

VOLUSIA COUNTY SHERIFF'S OFFICE  
STATEMENT



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INCIDENT NUMBER

Page \_\_\_\_\_ of \_\_\_\_\_ Pages

INCIDENT TYPE		NAME OF PERSON SIGNING <b>BENJAMIN RIDER</b> <span style="float: right;">ATP PILOT</span>		
ADDRESS [REDACTED] <b>HAGERSTOWN, MD 21740</b>				
AGE <b>36</b>	BIRTH DATE [REDACTED]	HOME PHONE [REDACTED]	EMPLOYED AT/SCHOOL ATTENDS	
STATEMENT TAKEN AT		DATE	TIME	READ RIGHTS ( ) YES ( ) NO X _____ <small>(INITIALS)</small>

I, \_\_\_\_\_, do hereby, freely and voluntarily, make the following statement:

I WAS DRIVING TO THE DOWNWIND CAFE ON CESSNA BLVD  
FACING WEST. SAW LANDING LIGHTS OF AIRCRAFT  
CIRCLING IN FRONT OF ME IN A LEFT HAND TURN  
@ APPROX. 100 FEET. I LOST SIGHT OF THE AIRCRAFT  
AS IT CLIMBED INTO THE FOG HEADING NORTHWEST.  
I DIDN'T HEAR ANYTHING FOR A FEW SECONDS.  
THEN I HEARD A VERY LOUD DISTINCT CORK SCREWING  
SOUND, VERY FAMILIAR TO A SPINNING PLANE AT AN  
AIRSHOW. I THEN SAW TWO<sup>(2)</sup> WING TIP LIGHTS  
FALL THROUGH THE CLOUDS STRAIGHT DOWN. AND HEARD  
A EXTREMELY LOUD THUD. DIDN'T SEE ANY  
FLAMES

I SWEAR AND AFFIRM THE ABOVE STATEMENTS  
ARE TRUE AND CORRECT.

SWORN TO AND SUBSCRIBED BEFORE ME THIS  
\_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

SIGNATURE

NOTARY PUBLIC/LAW ENFORCEMENT OFFICER

VOLUSIA COUNTY SHERIFF'S OFFICE  
STATEMENT



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INCIDENT NUMBER

Page \_\_\_\_\_ of \_\_\_\_\_ Pages

INCIDENT TYPE		NAME OF PERSON SIGNING <i>x</i> MICHAEL A. TAYLOR		
ADDRESS <i>x</i> [REDACTED], PORT ORANGE, FL 32128				
AGE <i>x</i> 69	BIRTH DATE [REDACTED]	HOME PHONE [REDACTED]	EMPLOYED AT/SCHOOL ATTENDS <i>x</i> RETIRED	
STATEMENT TAKEN AT <i>x</i> SPRUCE CREEK	DATE <i>x</i> 12/28/16	TIME <i>x</i> 0930	READ RIGHTS ( ) YES ( ) NO <i>x</i> _____ (INITIALS)	

*x* MICHAEL TAYLOR, do hereby, freely and voluntarily, make the following statement:

*x* Saw last moments of flight. I heard loud engine noise, went into lanai and looked up. Saw plane emerge from fog/cloud, 70°-80° nose down, fully developed spin. Saw 3 rotations, then lost sight behind buildings, heard "crump" from impact, ran to help.

I SWEAR AND AFFIRM THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

SIGNATURE

PS-0080-0297

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

NOTARY PUBLIC/LAW ENFORCEMENT OFFICER