



**SURVIVAL FACTORS ATTACHMENT**

**Virginia State Police Written Witness Statements**

**Williamsburg, VA**

**HWY23MH004**

(16 pages)

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VIRGINIA STATE POLICE  
ACCIDENT STATEMENT FORM  
(PLEASE PRINT NEATLY)



**PERSONAL INFO:**

PRINT FULL NAME: X Tykira Rogers [REDACTED]  
DRIVER'S LISENCE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_  
LICENSE PLATE NUMBER: \_\_\_\_\_ STATE: VA VIN: \_\_\_\_\_  
RESIDENCE ADDRESS: [REDACTED]  
CITY: Norfolk STATE: VA ZIP CODE: 23504  
PHONE NUMBER: (X) [REDACTED] EMAIL: \_\_\_\_\_  
INSURANCE COMPANY: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

**PASSENGER INFO:**

1. NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
a. SEATED WHERE IN THE VEHICLE? \_\_\_\_\_  
b. INJURED? YES NO (CIRCLE ONE)
2. NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
a. SEATED WHERE IN THE VEHICLE? \_\_\_\_\_  
b. INJURED? YES NO (CIRCLE ONE)
3. NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
a. SEATED WHERE IN THE VEHICLE? \_\_\_\_\_  
b. INJURED? YES NO (CIRCLE ONE)
4. NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
a. SEATED WHERE IN THE VEHICLE? \_\_\_\_\_  
b. INJURED? YES NO (CIRCLE ONE)

**QUESTIONS:**

1. TIME OF CRASH? \_\_\_\_\_
  2. WHAT LANE WERE YOU IN PRIOR TO THE CRASH? \_\_\_\_\_
  3. HOW FAST WERE YOU TRAVELING AT THE TIME OF IMPACT? \_\_\_\_\_ MPH
  4. HOW MANY CAR LENGTHS WERE BETWEEN YOU AND THE OTHER CAR PRIOR TO CRASH? \_\_\_\_\_  
a. IF YOU WERE HIT, PLEASE PUT N/A FOR NOT APPLICABLE.
  5. WERE YOU WEARING YOUR SEATBELT? YES NO (CIRCLE ONE)
  6. ARE YOU INJURED? YES NO (CIRCLE ONE)
  7. DID YOUR AIRBAGS DEPLOY? YES NO (CIRCLE ONE) IF YES, WHICH ONE(S)? \_\_\_\_\_
  8. DID YOU INTENTIONALLY RUN OFF OF THE ROAD WAY? YES NO (CIRCLE ONE)  
a. IF YES, WHY? \_\_\_\_\_  
b. IF NO, DID YOU INTEND ON STAYING ON THE ROADWAY? YES NO (CIRCLE ONE)
  9. DID YOU LOSE CONTROL OF YOUR VEHICLE, HOWEVER SLIGHT? YES NO (CIRCLE ONE)
  10. WHY DO YOU THINK YOU LOST CONTROL? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  11. WHAT WERE YOU DOING AT THE TIME OF THE CRASH? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  12. DID YOU HAVE SOME TYPE OF EMERGENCY WHILE YOU WERE DRIVING? (MEDICAL, MECHANICAL, SOMETHING UNUSUAL?) YES NO (CIRCLE ONE)  
IF YES, WHAT? \_\_\_\_\_  
\_\_\_\_\_
- IF YOU DO NOT REMEMBER ONE OR MORE OF THESE QUESTIONS ANSWER THE FOLLOWING:**
13. WHY DON'T YOU REMEMBER? \_\_\_\_\_
  14. WERE YOU AWAKE DURING THE CRASH? \_\_\_\_\_
  15. DID YOU BLACK OUT BEFORE / DURING CRASH? \_\_\_\_\_

(FLIP TO BACK FOR STATEMENT)

WRITTEN STATEMENT:

I remember a few people asleep. I was up looking around, we were going straight, returns or trying to get over. I layed down, closed my eyes and I heard a loud Boom, that Boom knocked me to the ground and I fell on my stomach, the Bus was collapsing in. The three people who passed away were sitting in the Back of the Bus

