

(DEPARTAMENTO DE POLICÍA - DECLARACIÓN)

Case #: [REDACTED] Date (Fecha) 10/18/24 Time (Hora) 19:00

Last: Apellido Trickett First: (Primer) Jonathan Middle: (Segundo) R

[REDACTED] Direction of home Dothan City GA 30533

Phone Home (Número de Teléfono) [REDACTED] Work (Otro Número) [REDACTED] Cell (Celular) [REDACTED] Email (correo electrónico) [REDACTED]

Date of Birth (Fecha de Nacimiento) [REDACTED] Social Security # (Número de Seguro Social) [REDACTED]

Driver's License Number: (Número de Licencia de Conducir) [REDACTED] State (estado) [REDACTED]

Statement Concerning (Declaración Sobre): Air plane crash landing

Location of where statement was obtained (Ubicación en la Que Se Obtuvo la Declaración): KGV

I am making the following statement to Esta declaración se la está entregando a Ofc. Santiago #77 of the Gainesville Police Department. Policia del Departamento de

heard calls for help over radio, ran outside to see plane doing multiple low passes Attempting to land watched a forced landing on runway 5, plane dash was on fire, pilot incapacitated, passenger OK. pulled both out, extinguished fire.

Signature of person (Firma de la Persona) [REDACTED] Date (Fecha) 10/18/24 Time (Hora) 19:30

Witness (Testigo/a) [REDACTED] Date (Fecha) 10/18/24 Time (Hora) 19:30

GAINESVILLE POLICE DEPARTMENT STATEMENT
(DEPARTAMENTO DE POLICÍA - DECLARACIÓN)

Case #:
(Caso)



Date
(Fecha)

10/18/24

Time
(Hora)

1830

Last:
Apellido

Trichel

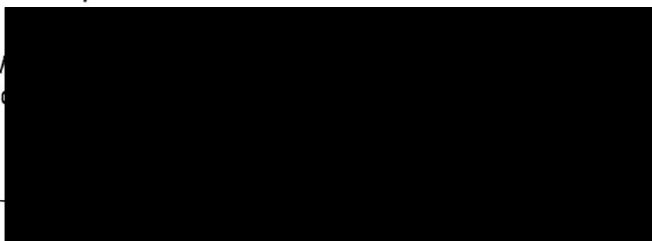
First:
(Primer)

Jonathan

Middle:
(Segundo)

Started chest compressions on patient with
almost no pulse until EMS arrived

Signature of person giving statement
(Firma de la Persona Dando Declaración)



Date
(Fecha)

10/18/24

Time
(Hora)

1830

Witness (Testigo/a)

Date
(Fecha)

10/18/24

Time
(Hora)

1830

(DEPARTAMENTO DE POLICÍA - DECLARACIÓN)

Case #: [REDACTED] Date (Fecha) 10/18/24 Time (Hora) 1830
Last: Johnson First: Barbara Middle: [REDACTED]
Apellido (Primer) (Segundo)

Street# [REDACTED] Street Name [REDACTED] City Tucher State GA30084 Zip
Dirección de casa

Phone Home Work
(Número de Teléfono) (Casa) (Otro Número)

Cell [REDACTED] Email [REDACTED]
(Celular) (correo electronico)

Date of Birth [REDACTED] Social Security # [REDACTED]
(Fecha de Nacimiento) (Número de Seguro Social)

Driver's License Number: [REDACTED] State [REDACTED]
(Número de Licencia de Conducir) (estado)

Statement Concerning (Declaración Sobre): Airplane Crash

Location of where statement was obtained (Ubicación en la Que Se Obtuvo la Declaración):

1137 Aviation Way

I am making the following statement to
Esta declaración se le esta entregando a Ofc. Santiago #77 of the Gainesville Police
F. Levarz del Departamento de
Department.
Policia.

Charles was living up to LAND at the
Gainesville Airport. Then I notice he was NOT
flying/in control of the plane. I took over
the plane to LAND the plane. I didn't know what to
do, so I landed at the runway. I did the best I could
do.

