

LOCAL REPORT NUMBER 77-5	REPORTING AGENCY OHIO STATE HIGHWAY PATROL	DATE OF CRASH M 5 D 10 Y 23
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, <u>VITO SCAFIDG</u> PRINTED <u>TPP. SAENGSI PHANH</u> OFFICER'S NAME	HEREBY MAKE THIS VOLUNTARY STATEMENT TO <u>AKRON CITY HOSPITAL ER, #10</u> AT <u>5/10/23</u> AT <u>1600 HRS.</u> LOCATION
Q: WHAT HAPPENED?	
A: START LIFT TO HOVER TRY TO SET BACK DOWN BUT SHR ROLL OVER	
Q: DID YOU DO A PRE-TRIP INSPECTION?	
A: YES, I FOLLOWED THE MANUAL.	
Q: WHERE WERE YOU PLAN ON FLYING TO?	
A: NO WHERE. I JUST WANTED TO SEE IF I COULD GET IT OFF THE GROUND AND PUT IT BACK DOWN.	
Q: WHAT HAPPENED NEXT?	
A: I GOT THE HELICOPTER ABOUT A FOOT OFF THE GROUND, AND WHEN I ATTEMPTED TO PUT IT BACK ON THE GROUND AT WHICH TIME IT FLIPPED OVER ON ITS LEFT SIDE.	
Q: ANY INJURIES FROM THE CRASH?	
A: MINOR CUTS ON MY HEAD FROM BROKEN GLASS.	
Q: WERE YOU BELTED?	
A: YES,	
Q: ANYONE ELSE IN THE HELICOPTER AT THE TIME OF CRASH?	
A: NO, I WAS BY MYSELF.	
Q: CAN YOU TELL ME MORE ABOUT THE HELICOPTER?	
A: I WORKED ON HELICOPTER AS HOBBY AND RECENTLY PUT IN AN ENGINE IN IT.	
ADDRESS OF WITNESS 3249 SAMUEL RD AKRON, OH 44312	SIGNATURE OF WITNESS X [REDACTED]
OFFICER'S SIGNATURE X [REDACTED]	