALIZE NOT PRION   | IT AND IF NOT POSSIBLE FULLY UNDSTOSAND.                         |
|   |  |
|   | ((1) h   |
| Signature: Date:  | Time: 1930   |
| V   | Pg. <u>\</u> of <u> </u>   |

| Deputy:  | Location: SMC Helipad  |
|--|--|
| Subject: Helipopher Crash  | Date Of Offense: 7/3/15  |
| I make the following statement of my own free wi<br>and no promises have been made or implied to i   |  |
| Name: Kevin McCormick  P.O. Box/City:  Physical Address:  City: D.//on  State: CO Zip: Poyss  Date of Birth: Age: 56  Driver's License #  STATEMENT  To was driving form of the appear  Adown was down the flight was going to cross  + packed by the Chappe  the helps seeing saickes  over the downed chappe | Home Phone:  Business Phone:  Business Name: Sumart Cafy Gout.  Business Address: SNake Rown www TP  Social Security #:  Driver's License State Co  Los the Commons getting ready  Erst lotwhen I looked up  Erst lotwhen I looked up  At for life chopper spiraling  at control + looking like  No drager + van over to try  Lanes glucady  Lanes glucady |
| Signature: Date: 7   | Time:  |

| Deputy:  | Location:  |
|--|--|
| Subject:   | Date Of Offense:   |
| I make the following statement of my own free and no promises have been made or implied to |  |
| Name: Jeff Holeman   | Home Phone:  |
| P.O. Box/City:   | Business Phone:  |
| Physical Address:  | Business Name:   |
| City: L: Hleton  | Business Address:  |
| State: CO Zip: 80(27   |  |
| Date of Birth: Age: 54   | Social Security #:                                       |
| Driver's License # _   | Driver's License State                                   |
| STATEMENT ,  | (  |
| on west side of  | hospital (opposite crash site)                           |
| san helicopter over 1  | hospital (opposite crash site) V side of hospital try to |
| gain altitude q was  | spinning around and appeared                             |
| to be out of contro  | 1. Then dissappeared behind                              |
| the hospital Did   | not hear any other roises                                |
| A account it I what  | but a tem seconds leter                                  |
| 1 asumed 1 randed  | be the last  |
| Sav black smoke c  | ioming from behind the bospital.                         |
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| Signature: Date:   | 7/3/15 Time: 2,00 pm                                     |
|  | Pa of  |

| Deputy:  | Location:   |
|--|---|
| Subject:   | Date Of Offense:  |
| I make the following statement of my own free will and no promises have been made or implied to it   |   |
| Name: Math Jacob S  P.O. Box/City: Physical Addre City: Freckenowage State: Co Zip: 80424  Date of Birth Age: 4  Driver's License #  STATEMENT Jack'e Maca Walested Va | Home Phone:  Business Phone:  Business Name:  Business Address:  Social Security #:  Driver's License State (1) |
| at bottom of will on live  | ul helped pull fatrick avan   |
| Signature Date:  | Time: [550] Pg of   |



| SUMMIT MEDICAL CENT                          | ER 340 PEAK ONE D   |   | (970) 668.3300 Ext. 86995                       |
|--|---|---|---|
| REPORTING<br>OFFICER:                        | CASE NUMBER:  | Incident Date/Time:   | Location:  ER BIRTHPLACE P.C.U. OR DETOX. OTHER |
| OFFICER: Vincent Moscardino                  | 259-15  | 06/25/2015  | OR DETOX. & OTHER                               |
| Medical Clearance / Law E                    | nforcement Assist   | M-1: Blood Draw   | Time 2215                                       |
|  | ·   |   |   |
| Emergency Commitment                         | Time: Res   | straints Used: Yes  | •   |
| SUBJECT(s) INFORMATION:                      | White "Minnie" Winneba  | ago   |   |
| ATTENDING STAFF:                             |   |   |   |
| I approached and noticed that                | the vehicle appeared to informed me that the care and oned vehicle. At appr | have been parked there for an<br>mper was there for at least 2 v<br>roximately 2100, Sherriff's D | eputy k-napp informed me mai                    |
| DISPOSITION: Vehicle belon                   | ngs to associate Christie   | Hyde.   |   |
| UniVault Bag #: Digital Photos Attached: ⊠ Y |   | Hours:<br>urity Hours:  |   |
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| Case | # | · |
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| Subject: Date Of Offense:  |     |
|--|-----|
| and no promises have been made or implied to induce me to make this statement.  Name:  |     |
| P.O. Box/City: Business Phone:   |     |
| P.O. Box/City: Business Phone:   |     |
| Physical Address:  City:  Business Name:  Business Address:  State:  Zip:  Date of Birth:  Age:  Driver's License #  STATEMENT  Last Parked there on Onor 15 @ 0700  Stays in camper-  Work today 07/03/15 @ 0700  Dorks in radiology.  Never Saw erash  Nurse Sackie Masie got Jimy Who told be |     |
| State: Zip: Date of Birth: Age: Social Security #: Driver's License # Driver's License State  STATEMENT  Last Parked there on Onor B @ 0700  Stans in camper- Work today 07/03/15 @ 0700  Works in radiology. Never Saw erash Nurse Sackie Masie got Jimy Who foll b                             |     |
| State: Zip: Date of Birth: Age: Social Security #:  Driver's License # Driver's License State  STATEMENT  Last Parked there on OTOZIB @ OTOD  Steps in camper- Work today 07/03/15 @ 0700  Dorks in radiology. Never Saw erash annough hel; crash.  Nurse Sadie Masie got Jimmy who toll b       |     |
| Date of Birth: Age: Social Security #:  Driver's License # Driver's License State  STATEMENT  Last Parked there on 070215 @ 0700  Stays in camper- Work today 07/03/15 @ 0700  Norks in radiology.  Never Saw erash annough heli crash- Nurse Sackie Masie got Jimmy who toll be                 |     |
| Driver's License # Driver's License State  STATEMENT  Last Parked there on Orlor @ 0700  Steps in camper- Work today 07/02/15 @ 0700  Dorks in radiology.  Never Saw erash annouch heli erash.  Nurse Jackie Masie got Jimy who toll b   |     |
| Last Parked there on 07/02/18 @ 0700  Stays in camper.  Work today 07/03/15 @ 0700.  Works in radiology.  Never Saw erash annough heli crush.  Nurse Jackie Masie got Jimmy who told b   |     |
| Stays in camper.  Work today 07/03/15 @ 0700.  Works in radiology.  Never Saw erash annough heli erash.  Nurse Jackie Masie got Jimmy who toll b   |     |
| Dimmy grabbed fine extingusher dousel him for sold out.  18: lot 2 norse  Matt climbed out  David jumped??   | nim |
| Signature: Date: Time:   |     |