Written by Traeger Bowers

THE INFORMATION ABOVE IS TRUE AND CORRECT

PRINT

SIGNATURE

DATE & TIME

12/16/2022

VIRGINIA STATE POLICE  
ACCIDENT STATEMENT FORM  
(PLEASE PRINT NEATLY)



**PERSONAL INFO:**

PRINT FULL NAME: Jermaine Rodgers DOB [REDACTED]  
DRIVER'S LISENCE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_  
LICENSE PLATE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_ VIN: \_\_\_\_\_  
RESIDENCE ADDRESS: [REDACTED]  
CITY: Portsmouth STATE: VA ZIP CODE: 23704  
PHONE NUMBER: [REDACTED] EMAIL: \_\_\_\_\_  
INSURANCE COMPANY: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

**PASSENGER INFO:**

-mom

1. NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
a. SEATED WHERE IN THE VEHICLE? \_\_\_\_\_  
b. INJURED? YES NO (CIRCLE ONE)
2. NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
a. SEATED WHERE IN THE VEHICLE? \_\_\_\_\_  
b. INJURED? YES NO (CIRCLE ONE)
3. NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
a. SEATED WHERE IN THE VEHICLE? \_\_\_\_\_  
b. INJURED? YES NO (CIRCLE ONE)
4. NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
a. SEATED WHERE IN THE VEHICLE? \_\_\_\_\_  
b. INJURED? YES NO (CIRCLE ONE)

**QUESTIONS:**

1. TIME OF CRASH? \_\_\_\_\_
  2. WHAT LANE WERE YOU IN PRIOR TO THE CRASH? \_\_\_\_\_
  3. HOW FAST WERE YOU TRAVELING AT THE TIME OF IMPACT? \_\_\_\_\_ MPH
  4. HOW MANY CAR LENGTHS WERE BETWEEN YOU AND THE OTHER CAR PRIOR TO CRASH? \_\_\_\_\_  
a. IF YOU WERE HIT, PLEASE PUT **N/A** FOR NOT APPLICABLE.
  5. WERE YOU WEARING YOUR SEATBELT? YES NO (CIRCLE ONE)
  6. ARE YOU INJURED? YES NO (CIRCLE ONE)
  7. DID YOUR AIRBAGS DEPLOY? YES NO (CIRCLE ONE) IF YES, WHICH ONE(S)? \_\_\_\_\_
  8. DID YOU INTENTIONALLY RUN OFF OF THE ROAD WAY? YES NO (CIRCLE ONE)  
a. IF YES, WHY? \_\_\_\_\_  
b. IF NO, DID YOU INTEND ON STAYING ON THE ROADWAY? YES NO (CIRCLE ONE)
  9. DID YOU LOSE CONTROL OF YOUR VEHICLE, HOWEVER SLIGHT? YES NO (CIRCLE ONE)
  10. WHY DO YOU THINK YOU LOST CONTROL? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  11. WHAT WERE YOU DOING AT THE TIME OF THE CRASH? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  12. DID YOU HAVE SOME TYPE OF EMERGENCY WHILE YOU WERE DRIVING? (MEDICAL, MECHANICAL, SOMETHING UNUSUAL?) YES NO (CIRCLE ONE)  
IF YES, WHAT? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- IF YOU DO NOT REMEMBER ONE OR MORE OF THESE QUESTIONS ANSWER THE FOLLOWING:**
13. WHY DON'T YOU REMEMBER? \_\_\_\_\_
  14. WERE YOU AWAKE DURING THE CRASH? \_\_\_\_\_
  15. DID YOU BLACK OUT BEFORE / DURING CRASH? \_\_\_\_\_

(FLIP TO BACK FOR STATEMENT)

WRITTEN STATEMENT:

I was in the front right side, we were riding down the street, and something hit the back of us, and a second truck hit us. causing the top to come off the bus. I had to crawl out. The first bus hit the side, we spun and the other bus came and hit us.