Signature of person [REDACTED] Date [REDACTED] Time [REDACTED]
(Firma de la Persona Da) (Fecha) (Hora)

Witness (Testigo/a) [REDACTED] Date 10/18/24 Time 2200
(Fecha) (Hora)

**GAINESVILLE POLICE DEPARTMENT STATEMENT
(DEPARTAMENTO DE POLICÍA – DECLARACIÓN)**

Case #: _____ Date _____ Time _____
(Caso) _____ (Fecha) _____ (Hora) _____

Last: _____ First: _____ Middle: _____
Apellido _____ (Primer) _____ (Segundo) _____

Signature of person giving statement _____ Date _____ Time _____
(Firma de la Persona Dando la Declaración) (Fecha) (Hora)

Witness (Testigo/a) _____ Date (Fecha) _____ Time (Hora) _____

GAINESVILLE POLICE DEPARTMENT STATEMENT
(DEPARTAMENTO DE POLICÍA – DECLARACIÓN)

Case #: [REDACTED] Date (Fecha) 10/18/24 Time (Hora) 1830

Last: McNeal First: Evan Middle: J
Apellido (Primer) (Segundo)

[REDACTED] Flowery Branch Ga 30542
City State Zip

Dirección de casa

Phone Home Work
(Número de Teléfono) (Casa) (Otro Número)

Cell [REDACTED] Email
(Celular) (correo electronico)

[REDACTED]

Date of Birth [REDACTED] Social Security #
(Fecha de Nacimiento) (Número de Seguro Social)

Driver's License Number: [REDACTED] State GA
(Número de Licencia de Conducir) (estado)

Statement Concerning (Declaración Sobre): N1519 Airplane Accident
@ KGCUL Airport

Location of where statement was obtained (Ubicación en la Que Se Obtuvo la Declaración): KGCUL
Airport Rwy 05/23

I am making the following statement to of the Gainesville Police
Esta declaración se le esta entregando a F. Lopez 28 del Departamento de

Department.
Policía.

After hearing concerning Radio transmissions
over the Ctaf 123.075 myself and 3 colleagues
exited the carrier flight center office
toward the runway to investigate. we
continued to monitor the Ctaf as we

Signature of person giving [REDACTED] Date 10/18/24 Time 1930
(Firma de la Persona Dando la) (Fecha) (Hora)

Witness (Testigo/a) [REDACTED] Date 10/18/24 Time 1930
(Fecha) (Hora)

GAINESVILLE POLICE DEPARTMENT STATEMENT
(DEPARTAMENTO DE POLICÍA – DECLARACIÓN)

Case # [REDACTED] Date 10/18/24 Time 1830
(Caso) (Fecha) (Hora)
Last: McNeel First: Fran Middle:
Apellido (Primer) (Segundo)

Searched for the aircraft. After a few failed radio contact attempts and some figure 8 patterns, the airplane passenger had to force a landing on Rwy 05. The nose wheel collapsed and flames engulfed the belly of the airplane. Myself and a coworker in a polaris rushed to the plane w/ a fire extinguisher and evacuated the pilot and passenger. I used the extinguisher to put out the fire under the dash, turned off the master battery switch. Another coworker had started CPR on the pilot. After 100 (Roughly) compressions, I joined in the compressions and continued until police arrived.

Signature of person giving statement
(Firma de la Persona Dando la Declaración)

Witness (Testigo/a)

Date 10/18/24 Time 1930
(Fecha) (Hora)

Date 10/18/24 Time 1930
(Fecha) (Hora)

GAINESVILLE POLICE DEPARTMENT STATEMENT
(DEPARTAMENTO DE POLICÍA – DECLARACIÓN)

Case #: [REDACTED] Date (Fecha) 10/18/24 Time (Hora) 1930

Last: Haley First: Evan Middle: _____
Apellido (Primer) (Segundo)

[REDACTED] Cumming GA 30040
City State Zip

Dirección de casa

Phone Home Work
(Número de Teléfono) (Casa) (Otro Número)

Cell [REDACTED] Email
(Celular) (correo electronico)

[REDACTED]
Date of Birth Social Security #
(Fecha de Nacimiento) (Número de Seguro Social)

Driver's License Number: [REDACTED] State
(Número de Licencia de Conducir) (estado)

Statement Concerning (Declaración Sobre): Plane Crash

Location of where statement was obtained (Ubicación en la Que Se Obtuvo la Declaración):

1137 Aviation Pkwy

I am making the following statement to _____ of the Gainesville Police
Esta declaración se le esta entregando a F. Lewis 28 del Departamento de

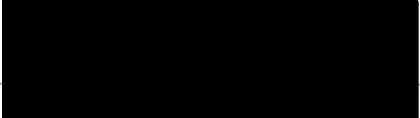
Department.
Policía.

