State of Connecticut
Department of Public Safety / Division of State Police

ACCIDENT INFORMATION SUMMARY

State Police Troop: B
Case Number: DPS- 05-019824
Notations: Traffic: M Weather: C Lane 1 of 2 Direction of Travel: N S E W

Investigating Trooper: Tpl. Dan Jones # 1169 Date: 4-22-05 Time: 1446

No. & Type of Veh's Involved: 2 (Passenger Car, Truck, Bus, Etc.)
Related Information: (Pedestrian, Pole, Bridge Abutment, Etc)

Town / City: New Hartford
Location of Accident: RT. 202 (Deceased) XX

Utility Pole Name & Number (If Applicable):
Other (Specify):

Oper #1: PERITZ, MORTON	Oper #2: PETRONIO, ANDREW J.
DOB: 7-28-29 Gender: ☒M ☐F	DOB: 5-18-61 Gender: ☒M ☐F
Address: 45 WEST 90TH ST.	Address: 1275 WINSTED RD. Vlg. 319
Town: NEW York State: NY. Zip: 10024	Town: TORRINGTON State: CT. Zip: 06790
Oper. Lic. # 639543778 Type: State: NY.	Oper. Lic. # 054932937 Type: P/C State: CT.
Owner #1: SAME	Owner #2: SAME
Address: SAME	Address: SAME
Registration Plate: CCD-4810 State: NY.	Registration Plate: 503-FFK State: CT.
Make: Acura Model: Year: 2003	Make: SATURN Model: SL-2 Year: 95
VIN: 19UUA56623A049594	VIN: 1G8ZG1279SZ226937
Seatbelt(s): ☒Yes ☐No Airbag: ☒Yes (Deployed ☒Y ☐N) ☐No ☐N/A	Seatbelt(s): ☒Yes ☐No Airbag: ☒Yes (Deployed ☒Y ☐N) ☐No ☐N/A
Insurance Company: AIG	Insurance Company: TRAVELERS
Insurance Policy #: 328-57-36	Insurance Policy #: 022432887
Injuries: Legs + Arms	Injuries: DECEASED
Vehicle Damage: ENTIRE FRONT END	Vehicle Damage: ENTIRE VEHICLE
Vehicle Towed: ☐No ☒Yes, Mills	Vehicle Towed: ☐No ☒Yes, Torrington 4 wheel
Occupant(s): [Name / DOB / Address / Position in Veh]	Occupant(s): [Name / DOB / Address / Position in Veh]
NONE	NONE

Oper #3:	Oper #4:
DOB: Gender: ☐M ☐F	DOB: Gender: ☐M ☐F
Address:	Address:
Town: State: Zip:	Town: State: Zip:
Oper. Lic. # Type: State:	Oper. Lic. # Type: State:
Owner #3:	Owner #4:
Address:	Address:
Registration Plate: State:	Registration Plate: State:
Make: Model: Year:	Make: Model: Year:
VIN:	VIN:
Seatbelt(s): ☐Yes ☐No Airbag: ☐Yes (Deployed ☐Y ☐N) ☐No ☐N/A	Seatbelt(s): ☐Yes ☐No Airbag: ☐Yes (Deployed ☐Y ☐N) ☐No ☐N/A
Insurance Company:	Insurance Company:
Insurance Policy #:	Insurance Policy #:
Injuries:	Injuries:
Vehicle Damage:	Vehicle Damage:
Vehicle Towed: ☐No ☐Yes,	Vehicle Towed: ☐No ☐Yes,
Occupant(s): [Name / DOB / Address / Position in Veh]	Occupant(s): [Name / DOB / Address / Position in Veh]

Brief Description of Accident

VEH. #1 WAS TRAVELING EAST ON ROUTE 202, APPROX. 7/10THS OF A MILE EAST OF STEELE RD. IN NEW HARTFORD.
VEH. #2 WAS TRAVELING WEST ON ROUTE 202, IN THE SAME VICINITY AS VEHICLE #1.
BOTH VEHICLES STRUCK ONE ANOTHER IN A NEAR HEAD ON COLLISION. OPER. #2 WAS DETERMINED TO BE DECEASED AT THE ACCIDENT ~~[illegible]~~ SCENE, WHILE OPER. #1 WAS EXTRICATED FROM HER VEHICLE AND LATER TRANSPORTED TO HARTFORD HOSPITAL VIA: LIFESTAR.
ACCIDENT REMAINS UNDER INVESTIGATION.

This investigation is: ☒ *Open / Continuing* ☐ *Closed*

MEDICAL ATTENTION:

#1 Ambulance ☐ Yes, Company CANTON ☐ No
Patient Name: PERITZ, MORTON
Hospital HARTFORD VIA: LIFESTAR
Injuries

#2 Ambulance ☐ Yes, Company NEW HARTFORD ☐ No
Patient Name:
Hospital
Injuries

#3 Ambulance ☐ Yes, Company ☐ No
Patient Name:
Hospital
Injuries

#4 Ambulance ☐ Yes, Company ☐ No
Patient Name:
Hospital
Injuries

FATALITIES: *Do Not Release Unless Next of Kin Notified*

Name
Next of Kin Notified? ☐ Yes ☐ No
Name
Next of Kin Notified? ☐ Yes ☐ No

Name
Next of Kin Notified? ☐ Yes ☐ No
Name
Next of Kin Notified? ☐ Yes ☐ No

ENFORCEMENT ACTION:

Arrested
Warned

Arrested
Warned

Supervisor's Approval Required: Signature _____ # _____ Date _____