Written by Tpr. Barnes

THE INFORMATION ABOVE IS TRUE AND CORRECT

PRINT

SIGNATURE

DATE & TIME

12/10/22

VIRGINIA STATE POLICE  
WITNESS STATEMENT FORM  
(PLEASE PRINT NEATLY)



**PERSONAL INFO:**

PRINT FULL NAME: Antonio Lamont Wiggins DATE OF BIRTH: [REDACTED]  
DRIVER'S LICENSE NUMBER: SSN [REDACTED] STATE: VA  
LICENSE PLATE NUMBER: \_\_\_\_\_ STATE: VA VIN: \_\_\_\_\_  
ADDRESS: [REDACTED]  
CITY: Newport News STATE: VA ZIP CODE: 23602  
PHONE NUMBER: [REDACTED] EMAIL: [REDACTED]  
INSURANCE COMPANY: Progressive POLICY NUMBER: \_\_\_\_\_

**PASSENGER INFO:**

1. NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
a. SEATED WHERE IN THE VEHICLE? \_\_\_\_\_  
b. INJURED? YES NO (CIRCLE ONE)
2. NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
a. SEATED WHERE IN THE VEHICLE? \_\_\_\_\_  
b. INJURED? YES NO (CIRCLE ONE)
3. NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
a. SEATED WHERE IN THE VEHICLE? \_\_\_\_\_  
b. INJURED? YES NO (CIRCLE ONE)
4. NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
a. SEATED WHERE IN THE VEHICLE? \_\_\_\_\_  
b. INJURED? YES NO (CIRCLE ONE)

**QUESTIONS:**

1. TIME OF CRASH? 01:39
2. WHAT LANE WERE YOU IN PRIOR TO THE CRASH? Far Right Lane
3. HOW FAST WERE YOU TRAVELING AT THE TIME OF IMPACT? 40mph MPH
4. HOW MANY CAR LENGTHS WERE BETWEEN YOU AND THE OTHER CAR PRIOR TO CRASH? (IF RELEVANT) 0
5. WERE YOU WEARING YOUR SEATBELT? YES  NO (CIRCLE ONE)
6. ARE YOU INJURED?  YES NO (CIRCLE ONE)  
a. IF YES, DID YOU DECLINE MEDICAL SERVICES? YES NO (CIRCLE ONE)
7. DID YOUR AIRBAGS DEPLOY? YES  NO (CIRCLE ONE)  
a. IF YES, WHICH ONES? \_\_\_\_\_
8. DID YOU INTENTIONALLY RUN OFF OF THE ROAD WAY? YES  NO (CIRCLE ONE)  
a. IF YES, WHY? \_\_\_\_\_
9. IF NO, DID YOU INTEND ON STAYING ON THE ROADWAY?  YES NO (CIRCLE ONE)
10. DID YOU LOSE CONTROL OF YOUR VEHICLE, HOW EVER SLIGHT? YES  NO (CIRCLE ONE)
11. WHY DO YOU THINK YOU LOST CONTROL? \_\_\_\_\_
12. WHAT WERE YOU DOING AT THE TIME OF THE CRASH? Driving Passengers Home
13. DID YOU HAVE SOME TYPE OF EMERGENCY WHILE YOU WERE DRIVING? (MEDICAL, MECHANICAL, SOMETHING UNUSUAL?) YES  NO (CIRCLE ONE)  
IF YES, WHAT? \_\_\_\_\_
- IF YOU DO NOT REMEMBER ONE OR MORE OF THESE QUESTIONS ABOVE ANSWER THE FOLLOWING:  
14. WHY DON'T YOU REMEMBER? \_\_\_\_\_
15. WERE YOU AWAKE DURING THE CRASH?  YES NO (CIRCLE ONE)
16. DID YOU BLACK OUT BEFORE / DURING CRASH? YES  NO (CIRCLE ONE)

(FLIP TO BACK FOR STATEMENT)

WRITTEN STATEMENT:

I was ~~was~~ Driving in the far Right Lane, I Check my driver side mirror I see a Semi-Truck approaching very fast @ I saw about 80mph I began to change lanes to get us out of Harms way then I hear a Big bang next thing I ~~know~~ know I was Tumbling around the bus I then Find my self on the ground.

