

### SURVIVAL FACTORS ATTACHMENT

### **Virginia State Police Written Witness Statements**

Williamsburg, VA

HWY23MH004

(16 pages)

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### INGINIA STATE LOCICE

PERSON.	ALINFO:		13 7
PRINT FU	LL NAME: ATYOMY LOOKS		
DRIVER'S	LISENCE NUMBER:	STATE:	The second
			- Lung
	CE ADDRESS:	VA ZIP CODE: 83544	CTAT
CITY:	Murtalle STATE:	ZIP CODE: ADY	- 13 A
	UMBER: (XEMAIL:		COL
NSURAN	CE COMPANY:POLICY I	NUMBER:	_
PASSEN	GER INFO:		
1	NAME:	DATE OF RIRTH	
. I.	a. SEATED WHERE IN THE VEHICLE?		
	b. INJURED? YES NO (CIRCLE ONE)		
-		DATE OF BIRTH	
2.			
	a.SEATED WHERE IN THE VEHICLE?		
	b. INJURED? YES NO (CIRCLE ONE)		
3.	NAME:	DATE OF BIRTH:	
	a.SEATED WHERE IN THE VEHICLE?		
	<ul> <li>b. INJURED? YES NO (CIRCLE ONE)</li> </ul>		
4.	NAME:	DATE OF BIRTH:	
	a.SEATED WHERE IN THE VEHICLE?		
	b. INJURED? YES NO (CIRCLE ONE)		
QUESTIC			
	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 A		
	a. IF YOU WERE HIT, PLEASE PUT N/A FOR NO		
	WERE YOU WEARING YOUR SEATBELT? YES NO	(CIRCLE ONE)	
	ARE YOU INJURED? YES NO (CIRCLE ONE)		
	DID YOUR AIRBAGS DEPLOY? YES NO (CIRCLE		
8.	DID YOU INTENTIONALLY RUN OFF OF THE ROAD \	WAY? YES NO (CIRCLE ONE)	
	a. IF YES, WHY?		
	*	NG ON THE ROADWAY? YES NO (CIRC	CLE ONE)
9,	DID YOU LOSE CONTROL OF YOUR VEHICLE, HOWE	*	
10.	WHY DO YOU THINK YOU LOST CONTROL?		
11.	WHAT WERE YOU DOING AT THE TIME OF THE CRA	V2H3	
11.	WHAT WERE TOO DOING AT THE TIME OF THE CRI	On:	
12.	DID YOU HAVE SOME TYPE OF EMERGENCY WHILE	YOU WERE DRIVINGS (MEDICAL MECHAN	IICAL SOMETHING
12.	UNUSUAL?) YES NO (CIRCLE ONE)	TOO TELLE DITTING: (MEDICAL, MECHAI	vicae, solvie il liita
	IF YES, WHAT?		
			-1
	IF YOU DO NOT REMEMBER ONE OR MORE OF TH	IESE QUESTIONS ANSWER THE FOLLOWIN	G:
13.			
14.			
15.			

WRITTEN STATEMENT:	
I remember a few pey.	we askep. Iwas up looking
Orcand, we we gong	straight, noturns on tying to get
Over I laved down (1)	sed my eyes and I heard a
that R	som knocked me to the grand
1000 BOOM, THAT BE	gert proces me 12 de grande
and Jell on m	y Storgich, the Bus was
Caloberra in. The T	hare people and passed
C 540 :	in the Back of the
away were sitting	
RIK	
(with 10/ Trager)	Janes .
THE INFORMATION	ABOVE IS TRUE AND CORRECT
PRINT	
	-1,10,
· LIXUMIX 1-8 8 %	12/16/2022.
SIGNATURE	DATE & TIME

