



HIGHWAY ACCIDENT BRIEF

Attachment 4 – Driver Written Statement

Capitol Heights, Maryland

HWY16SH021

(4 pages)

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

CASE # PP16072000001626 DATE: 07/20/16 TIME: 1806 hrs

LOCATION: 6400 Blk Central Ave Capital Heights, MD 20743

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

STATEMENT OF: ~~Dakota~~ DAKOTA LE 'Shae' WATTS
HOME ADDRESS: [REDACTED]
CITY: [REDACTED] STATE: MD ZIP: 20710
HOME PHONE: [REDACTED] WORK PHONE: Cell [REDACTED]
WHERE DO YOU WORK? N/A
BUSINESS ADDRESS: _____
WHAT JOB DO YOU PERFORM: _____
SEX: F RACE: African American DATE OF BIRTH: [REDACTED] AGE: 19 4/10

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

WHO WAS DRIVING THE VEHICLE YOU WERE IN? My boyfriend (Joshua)
WHERE WERE YOU SITTING IN THE VEHICLE? Yes, passenger (front)
WERE YOU WEARING YOUR SEAT BELT & SHOULDER HARNESS? Yes
WHO ELSE WAS IN THE VEHICLE? Just Joshua & I
WHERE WERE THE OTHERS SITTING? No
WERE THE OTHER PEOPLE WEARING SEAT BELTS? Joshua wears

WHERE WERE YOU COMING FROM? Home
WHERE WERE YOU GOING? To the hospital
DID YOU WORK TODAY? N/A WHAT HOURS DID YOU WORK? _____
WHEN WAS THE LAST TIME YOU SLEPT? Last night til this morning
HOW LONG DID YOU SLEEP? About 8 1/2 hours
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? NO

HOW MUCH HAD YOU CONSUMED? N/A

WHAT TYPE OF ALCOHOLIC BEVERAGE WERE YOU DRINKING? N/A

ARE YOU TAKING ANY TYPE OF PRESCRIPTION MEDICATION? NO

(IF YES - WHAT TYPE) N/A

WHY ARE YOU TAKING THIS MEDICATION? N/A

WHO IS YOUR DOCTOR? Dr. Corder

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

ARE YOU TAKING ANY OVER THE COUNTER MEDICATION? NO

(IF YES - WHAT TYPE) N/A

WHY ARE YOU TAKING THIS MEDICATION? N/A

TELL ME IN YOUR OWN WORDS WHAT HAPPENED.

YOUR STATEMENT: Joshua was not feeling well earlier. He had been throwing up and feeling weak for quite some time. We decided he should get checked out, so we were on the way to the hospital. We were deciding whether to go to Prince George's Hospital or Doctors hospital in Greenbelt while on Addison Rd. A truck approached my side of the car after a few moments the driver got closer and closer to my side of the car (right side). Joshua had no choice but to move over more or my side would get hit. The car went through the middle of the crossing way for pedestrians onto the other side of the road.

Q: Which direction on Central Ave were you going?

A: We were headed towards FedEx Field.

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.

(Moyer) 3119
WITNESSING POLICE OFFICER'S SIGNATURE

YOUR SIGNATURE

YOUR NAME: Dakota WattsCASE #: PP16072000001626

STATEMENT:

Q: Which lane were you in?

A: We were in the far left lane

Q: What did the truck ~~that~~ that was coming closer to your vehicle look like?

A: Black, tinted, four door, SUV

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

A: Joshua was driving.

Q: Did Joshua ~~take~~ brake the vehicle at any time right before or during the crash?


A: Joshua was starting to break as much as possible once going through the pedestrian crossing.

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

A: We didn't notice the man coming through the crosswalk right away. Everything happened so fast.

Q: Where was the man when you first noticed him?

A: When I first realized someone was hit, it was after both Joshua and I exited the car. He was laying behind the car, about 5 yards or so.

 (Moya) 3/19
WITNESSING POLICE OFFICER'S SIGNATURE
YOUR SIGNATURE
TIME TERMINATED 0/928