THE INFORMATION ABOVE IS TRUE AND CORRECT

Antonio Wiggins

PRINT

[Redacted Signature]

SIGNATURE

12-16-2022 / 5:11

DATE & TIME



VIRGINIA STATE POLICE  
ACCIDENT STATEMENT FORM  
(PLEASE PRINT NEATLY)



**PERSONAL INFO:**

PRINT FULL NAME: Tanija Fattrell [REDACTED]  
DRIVER'S LISENCE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_  
LICENSE PLATE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_ VIN: \_\_\_\_\_  
RESIDENCE ADDRESS: [REDACTED]  
CITY: NOFPOWK STATE: VA ZIP CODE: 23509  
PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_  
INSURANCE COMPANY: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

**PASSENGER INFO:**

1. NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
a. SEATED WHERE IN THE VEHICLE? \_\_\_\_\_  
b. INJURED? YES NO (CIRCLE ONE)
2. NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
a. SEATED WHERE IN THE VEHICLE? \_\_\_\_\_  
b. INJURED? YES NO (CIRCLE ONE)
3. NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
a. SEATED WHERE IN THE VEHICLE? \_\_\_\_\_  
b. INJURED? YES NO (CIRCLE ONE)
4. NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
a. SEATED WHERE IN THE VEHICLE? \_\_\_\_\_  
b. INJURED? YES NO (CIRCLE ONE)

**QUESTIONS:**

1. TIME OF CRASH? \_\_\_\_\_
  2. WHAT LANE WERE YOU IN PRIOR TO THE CRASH? \_\_\_\_\_
  3. HOW FAST WERE YOU TRAVELING AT THE TIME OF IMPACT? \_\_\_\_\_ MPH
  4. HOW MANY CAR LENGTHS WERE BETWEEN YOU AND THE OTHER CAR PRIOR TO CRASH? \_\_\_\_\_  
a. IF YOU WERE HIT, PLEASE PUT **N/A** FOR NOT APPLICABLE.
  5. WERE YOU WEARING YOUR SEATBELT? YES NO (CIRCLE ONE)
  6. ARE YOU INJURED? YES NO (CIRCLE ONE)
  7. DID YOUR AIRBAGS DEPLOY? YES NO (CIRCLE ONE) IF YES, WHICH ONE(S)? \_\_\_\_\_
  8. DID YOU INTENTIONALLY RUN OFF OF THE ROAD WAY? YES NO (CIRCLE ONE)  
a. IF YES, WHY? \_\_\_\_\_  
b. IF NO, DID YOU INTEND ON STAYING ON THE ROADWAY? YES NO (CIRCLE ONE)
  9. DID YOU LOSE CONTROL OF YOUR VEHICLE, HOWEVER SLIGHT? YES NO (CIRCLE ONE)
  10. WHY DO YOU THINK YOU LOST CONTROL? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  11. WHAT WERE YOU DOING AT THE TIME OF THE CRASH? \_\_\_\_\_
  12. DID YOU HAVE SOME TYPE OF EMERGENCY WHILE YOU WERE DRIVING? (MEDICAL, MECHANICAL, SOMETHING UNUSUAL?) YES NO (CIRCLE ONE)  
IF YES, WHAT? \_\_\_\_\_  
\_\_\_\_\_
- IF YOU DO NOT REMEMBER ONE OR MORE OF THESE QUESTIONS ANSWER THE FOLLOWING:**
13. WHY DON'T YOU REMEMBER? \_\_\_\_\_
  14. WERE YOU AWAKE DURING THE CRASH? \_\_\_\_\_
  15. DID YOU BLACK OUT BEFORE / DURING CRASH? \_\_\_\_\_

(FLIP TO BACK FOR STATEMENT)

WRITTEN STATEMENT:

All I remember is falling into the street  
I was sitting in the back of the bus, when we was riding I didn't recall the driver changing lanes, ~~also remember that~~ then ~~board~~ everybody was scattered everywhere