SIGNATURE

### VINGINIA STATE FORCE

PER!	SONAL	NAME: × JeHaim Radgence DOB	MI
PRIN	T FULL I	NAME: X Stellamn teadgenes 103	
DRIV	ER'S LIS	SENCE NUMBER: STATE: STATE: VIN:	X
			3/
RESII	DENCE A	ADDRESS: Smath  STATE: VAT ZIP CODE: B3704.	ΛT
CITY:	127-75	STATE: VF) ZIP CODE: 20 70 -1	1 16
HO	NE NUIV	MBER: (EMAIL:EMAIL:	7
			1 (0)
*A3:		RINFO: -man	
	1.	NAME: DATE OF BIRTH:	
		a. SEATED WHERE IN THE VEHICLE?	
		b. INJURED? YES NO (CIRCLE ONE)	
	2.		
		a.SEATED WHERE IN THE VEHICLE?	
		b. INJURED? YES NO (CIRCLE ONE)	
	3.	NAME: DATE OF BIRTH:	
	٥.	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)	
QUE	STIONS	<u>5:</u>	
	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 <b>N/A</b> FOR NOT APPLICABLE.	
	5.	· · · · · · · · · · · · · · · · · · ·	
		E YOU INJURED? YES NO (CIRCLE ONE)	
		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?	
	10.	WITT DO TOO THINK TOO EOST 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?	

### **WRITTEN STATEMENT:**

Hun the Street, and something hit the Back Of us, and a second Truck hit Us. causing the
No a the short of small though Dit the Back
( nar the steel , and same) in a source
of us, and a second Truck hit Us causing the
top to come off the Bis. I had to
Crown out. The first Bis hit the side.
we spen and the other Bus came and
hit us
Water by Dr. Barres
THE INCORDANTION ABOVE IS TRUE AND CORRECT
THE INFORMATION ABOVE IS TRUE AND CORRECT

SIGNATURE

2/10/22 DATE & TIME

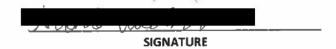
### VIKGINIA STATE PULICE WITNESS STATEMENT FORM (PLEASE PRINT NEATLY)

<u>PERSONAL IN</u>	FO:
PRINT FULL N	AME: Antonio Lamont Wiggins DATE OF BIRTH:
DRIVER'S LICE	NSE NUMBER: SSN STATE: VA
	E NUMBER: STATE: V A VIN:
ADDRESS:	JIRO
CITY: Nou	WPORT News STATE: VA ZIP CODE: 23602
PHONE NUM	BER: ( Projessing Policy Number:
PASSENGER I	NFO:
1.	NAME: DATE OF BIRTH:
1	a. SEATED WHERE IN THE VEHICLE?
	b. INJURED? YES NO (CIRCLE ONE)
2.	NAME: DATE OF BIRTH:
1 <del>23</del> 1	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:	
2000	
	TIME OF CRASH? 01:3 7
2.	WHAT LANE WERE YOU IN PRIOR TO THE CRASH? Far Right Lone
3.	HOW FAST WERE YOU TRAVELING AT THE TIME OF IMPACT? 40414 MPH
4.	HOW MANY CAR LENGTHS WERE BETWEEN YOU AND THE OTHER CAR PRIOR TO CRASH? (IF RELEVANT) O
5.	WERE YOU WEARING YOUR SEATBELT? YES (CIRCLE ONE)
6.	ARE YOU INJURED? (E) NO (CIRCLE ONE)
-	a. IF YES, DID YOU DECLINE MEDICAL SERVICES? YES NO (CIRCLE ONE)
7.	DID YOUR AIRBAGS DEPLOY? YES (NO) (CIRCLE ONE)
0	a. IF YES, WHICH ONES?
8.	a. IF YES, WHY?
0	IF NO, DID YOU INTEND ON STAYING ON THE ROADWAY? (ES) NO (CIRCLE ONE)
9.	DID YOU LOSE CONTROL OF YOUR VEHICLE, HOW EVER SLIGHT? YES (NO) (CIRCLE ONE)
10. 11.	WHY DO YOU THINK YOU LOST CONTROL?
11.	WHI DO FOO THINK FOO LOST CONTROL!
12.	WHAT WERE YOU DOING AT THE TIME OF THE CRASH? Driving Passengers Home
22.	<u> </u>
13.	DID YOU HAVE SOME_TYPE OF EMERGENCY WHILE YOU WERE DRIVING? (MEDICAL, MECHANICAL, SOMETHING
(T.T.)	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? (ES) NO (CIRCLE ONE)
16.	DID YOU BLACK OUT BEFORE / DURING CRASH? YES NO (CIRCLE ONE)

### WRITTEN STATEMENT:

I was priving in the far Right Lone, I Check my driver side
mirror I See a Semi-Truck approaching very fast @ I saz about
80 men I began to Change Lanes to get us out of Hurms was
Then I hear a Bis bong next thing I know I was Tumblis
Romen I began to change Lanes to get us out of Harms was Then I hear a Big bong next thing I koll know I was Tumblig around the bus I then Find My self on the ground.
× ×
THE INFORMATION ABOVE IS TRUE AND CORRECT