Location:

| Deputy:   | Location:  |
|---|--|
| Subject:  | Date Of Offense:   |
| I make the following statement of my own free ward no promises have been made or implied to i |  |
| Name: Nancy L Price   | Home Phone:  |
| P.O. Box/City:<br>Physical Address:   | Business Name:   |
| City: V). 1 on  | Business Address:  |
| State: 60 Zip: 80436  | Dusiness Address.  |
| Date of Birth: Age: 5()   | Social Security #:   |
| Driver's License #  | Driver's License State   |
| STATEMENT   | <del></del>  |
| A   | - into I cuz to watch Flight   |
|   | lately I noticed the chopper   |
| was rotating around in circ   |  |
| of control I continued to   |  |
| Went higher above helicopter  | hunger, it rotated Faster  |
| rirregular circles, I though  | Int doing some odd practice  |
| manyvers : it then starter  | I to descend rapidly at  |
| a cideriais anale with  | rute of speed and then   |
| crushed into comper in  | Far west employee lot.<br>clin Flames. I saw a<br>on the crash, I was then<br>department to see it I |
| In mediately it was engulte   | clin Flames! I saw a,  |
| nu stander pulling some one Fr  | on the crash, E was then   |
| Lacadina down to emergences   | department to see if I   |
| Coold Relp.   |  |
| AS I watched the helicopters  | It was so out of control &   |
| poking inside cock pit from T   | - cuz I could not see  |
| people in side, I almost thoo   | ight it was not occupied by  |
| You accation it was Flying.   |  |
| Signature: Date: 7  | $\sqrt{3}$   15 Time: $1538$   |
|   | / / Pg of  |

| Deputy:  | Location:   |
|--|---|
| Subject:   | Date Of Offense:  |
| I make the following statement of my own free wi<br>and no promises have been made or implied to i   | ill, with no force or threats used against me,<br>induce me to make this statement. |
| Name: Myry Theresa Smith   | Home Phone:   |
| P.O. Box/City:   | Business Phone:   |
| Physical Addres  | Business Name:  |
| City: Silverthorne   | Business Address:   |
| State: Zip:  |   |
| Date of Birth:Age:Age:   | Social Security #:  |
| Driver's License #   | Driver's License State  |
| Kon Gray, Matt Jacobs an<br>Employee parking where<br>Jimmy R. was Spraying (7)<br>dragging Patrick Who pilot)<br>and I dragged Mat<br>Matt Jand Ron 6 r | se, I immediately cut off   |
| Signature Date:  | 7-3-15 Time: 1600<br>Pgof   |

| Case | #: |  |
|------|----|--|
|------|----|--|

| Deputy:   | Location: SASMC  |
|---|--|
| Subject:  | Date Of Offense:   |
| I make the following statement of my own free v<br>and no promises have been made or implied to | vill, with no force or threats used against me,<br>induce me to make this statement.                     |
| Name: Jackie Macy P.O. Box/City   | Home Phone:Business Phone  |
| Physical Addr   | Business Name:   |
| City: Silverthorne  | Business Address:  |
| State: Zip: 80498 Date of Birth: Age: Age:  | Social Security #:   |
| Driver's License #  | Driver's License State   |
| STATEMENT<br>~1340 1 was sitting in break i   | som Éhand helimpter take off,  |
| Within seconds I heard to   | nat it was struggling & leolers  |
| out window to see it so   |  |
| ground, the Copter then crashe  | I nose first into ground & a compe   |
| in the back parking lot & bu  | est into flames. I ran out of  |
| pan to En & aske 6 Them   | to rale 911 & ran out the  |
| door to scene. I saw N  | latt crawling out of heliopter,  |
| Patrick in sent dimmu R.  | arabbed file extinaisties  |
| from flight houses. Jimny   | ran to Vatrick & sprayed around  |
| LIM Thomas Six help   | odderace Natt Orway from   |
| re Citaptes. Jimmy pulled   | Patrick out of belicapter. Pt  |
| Dr. Shanb our scene assessing   | no pts. SCA pulled onto scene  |
| & took Patrick to ER.   | Patrick out of belicopter. Portrick out of belicopter. Portrick out of belicopter. Portrained onto scene |
| reading the Lept to meles   | recive pts.  |
|   |  |
| Signatur Date:  | 7-3-15 Time: 1600  |
| Signatur Date:  | Pg of  |