



**HIGHWAY ACCIDENT BRIEF**

**Attachment 5 – Passenger Written Statements**

**Capitol Heights, Maryland**

**HWY16SH021**

(6 pages)

PRINCE GEORGE'S COUNTY POLICE DEPARTMENT  
COLLISION ANALYSIS AND RECONSTRUCTION UNIT  
STATEMENT OF DRIVER / PASSENGER:

CASE # PP160720A0001626 DATE: 07/20/16 TIME: 1800 hrs

LOCATION: 6400 Blk Central Ave Capital Heights, MD 20743

STATEMENT TAKEN BY: Cpl. Moyer I.D. # 3119

STATEMENT OF: Joshua Isaiah Chase  
(YOUR FULL NAME)  
HOME ADDRESS: [REDACTED]  
CITY: [REDACTED] STATE: MD ZIP: [REDACTED]  
HOME PHONE: ([REDACTED]) [REDACTED] WORK PHONE: ([REDACTED])  
WHERE DO YOU WORK? [REDACTED]  
BUSINESS ADDRESS: \_\_\_\_\_  
WHAT JOB DO YOU PERFORM: \_\_\_\_\_  
SEX: Male RACE: African American DATE OF BIRTH: [REDACTED] AGE: 19

DO YOU HAVE A DRIVER'S LICENSE:  YES  NO  
IF YES - WHERE ARE YOU LICENSED TO DRIVE: Maryland (STATE)  
YOUR DRIVER'S LICENSE NUMBER: \_\_\_\_\_  
HOW LONG HAVE YOU BEEN A LICENSED DRIVER? \_\_\_\_\_ YEARS

WHO WAS DRIVING THE VEHICLE YOU WERE IN? I was  
WHERE WERE YOU SITTING IN THE VEHICLE? Driver seat  
WERE YOU WEARING YOUR SEAT BELT & SHOULDER HARNESS? yes  
WHO ELSE WAS IN THE VEHICLE? My girlfriend  
WHERE WERE THE OTHERS SITTING? passenger  
WERE THE OTHER PEOPLE WEARING SEAT BELTS? yes

WHERE WERE YOU COMING FROM? Bladensburg

WHERE WERE YOU GOING? Hospita l

DID YOU WORK TODAY? \_\_\_\_\_ WHAT HOURS DID YOU WORK? \_\_\_\_\_

WHEN WAS THE LAST TIME YOU SLEPT? Last Night

HOW LONG DID YOU SLEEP? \_\_\_\_\_

HOW FAST WAS THE VEHICLE IN WHICH YOU WERE RIDING GOING? \_\_\_\_\_ M.P.H.

HAD YOU CONSUMED ANY ALCOHOLIC BEVERAGES BEFORE GETTING INTO THE VEHICLE ? \_\_\_\_\_

HOW MUCH HAD YOU CONSUMED ? \_\_\_\_\_

WHAT TYPE OF ALCOHOLIC BEVERAGE WERE YOU DRINKING ? None

ARE YOU TAKING ANY TYPE OF PRESCRIPTION MEDICATION ? NO

(IF YES - WHAT TYPE) \_\_\_\_\_

WHY ARE YOU TAKING THIS MEDICATION ? \_\_\_\_\_

WHO IS YOUR DOCTOR ? \_\_\_\_\_

DO YOU SUFFER FROM ANY TYPE OF SEIZURES OR BLACKOUTS ? NO

ARE YOU TAKING ANY OVER THE COUNTER MEDICATION ? \_\_\_\_\_

(IF YES - WHAT TYPE) \_\_\_\_\_

WHY ARE YOU TAKING THIS MEDICATION ? \_\_\_\_\_

**TELL ME IN YOUR OWN WORDS WHAT HAPPENED.**

YOUR STATEMENT: Basically me and my girlfriend was riding a truck came over and we moved over and we ran over the curb and hit the gate.

We were coming from ~~Bladensburg~~ we were riding up East Capitol street and made it up to central ave. I got in the far left lane because a truck was trying to come over and we went over the ~~curb~~ curb. We landed on the other side of the street because we crashed into the gate we were heading to Southern MD Hospital.

Q: Who was driving the vehicle that you were in?

A: I was

Q: Why were you going to the hospital?

A: I wasn't feeling well last night, I wanted to see what was wrong

I HAVE READ THE ABOVE STATEMENT CONSISTING OF 3 PAGE(S). THIS STATEMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

WITNESSING POLICE OFFICER'S SIGNATURE

YOUR SIGNATURE

YOUR NAME: Joshua Chase

CASE #: PP16072000001626

STATEMENT:

Q: What were your symptoms?

A: Stomach ache, headache all week

Q: What did the truck that was trying to get over look like?

A: I dont remember Honestly

Q: What color was the truck?

A: I dont know

Q: What body style of truck was it?

A: I think SUV

Q: How many doors did the truck have?

A: 4

Q: How fast were you driving?

A: Maybe 45-50

Q: Is there anything else that you would like to add to your statement?

A: NO

WITNESSING POLICE OFFICER'S SIGNATURE

YOUR SIGNATURE

TIME TERMINATED 1921

PRINCE GEORGE'S COUNTY POLICE DEPARTMENT

STATEMENT OF VICTIM/WITNESS/SUSPECT

CCN: PP16072000001626 DATE: 8/1/16 TIME: 1900 hrs

STATEMENT OF: Sasha Chase

HOME ADDRESS: [REDACTED] PHONE: [REDACTED]

BUSINESS ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

SEX/RACE/DOB: Black / Male [REDACTED] POB: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR: \_\_\_\_\_ EYES: \_\_\_\_\_ SSN: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ TYPE OF OFFENSE: \_\_\_\_\_

STATEMENT TAKEN BY: Cpl. M. Moyer 3119 LOCATION: 6700 Riverdale Road

STATEMENT: I wasn't feeling good the night before. The next day (that Wednesday) We decided to go to the hospital. We was walking to my car I gave her permission to drive me there. We was driving on the road and we made it to central ave. We was coming up central and we was listening to music, I had a pain in my stomach and I made like a grunt sound. She checked on me and that made her take her eyes off the road and we ran through the gate. The airbags came out and we couldn't see anything. We landed on the other side and when we got out the car we saw the body in the street.

I HAVE READ THE ABOVE STATEMENT CONSISTING OF 2 PAGES. THIS STATEMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

[REDACTED]  
WITNESSED BY

[REDACTED]  
SIGNATURE

NAME: [REDACTED] CCN: \_\_\_\_\_

STATEMENT: \_\_\_\_\_

Q: Who was driving the vehicle that you were in?

A: My girlfriend

Q: What is your girlfriend's name?

A: Dakota

Q: What is Dakota's last name?

A: Watts

Q: How fast was the vehicle that Dakota Watts was driving going?

A: The Speed Limit @

Q: What is the speed limit in the area of the crash?

A: I dont remember

Q: Is there anything else that you would like to add?

A: NO

[REDACTED]  
WITNESSED BY

[REDACTED]  
SIGNATURE

TIME TERMINATED: 12/19 hrs