Antonio Wigsins



12-16-2022 /5:11 DATE & TIME

PERSONA	LINFO: Tanisa fatrell
PRINT FULI	NAME: TATTION FUFFETT
DRIVER'S L	ISENCE NUMBER:STATE:
TICENSE PL	ATE NUMBER: STATE: VIN:
KESIDENCE	ADDRESS:STATE A ZIP CODE: 23507
LITY:	MARERAL STATELY PER CODE: C > SO 1
MONE NO	MBER: ()
PASSENG	
PASSENG	EK 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)
2	NAME: DATE OF BIRTH:
э.	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)
QUESTIO	<u>4S:</u>
1	TIME OF CRASH?
	WHAT LANE WERE YOU IN PRIOR TO THE CRASH?
3.	
4.	
**	a. IF YOU WERE HIT, PLEASE PUT N/A FOR NOT APPLICABLE.
5.	WERE YOU WEARING YOUR SEATBELT? YES NO (CIRCLE ONE)
	E YOU INJURED? YES NO (CIRCLE ONE)
	DID YOUR AIRBAGS DEPLOY? YES NO (CIRCLE ONE) IF YES, WHICH ONE(S)?
	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, SOMETHI
	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?

RITTEN STATEMENT:	
ALL T remember is come	Ul Was
falling into the street	naines
T LINE SILLOWA IN THE	don on the
POOR OF THE PUBL WHEN	Masteria
NE was riding I didn't recoul	going strengt
AND 1000 CO	
TOO IN DOOM EVERYOUS	
INOS Scattered Alothurore	
	22
, , , , , , , , , , , , , , , , , , ,	
THE INFORMATION ABOVE IS TRUE AND	CORRECT

PRINT
SIGNATURE

16/202C

PERSONA	ALINFO:	
PRIMER'S I	LINAME: X MAINE Shaw DOB LISENCE NUMBER: LATE NUMBER: STATE: VIN:	STATE
ICENSE PI	LATE NUMBER: STATE: VIN:	31615.
RESIDENCI	E ADDRESS:	VIRGI
CITY:		ZIP CODE:
PHONE NL		COLI
INSURANC	CE COMPANY:POLICY NUMBER	
PASSENG	ER INFO:	
1.	NAME:	DATE OF BIRTH:
	a. SEATED WHERE IN THE VEHICLE?	
	b. INJURED? YES NO (CIRCLE ONE)	
2.	NAME:	DATE OF BIRTH:
2.	a.SEATED WHERE IN THE VEHICLE?	DATE OF DIRTH.
	b. INJURED? YES NO (CIRCLE ONE)	
3.	• •	DATE OF RIPTH
5.	name:  a.SEATED WHERE IN THE VEHICLE?	DATE OF DIRTH.
	b. INJURED? YES NO (CIRCLE ONE)	
4	· · · · · · · · · · · · · · · · · · ·	DATE OF BIRTH.
4.	NAME:	
	a.SEATED WHERE IN THE VEHICLE?	
	b. INJURED? YES NO (CIRCLE ONE)	
QUESTIO	<u>NS:</u>	
1.	TIME OF CRASH?	
	WHAT LANE WERE YOU IN PRIOR TO THE CRASH?	
3.	HOW FAST WERE YOU TRAVELING AT THE TIME OF IMPACT	T?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 APPLIC	CABLE.
5.	WERE YOU WEARING YOUR SEATBELT? YES NO (CIRCL	E ONE)
6.Af	RE YOU INJURED? YES NO (CIRCLE ONE)	
7.	•	
8.		
	a. IF YES, WHY?	· · · · · · · · · · · · · · · · · · ·
	b. IF NO, DID YOU INTEND ON STAYING ON TO	, , , , , , , , , , , , , , , , , , , ,
9.	DID YOU LOSE CONTROL OF YOUR VEHICLE, HOWEVER SLIG	,
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 WE	ERE DRIVING? (MEDICAL, MECHANICAL, SOMETHING
	UNUSUAL?) YES NO (CIRCLE ONE)	
	IF YES, WHAT?	
	IF YOU DO NOT REMEMBER ONE OR MORE OF THESE QUE	STIONS ANSWER THE FOLLOWING:
13.	WHY DON'T YOU REMEMBER?	
14.		
15.	DID YOU BLACK OUT BEFORE / DURING CRASH?	

