

North Carolina  
State Highway Patrol



VOLUNTARY STATEMENT

Driver Statement  Witness Statement

Date of Collision/Incident: \_\_\_\_\_

Time of Collision/Incident: \_\_\_\_\_  A.M.  P.M.

Name: Larry Wayne Hall DOB: [REDACTED]

Address: [REDACTED] Trinity State: AK Zip: [REDACTED]

Phone Numbers: (Home [REDACTED] ) (Work) ( ) ; (Cell) ( )

Initial Traveling Speed Prior to the Collision/Incident: \_\_\_\_\_ MPH

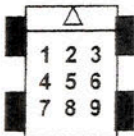
Begin statement here to include events that occurred before, during, and after the collision/incident:

Working in Brandon Mills yard putting up lights  
i heard trees busting up (didn't sound right)  
i look up toward airport or south the  
plane plane looked to be head east turn  
ing north in a hard bank (so hard could  
not recover and kept on banking  
fill upside down into the ground.

NOTE: I hereby certify that the information provided by me in this statement is a true and accurate representation of the facts as known to me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

[REDACTED]



Record the Location of Occupant  
Information Based on the  
Diagram of the Vehicle

Pos. No.	Name (Print, MI, Last)	Street Address (Include City, State, and Zip Code)	DOB (MM/DD/YY)	Sex (Male/Female)	Race (White/Black/Amer. Indian/Hispanic/Asian/Other)	Seatbelt Used? (Yes/No/Child Seat)	Describe Injury from collision or check block indicating <input checked="" type="checkbox"/> No injury
1				Male Female	White Black Amer. Indian Hispanic Asian Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Injury
2	Front - middle	<input type="checkbox"/>		Male Female	White Black Amer. Indian Hispanic Asian Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Child Seat	<input type="checkbox"/> No Injury
3	Front - right	<input type="checkbox"/>		Male Female	White Black Amer. Indian Hispanic Asian Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Child Seat	<input type="checkbox"/> No Injury
4	Second seat - left	<input type="checkbox"/>		Male Female	White Black Amer. Indian Hispanic Asian Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Child Seat	<input type="checkbox"/> No Injury
5	Second seat - middle	<input type="checkbox"/>		Male Female	White Black Amer. Indian Hispanic Asian Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Child Seat	<input type="checkbox"/> No Injury
6	Second seat - right	<input type="checkbox"/>		Male Female	White Black Amer. Indian Hispanic Asian Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Child Seat	<input type="checkbox"/> No Injury
7	Third row - left	<input type="checkbox"/>		Male Female	White Black Amer. Indian Hispanic Asian Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Child Seat	<input type="checkbox"/> No Injury
8	Third row - middle	<input type="checkbox"/>		Male Female	White Black Amer. Indian Hispanic Asian Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Child Seat	<input type="checkbox"/> No Injury
9	Third row - right	<input type="checkbox"/>		Male Female	White Black Amer. Indian Hispanic Asian Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Child Seat	<input type="checkbox"/> No Injury

STATE HIGHWAY PATROL  
VEHICLE TOWING AUTHORIZATION

I, \_\_\_\_\_ of \_\_\_\_\_  
Name of Person who gives consent Street Address

\_\_\_\_\_  
City, State, Zip Home Phone/Business Phone/Cell Phone

with \_\_\_\_\_ registration plate number \_\_\_\_\_  
State Year and Make of Vehicle

Check appropriate block:

- I hereby consent to have this vehicle (towed) (removed) and stored by: \_\_\_\_\_
- I hereby consent to have this vehicle moved to the shoulder of the road by the undersigned law enforcement officer and left at this location.

\_\_\_\_\_  
Signature of Owner/Possessor Date

\_\_\_\_\_  
TROOPER J.T.WARF / 4795

\_\_\_\_\_  
Trooper Name and Registry Number Date Sequence #

North Carolina  
State Highway Patrol



VOLUNTARY STATEMENT

Driver Statement  Witness Statement

Date of Collision/Incident: \_\_\_\_\_

Time of Collision/Incident: \_\_\_\_\_  A.M.  P.M.

Name: CARL MOORE DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: (Home) (\_\_\_\_) \_\_\_\_\_; (Work) (\_\_\_\_) \_\_\_\_\_; (Cell) (\_\_\_\_) \_\_\_\_\_

Initial Traveling Speed Prior to the Collision/Incident: \_\_\_\_\_ MPH

Begin statement here to include events that occurred before, during, and after the collision/incident:

Approx 11 AM I was sitting in driveway and heard a loud engine speeding loudly but happened to look up ~~and~~ and airplane was falling coming from <sup>South</sup> ~~South~~ bound heading North where I saw it clip 2 trees on KEM DR.

The plane was falling in slow motion after hearing the loud engine. I called 911 right away!!

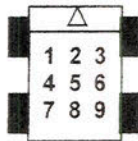
NOTE: I hereby certify that the information provided by me in this statement is a true and accurate representation of the facts as known to me.

Signature: \_\_\_\_\_



Date: \_\_\_\_\_

11-19-22



Record the Location of Occupant  
Information Based on the  
Diagram of the Vehicle

Pos. No.	Name (First, MI, Last)	Street Address (include City, State, and Zip Code)	DOB (MM/DD/YY)	Sex (circle)	Race (circle)	Seatbelt Used?	Describe Injury from collision or check block indicating <input checked="" type="checkbox"/> No injury
1	DRIVER	Use check block for address (circle No Injury)		Male Female	White Black Amer. Indian Hispanic Asian Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No injury
2	Front - middle	<input type="checkbox"/>		Male Female	White Black Amer. Indian Hispanic Asian Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Child Seat	<input type="checkbox"/> No injury
3	Front - right	<input type="checkbox"/>		Male Female	White Black Amer. Indian Hispanic Asian Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Child Seat	<input type="checkbox"/> No injury
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9	Third row - right	<input type="checkbox"/>		Male Female	White Black Amer. Indian Hispanic Asian Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Child Seat	<input type="checkbox"/> No injury

STATE HIGHWAY PATROL  
VEHICLE TOWING AUTHORIZATION

I, \_\_\_\_\_ of \_\_\_\_\_  
Name of Person who gives consent Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Home Phone/Business Phone/Cell Phone

with \_\_\_\_\_ registration plate number \_\_\_\_\_  
State Year and Make of Vehicle

Check appropriate block:

I hereby consent to have this vehicle (towed) (removed) and stored by: \_\_\_\_\_

I hereby consent to have this vehicle moved to the shoulder of the road by the undersigned law enforcement officer and left at this location.

\_\_\_\_\_  
Signature of Owner/Possessor

\_\_\_\_\_  
Date

\_\_\_\_\_  
TROOPER J.T.WARF / 4795

\_\_\_\_\_  
Trooper Name and Registry Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sequence #