Signature of person giving statement
(Firma de la Persona Dando la Declaración)

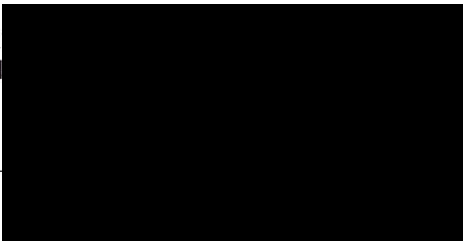
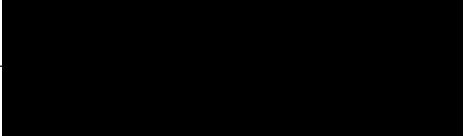
Date (Fecha) 10/18/24 Time (Hora) 1930

Witness (Testigo/a) _____ Date (Fecha) 10/18/24 Time (Hora) 1930

GAINESVILLE POLICE DEPARTMENT STATEMENT
(DEPARTAMENTO DE POLICÍA – DECLARACIÓN)

Case #:  Date (Fecha) 10/18/24 Time (Hora) 1930
Last: Haley First: Evan Middle: _____
Apellido _____ (Primer) _____ (Segundo) _____

I ^{had} ~~was~~ just landed from a flight with a student and about 10 min earlier I heard the Pilot (male) make a radio call and moments later I heard a faint cry for help and tried to reach out to help with no response. After we landed we heard the aircraft in distress come in to try to land and saw it crash. I ran to help ~~rescue~~ the occupants and stop the fire.

Signature of person giving statement  Date (Fecha) 10/18/24 Time (Hora) 1930
(Firma de la Persona Dando la Declaración) _____
Witness (Testigo/a)  Date (Fecha) 10/18/24 Time (Hora) 1930

(DEPARTAMENTO DE POLICÍA - DECLARACIÓN)

Case #: [REDACTED] Date (Fecha) 10/18/24 Time (Hora) 1830
(Caso)

Last: McConnell First: Lance Middle: Thomas
Apellido (Primer) (Segundo)

[REDACTED] Gainesville Ga 30504
City State Zip

Dirección de casa

Phone Home Work
(Número de Teléfono) (Casa) (Otro Número)

Cell Email
(Celular) (correo electrónico)

Sex
(Sexo)

Date of Birth Social Security #
(Fecha de Nacimiento) (Número de Seguro Social)

Driver's License Number: State Ga
(Número de Licencia de Conducir) (estado)

Statement Concerning (Declaración Sobre): Aircraft crash at KGN

Location of where statement was obtained (Ubicación en la Que Se Obtuvo la Declaración):

Gainesville ga airport

I am making the following statement to
Esta declaración se le esta entregando a Ofc. Santiago #77 of the Gainesville Police
R. Lopez 20 del Departamento de
Department.
Policía.

I was in the front office of Lanier Flight Center with some coworkers when we heard a female voice call for help on the radio. Several people tried to help her on the radio but she seemed to either not hear or understand what they were saying. She made several low passes over the runway trying to land. She finally managed to get the airplane on the ground by forcing the nose down which resulted in the nose gear collapsing and a small fire.

Signature of person giving
(Firma de la Persona Dando)

Witness (Testigo/a) [REDACTED] Date 10/18/24 Time 1930
(Fecha) (Hora)

GAINESVILLE POLICE DEPARTMENT STATEMENT
(DEPARTAMENTO DE POLICÍA – DECLARACIÓN)

Case #:
(Caso)



Date
(Fecha)

10/18/24

Time
(Hora)

1830

Last:
Apellido

McConnell

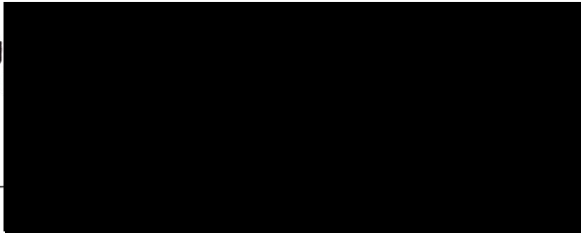
First:
(Primer)

Lance

Middle:
(Segundo)

Me and a few of my coworkers rushed to the plane and pulled the unresponsive pilot out of the airplane and two of my coworkers performed CPR. We were able to get a faint pulse but ~~it~~ fainted and we couldn't get it back. We helped ~~the~~ his female passenger out of the aircraft and extinguished a small fire in the engine.

