

North Carolina
State Highway Patrol



VOLUNTARY STATEMENT

☒ Driver Statement ☐ Witness Statement

Date of Collision/Incident: 2-16-22

Time of Collision/Incident: 1645 ☐ A.M. ☒ P.M.

Name: Barrin L Davis DOB: [REDACTED]

Address: [REDACTED] City: Concord State: NC Zip: [REDACTED]

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

Initial Traveling Speed Prior to the Collision/Incident: 65 MPH

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

Traveling 85 South, felt trailer struck by something, truck
was turned over and we climbed out of the passenger side of
the cab.

Barrin Davis

Jackie Davis (wife)

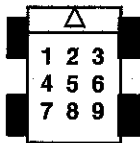
Josh (employer Frito Lay)

Dagwill Wells

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: [REDACTED]

Date: 2/16/22 9:11pm



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 (Male/Female)	Race (White/Black/Amer. Indian/Hispanic/Asian/Other)	Seated (Yes/No/Child Seat)	Describe Injury from collision or check block indicating ☒ No Injury
1				Male Female	White Black Amer. Indian Hispanic Asian Other	☐ Yes ☐ No	☐ No Injury
2	Front - middle	☐		Male Female	White Black Amer. Indian Hispanic Asian Other	☐ Yes ☐ No ☐ Child Seat	☐ No Injury
3	Front - right	☐		Male Female	White Black Amer. Indian Hispanic Asian Other	☐ Yes ☐ No ☐ Child Seat	☐ No Injury
4	Second seat - left	☐		Male Female	White Black Amer. Indian Hispanic Asian Other	☐ Yes ☐ No ☐ Child Seat	☐ No Injury
5	Second seat - middle	☐		Male Female	White Black Amer. Indian Hispanic Asian Other	☐ Yes ☐ No ☐ Child Seat	☐ No Injury
6	Second seat - right	☐		Male Female	White Black Amer. Indian Hispanic Asian Other	☐ Yes ☐ No ☐ Child Seat	☐ No Injury
7	Third row - left	☐		Male Female	White Black Amer. Indian Hispanic Asian Other	☐ Yes ☐ No ☐ Child Seat	☐ No Injury
8	Third row - middle	☐		Male Female	White Black Amer. Indian Hispanic Asian Other	☐ Yes ☐ No ☐ Child Seat	☐ No Injury
9	Third row - right	☐		Male Female	White Black Amer. Indian Hispanic Asian Other	☐ Yes ☐ No ☐ Child Seat	☐ 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 Name and Registry Number

Date

Sequence #

North Carolina
State Highway Patrol



VOLUNTARY STATEMENT

Witness in lane 38

- No Dashcam ☐ Driver Statement ☒ Witness Statement

Date of Collision/Incident: 2-16-22

Time of Collision/Incident: 5:10 ☐ A.M. ☒ P.M.

Name: Jacob Clodfelter DOB: [REDACTED]

Address: [REDACTED] City: Lexington State: NC Zip: [REDACTED] Phone Numbers:

(Home) () (Work) () (Cell) [REDACTED]

Initial Traveling Speed Prior to the Collision/Incident: MPH

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

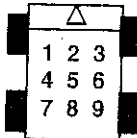
Traveling on I 85 near mile marker 88 in slow lane when I noticed a low flying plane to my right, The plane hit the tractor trailer in front of me, hit from passenger side of the trailer, I hit my brakes, before the time, it hit the trailer of the tractor in front of me. Next thing I recall is the explosion, As I was slowing I processed through fire and debris, when I came to a stop I immediately noticed I was in fire, Then processed to back up to a safe place, Tractor trailer to the lane to my left that also had to break hard and reverse after coming to a stop.

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: [REDACTED]

Date:

2-16-22



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 ☒ No injury
1	DRIVER	Use check blocks if address same as Driver ☒		Male Female	White Black Amer. Indian Hispanic Asian Other	☐ Yes ☐ No	☐ No Injury
2	Front - middle	☐		Male Female	White Black Amer. Indian Hispanic Asian Other	☐ Yes ☐ No ☐ Child Seat	☐ No Injury
3	Front - right	☐		Male Female	White Black Amer. Indian Hispanic Asian Other	☐ Yes ☐ No ☐ Child Seat	☐ No Injury
4	Second seat - left	☐		Male Female	White Black Amer. Indian Hispanic Asian Other	☐ Yes ☐ No ☐ Child Seat	☐ No Injury
5	Second seat - middle	☐		Male Female	White Black Amer. Indian Hispanic Asian Other	☐ Yes ☐ No ☐ Child Seat	☐ No Injury
6	Second seat - right	☐		Male Female	White Black Amer. Indian Hispanic Asian Other	☐ Yes ☐ No ☐ Child Seat	☐ No Injury
7	Third row - left	☐		Male Female	White Black Amer. Indian Hispanic Asian Other	☐ Yes ☐ No ☐ Child Seat	☐ No Injury
8	Third row - middle	☐		Male Female	White Black Amer. Indian Hispanic Asian Other	☐ Yes ☐ No ☐ Child Seat	☐ No Injury
9	Third row - right	☐		Male Female	White Black Amer. Indian Hispanic Asian Other	☐ Yes ☐ No ☐ Child Seat	☐ 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 Name and Registry Number