We was riding on the interstate going straight

THE INFORMATION ABOVE IS TRUE AND CORRECT

Tanya Fentrell

PRINT



SIGNATURE

12/16/2020

DATE & TIME

VIRGINIA STATE POLICE  
ACCIDENT STATEMENT FORM  
(PLEASE PRINT NEATLY)



**PERSONAL INFO:**

PRINT FULL NAME: x malik Shaw DOB: [REDACTED]  
DRIVER'S LISENCE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_  
LICENSE PLATE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_ VIN: \_\_\_\_\_  
RESIDENCE ADDRESS: [REDACTED]  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
PHONE NUMBER: [REDACTED] EMAIL: \_\_\_\_\_  
INSURANCE COMPANY: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

**PASSENGER INFO:**

1. NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
a. SEATED WHERE IN THE VEHICLE? \_\_\_\_\_  
b. INJURED? YES NO (CIRCLE ONE)
2. NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
a. SEATED WHERE IN THE VEHICLE? \_\_\_\_\_  
b. INJURED? YES NO (CIRCLE ONE)
3. NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
a. SEATED WHERE IN THE VEHICLE? \_\_\_\_\_  
b. INJURED? YES NO (CIRCLE ONE)
4. NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
a. SEATED WHERE IN THE VEHICLE? \_\_\_\_\_  
b. INJURED? YES NO (CIRCLE ONE)

**QUESTIONS:**

1. TIME OF CRASH? \_\_\_\_\_  
2. WHAT LANE WERE YOU IN PRIOR TO THE CRASH? \_\_\_\_\_  
3. HOW FAST WERE YOU TRAVELING AT THE TIME OF IMPACT? \_\_\_\_\_ MPH  
4. HOW MANY CAR LENGTHS WERE BETWEEN YOU AND THE OTHER CAR PRIOR TO CRASH? \_\_\_\_\_  
a. IF YOU WERE HIT, PLEASE PUT **N/A** FOR NOT APPLICABLE.  
5. WERE YOU WEARING YOUR SEATBELT? YES NO (CIRCLE ONE)  
6. ARE YOU INJURED? YES NO (CIRCLE ONE)  
7. DID YOUR AIRBAGS DEPLOY? YES NO (CIRCLE ONE) IF YES, WHICH ONE(S)? \_\_\_\_\_  
8. DID YOU INTENTIONALLY RUN OFF OF THE ROAD WAY? YES NO (CIRCLE ONE)  
a. IF YES, WHY? \_\_\_\_\_  
b. IF NO, DID YOU INTEND ON STAYING ON THE ROADWAY? YES NO (CIRCLE ONE)  
9. DID YOU LOSE CONTROL OF YOUR VEHICLE, HOWEVER SLIGHT? YES NO (CIRCLE ONE)  
10. WHY DO YOU THINK YOU LOST CONTROL? \_\_\_\_\_  
\_\_\_\_\_  
11. WHAT WERE YOU DOING AT THE TIME OF THE CRASH? \_\_\_\_\_  
\_\_\_\_\_  
12. DID YOU HAVE SOME TYPE OF EMERGENCY WHILE YOU WERE DRIVING? (MEDICAL, MECHANICAL, SOMETHING UNUSUAL?) YES NO (CIRCLE ONE)  
IF YES, WHAT? \_\_\_\_\_  
\_\_\_\_\_  
**IF YOU DO NOT REMEMBER ONE OR MORE OF THESE QUESTIONS ANSWER THE FOLLOWING:**  
13. WHY DON'T YOU REMEMBER? \_\_\_\_\_  
14. WERE YOU AWAKE DURING THE CRASH? \_\_\_\_\_  
15. DID YOU BLACK OUT BEFORE / DURING CRASH? \_\_\_\_\_

(FLIP TO BACK FOR STATEMENT)

**WRITTEN STATEMENT:**

I remember I was listen to music and going to sleep  
heard a loud smash from the back. Everyone  
was sliding off the bus. We were not going  
that fast, and the 18 wheeler smacked us.

