

FL0450100		Gang Related	2	OFFENSE-INCIDENT REPORT										Juvenile In Report	N	Juvenile Warn/Dismiss		1. Original	2. Supplement	1																					
Date of Supplement		FERNANDINA BEACH POLICE DEPARTMENT										Agency Report Number		Primary Offense Description																											
/ /												15000112		PLANE CRASH																											
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)																															
Sun		01/25/2015		1336		1336		1347		1529																															
Incident Type		Date		Time (mil)		Day		Date		Time (mil)																															
1. Felony		3. Misdemeanor		5. Ordinance		Incident: Day		Date		Time (mil)		Day		Date		Time (mil)																									
2. Traffic Felony		4. Traffic Misdemeanor		9. Other		From		Sun		01/25/2015		1245		To		Sun		01/25/2015		1245																					
OFF/INC #1		Type		Description		A-Attempted		C-Committed		Statute Violation Number - Chapter, Section, Sub		NCIC/UCR Code																													
9		INFORMATION				A-Attempted		C-Committed		0 -		()		0000																											
OFF/INC #2						A-Attempted		C-Committed				()																													
Incident Location (Street Number, Street, Apt.)		City		Zip		District		Grid		Area		Zone																													
CRANE ISLAND		FERNANDINA BEACH		32034								3																													
Business Name/Area Identifier		Forced Entry		Occupancy																																					
		0. N/A		2. No		0		0. N/A		2. Unoccupied		0																													
1. Yes																																									
Location Type		05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile																													
01. Residence Single		06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		99. Other																													
02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital		17. Gov't Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field																															
03. Residence Other		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway																															
04. Hotel/Motel		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle				27																											
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon		02. Rifle		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendary		13. Drugs																					
01		00		00		00		00		00. N/A		03. Shotgun		06. Blunt Object		08. Poison		11. Threat/Intimidation		88. Unknown																					
01. Handgun										01. N/A		04. Firearm				09. Explosives		12. Simulated Weapon		99. Other		00																			
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status		Extent of Injury																													
V - Victim		0 - Other		0. N/A		4. Business		N - N/A		1 - American Indian		0. N/A		3. Florida		0. N/A		1. City		2. Part Year		0. None																			
W - Witness		1. Juvenile		5. Government		W - White		O - Oriental/Asian		M - Male		1. City		4. Out of State		1. Full Year		3. Non-Resident		2. Serious		1. Minor																			
C - Reporting Person		2. L.E. Officer		6. Church		B - Black		U - Unknown		F - Female		12. Other Family		16. Boy/Girl Friend		20. Employee				23. Acquaintance		99. Other Known																			
3. Adult		9. Other								U - Unknown		13. Student																													
Injury Type		03. Laceration		07. Loss of Teeth		Victim Relationship To Offender		06. Parent		10. Step-Child		14. Teacher		17. Friend		21. Employer																									
00. N/A		04. Unconscious		08. Burns		00. N/A		07. Brother/Sister		11. In-Law		15. Child of Boy/Girl		18. Neighbor		22. Landlord/Tenant																									
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		01. Undetermined		08. Child		12. Other Family		16. Boy/Girl Friend		19. Sitter/Day Care		23. Acquaintance																									
02. Stabbed		06. Poss. Internal Injury		99. Other		02. Stranger		09. Step-Parent		13. Student																															
OFF/INC Indicator		V/W Code		V. Type		Name (Last, First, Middle or Business)		Residence Phone																																	
1. #1 3. Both		1		0		01		3		MCFADDEN		WALTER		JONES																											
2. #2																																									
Address (Street, Apt. Number)		City		State		Zip		Business Phone																																	
		FERNANDINA BEACH		FL		32034		-																																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																																							
		PILOT																																							
If V/W Code Is V, W or C		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?																	
Fill in this Line		2		W		M		1924		90		2		0		2		06 09		00				Yes ☐ No ☐																	
OFF/INC Indicator		V/W Code		V. Type		Name (Last, First, Middle or Business)		Residence Phone																																	
1. #1 3. Both		1		W		02		3		VALERIO		KEVIN		ANTHONY																											
2. #2																																									
Address (Street, Apt. Number)		City		State		Zip		Business Phone																																	
		WOODBINE		GA		31569		-																																	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																																							
		WITNESS																																							
If V/W Code Is V, W or C		Dom. Violence		Race		Sex		Date of Birth		Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?																	
Fill in this Line		2		W		M		1963		51		4		0		0		00 00		00				Yes ☐ No ☐																	
OFF/INC Indicator		Suspect Code		R-Rec. Missing		Code		Susp. #		Juvenile		Name (Last, First, Middle)																													
1. #1 3. Both		S-Suspect		E-Escapee																																					
2. #2		A-Arrestee		M-Missing		Z-other																																			
Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone																																			
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone																																	
Occupation		Employer/School		Address		Social Security Number																																			
Driver's License Number/State		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		SCIC/NCIC																																	
Clothing (Describe)		Scars/Marks/Tattoos (Location/Describe)																																							
Race		Sex		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style																							
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers																															
Person/Unit Notified		Time		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code																																	
D.C. FOXWORTH		1346				C. KOPINSKI																																			
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit		Date																																	
		SGT. T. HAMILTON		247		PATROL		01/25/2015																																	
Signature of Officer Reviewing		Routed To		Referred To		Assigned To		By		Date																															
Case Status		Clearance Type		1. Arrest		3. Unfounded		A-Adult		Date Cleared		Jail Number		Number Arrested																											
A				2. Exceptional				J-Juvenile		/ /																															
Exception Type		2. Arrest on Primary Offense		3. Death of Offender		5. Prosecution Declined		OBTS Number		Page		Page																													
1. Extradition Declined		Secondary Offense Without Prosecution		4. V / W Refused to Cooperate		6. Juvenile/No Custody				1		of 2																													