Date

Sequence #

North Carolina
State Highway Patrol



VOLUNTARY STATEMENT

* Main Witness *

- No dash cam

☐ Driver Statement ☒ Witness Statement

Date of Collision/Incident: _____

Time of Collision/Incident: 1700 ☐ A.M. ☒ P.M.

Name: Terrance Williams DOB: [REDACTED]
Address: [REDACTED] City: Wilson State: NC Zip: [REDACTED] Phone Numbers: _____
(Home) [REDACTED] (Work) (____) [REDACTED]; (Cell) [REDACTED]
Initial Traveling Speed Prior to the Collision/Incident: 68 MPH

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

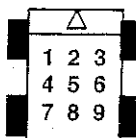
I was driving my Tractor-Trailer in the far R lane when I saw a plane starting to fly low close to the Hwy so I reduced my speed and the plane kept getting lower and hit the rear of the truck in front of me. The plane exploded in front of me. I stopped on the road blocking traffic from coming through.

End of Statement

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: [REDACTED]

Date: 2/16/22



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 ☒ No injury
1	DRIVER	Use check blocks if address same as Driver ☒		Male Female	White Black Amer. Indian Hispanic Asian Other	☐ Yes ☐ No	☐ No injury
2	Front - middle	☐		Male Female	White Black Amer. Indian Hispanic Asian Other	☐ Yes ☐ No ☐ Child Seat	☐ No injury
3	Front - right	☐		Male Female	White Black Amer. Indian Hispanic Asian Other	☐ Yes ☐ No ☐ Child Seat	☐ No injury
4	Second seat - left	☐		Male Female	White Black Amer. Indian Hispanic Asian Other	☐ Yes ☐ No ☐ Child Seat	☐ No injury
5	Second seat - middle	☐		Male Female	White Black Amer. Indian Hispanic Asian Other	☐ Yes ☐ No ☐ Child Seat	☐ No injury
6	Second seat - right	☐		Male Female	White Black Amer. Indian Hispanic Asian Other	☐ Yes ☐ No ☐ Child Seat	☐ No injury
7	Third row - left	☐		Male Female	White Black Amer. Indian Hispanic Asian Other	☐ Yes ☐ No ☐ Child Seat	☐ No injury
8	Third row - middle	☐		Male Female	White Black Amer. Indian Hispanic Asian Other	☐ Yes ☐ No ☐ Child Seat	☐ No injury
9	Third row - right	☐		Male Female	White Black Amer. Indian Hispanic Asian Other	☐ Yes ☐ No ☐ Child Seat	☐ 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 Name and Registry Number

Date

Sequence #

North Carolina
State Highway Patrol



VOLUNTARY STATEMENT

☐ Driver Statement ☒ Witness Statement

Date of Collision/Incident: 2-16-22

Time of Collision/Incident: _____ ☐ A.M. ☐ P.M.

Name: Russell Kumbay DOB: [REDACTED]

Address: [REDACTED] City: Lexington State: NC Zip: [REDACTED]

Phone Numbers: (Home) [REDACTED] (Work) () NONE; (Cell) () _____

Initial Traveling Speed Prior to the Collision/Incident: _____ MPH

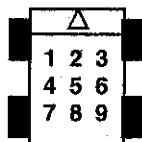
Begin statement here to include events that occurred before, during, and after the collision/incident:

I was at Myers Tool outside
plane taking off engine wasn't
turning, saw plane going
down, bad boom, then smoke.

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: [REDACTED]

Date: 2-16-22



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 (Male/Female)	Race (White/Black/Amer. Indian/Hispanic/Asian/Other)	Seatbelt Used?	Describe Injury from collision or check block indicating ☒ No Injury
1				Male Female	White Black Amer. Indian Hispanic Asian Other	☐ Yes ☐ No	☐ No Injury
2	Front - middle	☐		Male Female	White Black Amer. Indian Hispanic Asian Other	☐ Yes ☐ No ☐ Child Seat	☐ No Injury
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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:

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☐ 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 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: Clinton Spauld DOB: [REDACTED]

Address: [REDACTED] City: Willow Spring State: NC Zip: [REDACTED]

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

Initial Traveling Speed Prior to the Collision/Incident: _____ MPH

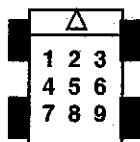
Begin statement here to include events that occurred before, during, and after the collision/incident:

SAW PLANE going for GRASS on side of Road LAST
min turned left + Hit BACK of trailer. I STOPPED
And check truck driver

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: [REDACTED]

Date: 2/16/22



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 (Male/Female)	Race (White/Black/Amer. Indian/Hispanic/Asian/Other)	Seatbelt Used (Yes/No/Child Seat)	Describe Injury from collision or check block indicating ☒ No Injury
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8	Third row - middle	☐		Male Female	White Black Amer. Indian Hispanic Asian Other	☐ Yes ☐ No ☐ Child Seat	☐ No Injury
9	Third row - right	☐		Male Female	White Black Amer. Indian Hispanic Asian Other	☐ Yes ☐ No ☐ Child Seat	☐ 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 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: John F. [redacted] DOB: [redacted]

Address: [redacted] City: Lenoir State: NC 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:

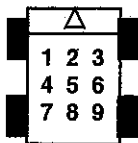
PLANE WAS TRYING TO LAND ~~ON~~
motor was not running went
down on south bound I-85 bridge
missed bridge + struck big truck
on road

NOTE: I
representa

statement is a true and accurate

Signature: [redacted]

Date: 2-14-22



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 (Male/Female)	Race (White/Black/Amer. Indian/Hispanic/Asian/Other)	Seatbelt Used (Yes/No/Child Seat)	Describe Injury from collision or check block indicating ☒ No Injury
1				Male Female	White Black Amer. Indian Hispanic Asian Other	☐ Yes ☐ No	☐ No Injury
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8	Third row - middle	☐		Male Female	White Black Amer. Indian Hispanic Asian Other	☐ Yes ☐ No ☐ Child Seat	☐ No injury
9	Third row - right	☐		Male Female	White Black Amer. Indian Hispanic Asian Other	☐ Yes ☐ No ☐ Child Seat	☐ 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

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Signature of Owner/Possessor

Date

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: Daghi Wells DOB: [REDACTED]

Address: [REDACTED] State: NC Zip: [REDACTED]

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

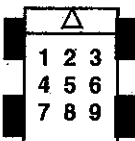
Initial Traveling Speed Prior to the Collision/Incident: _____ MPH

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

We were headed 85 South through Linwood
and something hit our trailer and

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: _____



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/YYYY)	Sex (M/F)	Race (Check)	Seatch. Used (Yes/No/Child Seat)	Describe Injury from collision or check block indicating ☒ No Injury
1				Male Female	White Black Amer. Indian Hispanic Asian Other	☐ Yes ☐ No	☐ No Injury
2	Front - middle	☐		Male Female	White Black Amer. Indian Hispanic Asian Other	☐ Yes ☐ No ☐ Child Seat	☐ No Injury
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9	Third row - right	☐		Male Female	White Black Amer. Indian Hispanic Asian Other	☐ Yes ☐ No ☐ Child Seat	☐ 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:

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Signature of Owner/Possessor

Date

Trooper Name and Registry Number

Date

Sequence #

DAVIDSON COUNTY SHERIFF'S OFFICE
VICTIM'S STATEMENT

NAME:

Joshua Goulding

ADDRESS:

[REDACTED]

DOB:

SOCIAL SECURITY NUMBER:

[REDACTED]

THIS IS A TRUE STATEMENT MADE BY

I, _____, AM DICTATING TO _____

on my way to work a small
plane was losing altitude and
crashed into a vehicle causing
a large explosion causing us
to swerve to the side the
plane remained horizontal

SIGNED:

Joshua Goulding

DATE/TIME:

2/16/2021

WITNESS TO STATEMENT:

5:59 John Cornell

WITNESS TO STATEMENT:

[REDACTED]

TIME/DATE:

02-16-21

OCA:

PAGE 1 OF 1

DAVIDSON COUNTY SHERIFF'S OFFICE

VICTIM'S STATEMENT

Witness

NAME :

ADDRESS :

DOB :

SOCIAL SECURITY NUMBER :

THIS IS A TRUE STATEMENT MADE BY

I, _____, AM DICTATING TO _____

I WAS TRAVELLING SOUTH ON 85 NOTICED
OUTSIDE PASSENGER WINDOW AIRPLANE
WAS REALLY CLOSE TO HWY

I SWERVED MY CAR TO THE LEFT AND
DROVE OVER THROUGH THE GRASS MIDDLE
AND CAME TO A STOP NEXT TO
NORTHBOUND LANE

I WAS THE FIRST CAR AS THE PLANE
STUCK THE TRUCK

FLAMES WERE ALREADY BURNING GRASS
AND HWY -

THE TWO TRUCKS BEHIND ME MANAGED
TO STOP

SIGNED :

WITNESS TO STATEMENT :

WITNESS TO STATEMENT :

TIME/DATE : 2-16-22 1757

OCA :

DATE/TIME : 2/16/22

PAGE 1 OF 1

5:57pm