



**Tri-Cities Regional Airport
Public Safety Department**

WITNESS STATEMENT FORM

Name: MICHAEL PALMER	Phone: [REDACTED]
Address: [REDACTED]	Place of Incident: TRI-CITY AIRPORT
Date of Incident: 9-19-18 3760	Type of Incident: PLANE CRASH
Subject: [REDACTED]	Subjects Address: N/A
DOB: [REDACTED]	

I am making the following voluntary statement, it is true and correct to the best of my knowledge.

Details: I was on the ramp working when I heard
strange aircraft engine noise. I heard a high
revving engine noise and turned towards the
approach end of the runway and saw small plane
strike the lights and start cart wheeling. Then
I called public safety.

Signature of Person Giving Statement: [REDACTED]

Date: 9-19-18