

Ocala Police Department
Written Statement FormCase Priority: 1Case Number: [REDACTED]Date: 04/04/14 Time: 17:00Location: [REDACTED]

() Defendant () Subject Name: _____

Race: _____ Sex: _____ Last First Middle

DOB: _____ FSS No(s): _____

Offense: _____

Victim: _____ DOB: _____ Race: _____ Sex: _____

Last First Middle

Person Making Statement

Name: Rowe, PhyllisDOB: 11 Race: W Sex: F

Last First Middle

Address: [REDACTED]Ocala, FL 34476Home Phone: [REDACTED]Bus Phone: [REDACTED]Phone: [REDACTED]Phyllis Rowe

does hereby make

the following statement without threat, coercion, offer of benefit or favor by any person.

If a victim, and if the offender is known, I do also agree that, if I do not seek prosecution within ten (10) working days, this case may be closed by the Ocala Police Department.

Initials [REDACTED]

Aircraft took off to the west. Altitude seemed
to be at tree top height looking from my
office door. Airplane banked left then
blasted

Sworn to and subscribed before me
the undersigned authority, this4 Day of April 20 14

Signature

I swear/affirm that the above
statements are true and correct[Signature]

Signature

APR 07 2014