### **WRITTEN STATEMENT:**

Tremember I was lister to music and going to sleep heard a land Smash from the Back, Everyone
head a land Smash from the Back Frence
was strong off the Bus. We were 1107 going
that fast, and the 18 wheeler smacked is
THE INFORMATION ABOVE IS TRUE AND CORRECT

Unster by Tpr. Bance.

PRINT

**SIGNATURE** 

PERSONA	LINFO: TYQUING ROGERS  ISENCE NUMBER: STATE: VIN:
DRIVER'S L	ISENICE NUMBER:
DKIVER 3 L	ATE NUMBER: STATE: VIN:
RESIDENCE	ADDRESS:
rity. Nr	STATE: M ZIP CODE: 23504 ST
PHONE NU	IMBER: (
	E COMPANY:POLICY NUMBER:
PASSENG	
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)
QUESTION	
	TIME OF CRASH?
	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.	· · · · · · · · · · · · · · · · · · ·
7.	RE YOU INJURED? YES NO (CIRCLE ONE)  DID YOUR AIRBAGS DEPLOY? YES NO (CIRCLE ONE) IF YES, WHICH ONE(S)?
	DID YOU INTENTIONALLY RUN OFF OF THE ROAD WAY? YES NO (CIRCLE ONE)
٥.	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?
12.60	
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?

Tremember 49 mm awy, get how at 204 a, m  Twens asleep and was hoven up falling.  He was howing Namal Speed.  THE INFORMATION ABOVE IS TRUE AND CORRECT	I STATEMENT:			
Twas asteep and was two up falling.  He was Dring Nama 1 Speed.				
Twas asteep and was two up falling.  He was Dring Nama 1 Speed.				
Twas asteep and was two up falling.  He was Dring Nama 1 Speed.	A			
Twas asteep and was two up falling.  He was Dring Nama 1 Speed.	I remember 6	9 mm awa . at	et have at 204 a.	~~~
He was Driving Nama 1 Speed.		7 3		
He was Driving Nama 1 Speed.	7 was asleep	and was worken	ip falling.	
	HE WAS DOWNG	Nomal Speed.		
THE INFORMATION ABOVE IS TRUE AND CORRECT	7.C 1011			
THE INFORMATION ABOVE IS TRUE AND CORRECT				
THE INFORMATION ABOVE IS TRUE AND CORRECT				
THE INFORMATION ABOVE IS TRUE AND CORRECT				
THE INFORMATION ABOVE IS TRUE AND CORRECT				
THE INFORMATION ABOVE IS TRUE AND CORRECT				
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THE INFORMATION ABOVE IS TRUE AND CORRECT				
THE INFORMATION ABOVE IS TRUE AND CORRECT				
THE INFORMATION ABOVE IS TRUE AND CORRECT				
	THE	INFORMATION ABOVE IS TRUE A	AND CORRECT	
	1111			
Notes by Tor Princes.	Who he Too To	0.1.06		
PRINT	1/7 1/2/	Willes .		

SIGNATURE

DATE & TIME

	LINFO: Sympe Copeland
	LISENCE NUMBER:STATE:
	LATE NUMBER: STATE: VIN:
	E ADDRESS:
	STATE: VA ZIP CODE: 63504
PHONE NU	
NSURANC	CE COMPANY:POLICY NUMBER:
	SER INFO:
. 135	
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)
QUESTIO	
QUESTIO	
1.	
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 <b>N/A</b> FOR NOT APPLICABLE.
5.	WERE YOU WEARING YOUR SEATBELT? YES NO (CIRCLE ONE)
	RE YOU INJURED? YES NO (CHRCLE ONE)
7.	
8.	DID YOU INTENTIONALLY RUN OFF OF THE ROAD WAY? YES NO (CIRCLE ONE)
38	a. IF YES, WHY?
0	
9. 10.	
10,	WHI DO TOO THINK TOO 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.	
15.	DID YOU BLACK OUT BEFORE / DURING CRASH?
	1

# I remained I littled my head up because I Doted off then I ask while we war, and she Said 20 min from, and then I felt an impact From the real. The Bis was going Straight.

THE INFORMATION ABOVE IS TRUE AND CORRECT

préland

SIGNATURE

DATE & TIME

12/16/2022