**THE INFORMATION ABOVE IS TRUE AND CORRECT**

Written by Tpr. Barnes.

**PRINT**



**SIGNATURE**

12/16/22

**DATE & TIME**

VIRGINIA STATE POLICE  
ACCIDENT STATEMENT FORM  
(PLEASE PRINT NEATLY)



**PERSONAL INFO:**

PRINT FULL NAME: Tyquinc Rogers [REDACTED]  
DRIVER'S LISENCE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_  
LICENSE PLATE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_ VIN: \_\_\_\_\_  
RESIDENCE ADDRESS: [REDACTED]  
CITY: Norfolk STATE: VA ZIP CODE: 23504  
PHONE NUMBER: [REDACTED] EMAIL: \_\_\_\_\_  
INSURANCE COMPANY: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

**PASSENGER INFO:**

1. NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
a. SEATED WHERE IN THE VEHICLE? \_\_\_\_\_  
b. INJURED? YES NO (CIRCLE ONE)
2. NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
a. SEATED WHERE IN THE VEHICLE? \_\_\_\_\_  
b. INJURED? YES NO (CIRCLE ONE)
3. NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
a. SEATED WHERE IN THE VEHICLE? \_\_\_\_\_  
b. INJURED? YES NO (CIRCLE ONE)
4. NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
a. SEATED WHERE IN THE VEHICLE? \_\_\_\_\_  
b. INJURED? YES NO (CIRCLE ONE)

**QUESTIONS:**

1. TIME OF CRASH? \_\_\_\_\_  
2. WHAT LANE WERE YOU IN PRIOR TO THE CRASH? \_\_\_\_\_  
3. HOW FAST WERE YOU TRAVELING AT THE TIME OF IMPACT? \_\_\_\_\_ MPH  
4. HOW MANY CAR LENGTHS WERE BETWEEN YOU AND THE OTHER CAR PRIOR TO CRASH? \_\_\_\_\_  
a. IF YOU WERE HIT, PLEASE PUT N/A FOR NOT APPLICABLE.  
5. WERE YOU WEARING YOUR SEATBELT? YES NO (CIRCLE ONE)  
6. ARE YOU INJURED? YES NO (CIRCLE ONE)  
7. DID YOUR AIRBAGS DEPLOY? YES NO (CIRCLE ONE) IF YES, WHICH ONE(S)? \_\_\_\_\_  
8. DID YOU INTENTIONALLY RUN OFF OF THE ROAD WAY? YES NO (CIRCLE ONE)  
a. IF YES, WHY? \_\_\_\_\_  
b. IF NO, DID YOU INTEND ON STAYING ON THE ROADWAY? YES NO (CIRCLE ONE)  
9. DID YOU LOSE CONTROL OF YOUR VEHICLE, HOWEVER SLIGHT? YES NO (CIRCLE ONE)  
10. WHY DO YOU THINK YOU LOST CONTROL? \_\_\_\_\_  
\_\_\_\_\_  
11. WHAT WERE YOU DOING AT THE TIME OF THE CRASH? \_\_\_\_\_  
\_\_\_\_\_  
12. DID YOU HAVE SOME TYPE OF EMERGENCY WHILE YOU WERE DRIVING? (MEDICAL, MECHANICAL, SOMETHING UNUSUAL?) YES NO (CIRCLE ONE)  
IF YES, WHAT? \_\_\_\_\_  
\_\_\_\_\_  
**IF YOU DO NOT REMEMBER ONE OR MORE OF THESE QUESTIONS ANSWER THE FOLLOWING:**  
13. WHY DON'T YOU REMEMBER? \_\_\_\_\_  
14. WERE YOU AWAKE DURING THE CRASH? \_\_\_\_\_  
15. DID YOU BLACK OUT BEFORE / DURING CRASH? \_\_\_\_\_

(FLIP TO BACK FOR STATEMENT)

WRITTEN STATEMENT:

I remember 49 min away .. get here at 2:04 a.m.,  
I was asleep and was woken up falling.  
He was driving Normal Speed.