NARRATIVE CONTINUATION

1. Offense	Juvenile	1. Original
2. Arrest	Warn/Discuss	2. Supplement
1	1	1
Agency ORI Number		Agency Report Number
FL0450100		15000112

FERNANDINA BEACH POLICE DEPARTMENT

Case Reference
PLANE CRASH

Date of Supplement
/ /
Original Date Reported
01/25/2015

NARRATIVE

On today's date, at 1336 hours, I was dispatched to Crane Island in reference to a possible airplane crash. Upon arrival, I came upon a gate that was padlocked. Chief Gamble of Nassau County Fire Rescue (Battalion 1) was already on scene and advised he had another unit enroute with bolt cutters. A unit from Station 20 arrived and we were able to gain entrance to the gated area. We made our way around the berm and observed an airplane on its top. I made contact with the pilot, later identified as Walter Mcfadden. Mcfadden was alert, sitting on the underside of the plane's right wing and had obvious signs of facial trauma. NCFR #20 arrived on scene, tended to Mcfadden and transported him to Fernandina Beach Airport where he was transported to UF Health by Trauma One. Fuel was leaking from the airplane.

I made contact with Kevin Valerio who was skydiving. Valerio advised he observed the airplane on Crane Island. Valerio called Sky Diving of Amelia management who in turn called 911. Valerio provided a written statement.

From the debris field and tire tracks, it appears the airplane was flying in a northeast direction. The airplane's tires hit the side of a berm, went up and once on top of the berm, the plane flipped with the tail going over the nose of the airplane. The front landing gear detached from the airplane and was on the side of the berm where the airplane first hit it. There was a debris field from that point until where the airplane came to rest. There was debris on both sides of the berm. Sgt. Hamilton took photographs of the scene which were later downloaded to the server.

Sgt. T. Hamilton contacted Jennifer Anderson [REDACTED] of the FAA and Anderson advised she would need pictures of the scene emailed to her via [REDACTED]. Sgt. Hamilton sent the photographs. Anderson advised the scene would need to be secured and she would be on her way from Orlando. Sgt. C. Lee and Det. T. Smith arrived and the scene was released to them.

I had made contact with the Airport Operations manager, Robert Kozakoff [REDACTED]. Kozakoff advised he received 3 telephone calls from FBO McGill Aviation between 1250 and 1300 hours. Kozakoff advised Mcfadden called Jacksonville Flight Approach and ask for Fire Rescue to be ready because he was having back problems. Kozakoff advised Mcfadden did not have a flight plan. The exact time of the crash is unknown at this time. The airplane is a 1973 Cessna 150 and its tail number is N10616.

E.O.R.

ADMINISTRATIVE

Report Contains		Related Report Number(s)		Name of Officer Reporting		I.D. Number/Locator Code	
				C. KOPINSKI		248	
Signature of Officer Reporting		Officer Reviewing (If Applicable)		I.D. Number		Unit	
[REDACTED]		SGT. T. HAMILTON		247		PATROL	
Signature of Officer Reviewing		Routed To		Referred To		Assigned To	
[REDACTED]						By	
Case Status		Clearance Type		Date Cleared		Arrest Number	
A		1. Arrest 2. Exceptional 3. Unfounded		/ /		/ /	
Exception Type		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V/W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/No Custody	
1. Extradition Declined						OBTS Number	
						Page 2 of 2	