Signature of person giving
(Firma de la Persona Dando la



Date
(Fecha)

10/18/24

Time
(Hora)

1930

Witness (Testigo/a)

Date
(Fecha)

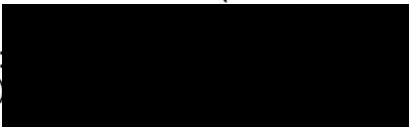
10/18/24

Time
(Hora)

1930

GAINESVILLE POLICE DEPARTMENT STATEMENT
(DEPARTAMENTO DE POLICÍA - DECLARACIÓN)

Case #
(Caso)



Date
(Fecha)

10/18/24

Time
(Hora)

1830

Last:
Apellido

Hare

First:
(Primer)

Cavan

Middle:
(Segundo)

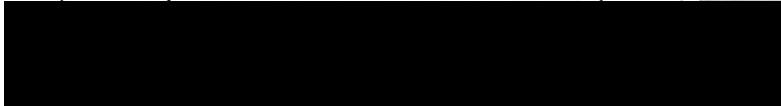
Ross

Gainesville
City

GA
State

30506
Zip

Dirección de casa



Phone
(Número de Teléfono)

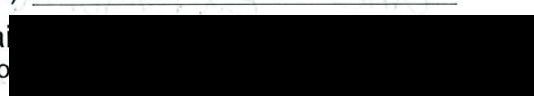
Home
(Casa)

Work
(Otro Número)

Cell
(Celular)



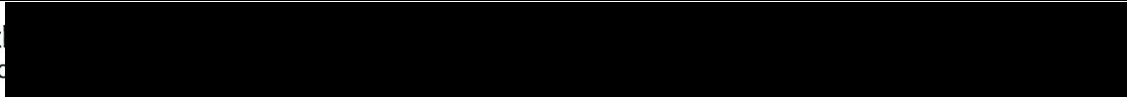
Email
(correo electrónico)



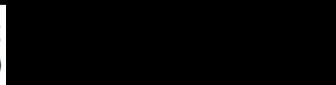
Sex:
(Sexo)



Date of Birth
(Fecha de Nacimiento)



Driver's License Number:
(Número de Licencia de Conducir)



State
(estado)

Georgia

Statement Concerning (Declaración Sobre):

Aircraft Crash on 5-23 of K6VL

Location of where statement was obtained (Ubicación en la Que Se Obtuvo la Declaración):

Lee Gilmer

Memorial Airport

I am making the following statement to
Esta declaración se le esta entregando a

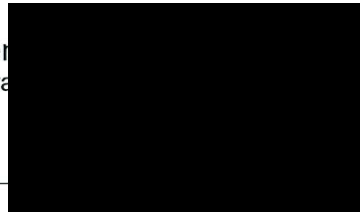
F. Lewis

of the Gainesville Police
del Departamento de

Department.
Policía.

Myself and three other coworkers heard faint
distress calls over the radio in the front desk.
After multiple attempts from the ground and aircraft
in the pattern to make contact to no success we
watched N11519 make several low passes and cont...

Signature of person giving statement
(Firma de la Persona Dando la Declaración)



Date
(Fecha)

10/18/24

Time
(Hora)

18:53

Witness (Testigo/a)

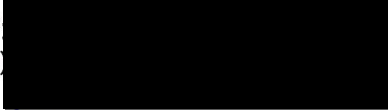
Date
(Fecha)

10/18/24

Time
(Hora)

18:53

GAINESVILLE POLICE DEPARTMENT STATEMENT
(DEPARTAMENTO DE POLICÍA – DECLARACIÓN)

Case #  Date (Fecha) 10/18/24 Time (Hora) 1830
Last: Have First: Cavan Middle: _____
Apellido _____ (Primer) _____ (Segundo) _____

Force a landing on Runway 5. My coworkers and I pulled the occupants from the aircraft and extinguished the fire. The left seat occupant had no pulse and was given chest compressions for 6 minutes before EMS was on scene.

Signature of person giving statement
(Firma de la Persona Dando la Declaración)

Witness (Testigo/a) _____

Date (Fecha) 10/18/24 Time (Hora) 18:53

Date (Fecha) 10/18/24 Time (Hora) 1853