THE INFORMATION ABOVE IS TRUE AND CORRECT

Written by Tdr. Barnes  
PRINT

SIGNATURE

DATE & TIME

VIRGINIA STATE POLICE  
ACCIDENT STATEMENT FORM  
(PLEASE PRINT NEATLY)



**PERSONAL INFO:**

PRINT FULL NAME: Simone Copeland [REDACTED]  
DRIVER'S LISENCE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_  
LICENSE PLATE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_ VIN: \_\_\_\_\_  
RESIDENCE ADDRESS: [REDACTED]  
CITY: Norfolk STATE: VA ZIP CODE: 03504  
PHONE NUMBER: [REDACTED] EMAIL: \_\_\_\_\_  
INSURANCE COMPANY: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

**PASSENGER INFO:**

1. NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
a. SEATED WHERE IN THE VEHICLE? \_\_\_\_\_  
b. INJURED? YES NO (CIRCLE ONE)
2. NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
a. SEATED WHERE IN THE VEHICLE? \_\_\_\_\_  
b. INJURED? YES NO (CIRCLE ONE)
3. NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
a. SEATED WHERE IN THE VEHICLE? \_\_\_\_\_  
b. INJURED? YES NO (CIRCLE ONE)
4. NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
a. SEATED WHERE IN THE VEHICLE? \_\_\_\_\_  
b. INJURED? YES NO (CIRCLE ONE)

**QUESTIONS:**

1. TIME OF CRASH? \_\_\_\_\_  
2. WHAT LANE WERE YOU IN PRIOR TO THE CRASH? \_\_\_\_\_  
3. HOW FAST WERE YOU TRAVELING AT THE TIME OF IMPACT? \_\_\_\_\_ MPH  
4. HOW MANY CAR LENGTHS WERE BETWEEN YOU AND THE OTHER CAR PRIOR TO CRASH? \_\_\_\_\_  
a. IF YOU WERE HIT, PLEASE PUT N/A FOR NOT APPLICABLE.  
5. WERE YOU WEARING YOUR SEATBELT? YES NO (CIRCLE ONE)  
6. ARE YOU INJURED? YES NO (CIRCLE ONE)  
7. DID YOUR AIRBAGS DEPLOY? YES NO (CIRCLE ONE) IF YES, WHICH ONE(S)? \_\_\_\_\_  
8. DID YOU INTENTIONALLY RUN OFF OF THE ROAD WAY? YES NO (CIRCLE ONE)  
a. IF YES, WHY? \_\_\_\_\_  
b. IF NO, DID YOU INTEND ON STAYING ON THE ROADWAY? YES NO (CIRCLE ONE)  
9. DID YOU LOSE CONTROL OF YOUR VEHICLE, HOWEVER SLIGHT? YES NO (CIRCLE ONE)  
10. WHY DO YOU THINK YOU LOST CONTROL? \_\_\_\_\_  
11. WHAT WERE YOU DOING AT THE TIME OF THE CRASH? \_\_\_\_\_  
12. DID YOU HAVE SOME TYPE OF EMERGENCY WHILE YOU WERE DRIVING? (MEDICAL, MECHANICAL, SOMETHING UNUSUAL?) YES NO (CIRCLE ONE)  
IF YES, WHAT? \_\_\_\_\_  
**IF YOU DO NOT REMEMBER ONE OR MORE OF THESE QUESTIONS ANSWER THE FOLLOWING:**  
13. WHY DON'T YOU REMEMBER? \_\_\_\_\_  
14. WERE YOU AWAKE DURING THE CRASH? \_\_\_\_\_  
15. DID YOU BLACK OUT BEFORE / DURING CRASH? \_\_\_\_\_

(FLIP TO BACK FOR STATEMENT)

WRITTEN STATEMENT:

I remember I tilted my head up because I dozed off, then I ask where we were, and she said 20 min from, and then I felt an impact from the rear. The Bus was going straight.

THE INFORMATION ABOVE IS TRUE AND CORRECT

Symone Capeland

PRINT

  
SIGNATURE

12/16/2022

DATE & TIME