



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

ACCIDENT INFORMATION SUMMARY

Police Troop: CSP-H

Case Number: DPS- OS-019763

Notations:
Traffic: M
Weather: C
Lane R/C of I: 2
Direction of Travel: N S E W

Investigating Trooper: PR. Bissailon # 841

Date: 4-22-05

Time: 0805
0832

No. & Type of Veh's Involved: 3
(Passenger Car, Truck, Bus, Etc.)

Related Information: _____
(Pedestrian, Pole, Bridge Abutment, Etc)

Town / City: GUSTONBURY (054)

Location of Accident: RTE 3 N/S FROM RTE 2

Utility Pole Name & Number (If Applicable): _____

Other (Specify): _____

Oper #1: BRITO, SHEA K

Oper #2: MASCARO, GIUSEPPE

DOB: 1-24-84 Gender: M F

DOB: 5-19-34 Gender: M F

Address: 289 PRESTON ST

Address: 162 CLOVERCREST RD

Town: WINDSOR State: CT Zip: 06095

Town: WETHERSFIELD State: CT Zip: 06109

Oper. Lic. # 137799996 Type: 2 State: CT

Oper. Lic. # 171783601 Type: 2 State: CT

Owner #1: CBL CAPITOL CORP

Owner #2: SAME

Address: 450 MAMAMARONET AVE

Address: _____

Registration Plate: J75125 State: CT

Registration Plate: 308-PZU State: CT

Make: ISU Model: NPR Year: 01

Make: BUIC Model: LESARLE Year: 1990

VIN: JALC4B14917005946

VIN: 1G4HR54C3LH491109

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: ZURICH AMER. INS.

Insurance Company: SAGE CO

Insurance Policy #: BAP834390-05

Insurance Policy #: K1077858

Injuries: _____

Injuries: _____

Vehicle Damage: FRONT

Vehicle Damage: FRONT LEFT

Vehicle Towed: No Yes

Vehicle Towed: No Yes

Occupant(s): [Name / DOB / Address / Position in Veh]

Occupant(s): [Name / DOB / Address / Position in Veh]

Oper #3: PLUMMER, JUAN D.

Oper #4: _____

DOB: 10-5-70 Gender: M F

DOB: _____ Gender: M F

Address: 1800 SILAS DEANE 3SOS

Address: _____

Town: ROCKYHILL State: CT Zip: 06067

Town: _____ State: _____ Zip: _____

Oper. Lic. # 228009468 Type: 2 State: CT

Oper. Lic. # _____ Type: _____ State: _____

Owner #3: _____

Owner #4: _____

Address: SAME

Address: _____

Registration Plate: 133-TKM State: CT

Registration Plate: _____ State: _____

Make: JAG Model: X-TYPE Year: 04

Make: _____ Model: _____ Year: _____

VIN: SATJES2D124XE11907

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: GEICO

Insurance Company: _____

Insurance Policy #: 1704-68-72-09

Insurance Policy #: _____

Injuries: COMPLANT OF PATW

Injuries: _____

Vehicle Damage: REAR

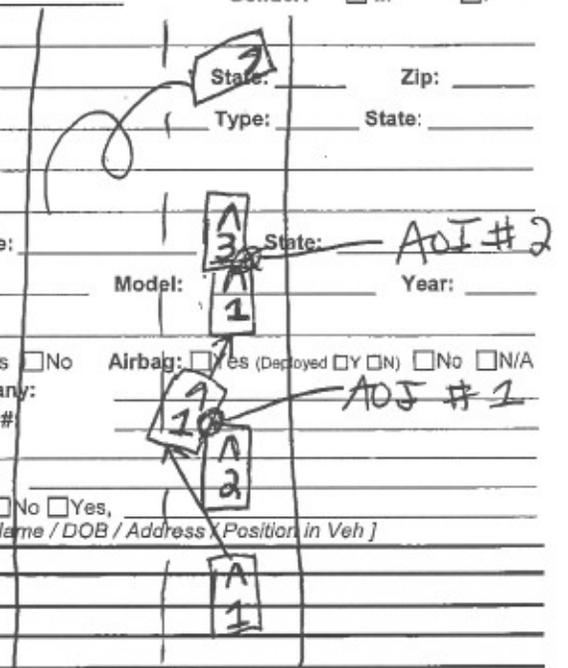
Vehicle Damage: _____

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 traveling N/B Rte 3 prior to main St. Veh 2#3 traveling in same area. Due to prior accident Veh 1 swerved from R/L to L/L, R/L to R/L and struck Veh 2#3.

This investigation is: Open / Continuing Closed

MEDICAL ATTENTION:

#1 Ambulance Yes, Company _____ No

#2 Ambulance Yes, Company _____ No

Patient Name: _____

Patient Name: _____

Hospital: _____

Hospital: _____

Injuries: _____

Injuries: _____

#3 Ambulance Yes, Company ASMA No

#4 Ambulance Yes, Company _____ No

Refused treatment

Patient Name: _____

Patient Name: _____

Hospital: _____

Hospital: _____

Injuries: Neck & Back

Injuries: _____

FATALITIES: Do Not Release Unless Next of Kin Notified

Name: _____

Name: _____

Next of Kin Notified? Yes No

Next of Kin Notified? Yes No

Name: _____

Name: _____

Next of Kin Notified? Yes No

Next of Kin Notified? Yes No

ENFORCEMENT ACTION:

Arrested 14-218a & 14-236 (Veh 1)

Arrested: _____

Warned: _____

Warned: _____

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



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

ACCIDENT INFORMATION SUMMARY

Police Troop: H

Case Number: DPS-05-019761

Notations:
Traffic: H
Weather: C
Lane R of 2
Direction of Travel:
 N S E W

Investigating Trooper: TPR Bossailon # 841

Date: 04/22/05 Time: 074715

No. & Type of Veh's Involved: 1 Car
(Passenger Car, Truck, Bus, Etc.)

Related Information: Jersey Barrier
(Pedestrian, Pole, Bridge Abutment, Etc.)

Town / City: Hastebury

Location of Accident: Rte 3N Hopkinton Main St

Utility Pole Name & Number (If Applicable): _____

Other (Specify): _____

Oper #1: Bosco, Jennie D

Oper #2: _____

DOB: 04-20-77 Gender: M F

DOB: _____ Gender: M F

Address: 5 Regent CT

Address: _____

Town: Wallingford State: CT Zip: 06492

Town: _____ State: _____ Zip: _____

Oper. Lic. # 046646933 Type: 2 State: CT

Oper. Lic. # _____ Type: _____ State: _____

Owner #1: Same

Owner #2: _____

Address: Same

Address: _____

Registration Plate: 8575UC State: CT

Registration Plate: _____ State: _____

Make: Chev Model: Car. Year: 01

Make: _____ Model: _____ Year: _____

VIN: 1G1JF524217225452

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: Plymouth Rock

Insurance Company: _____

Insurance Policy #: 7846600901

Insurance Policy #: _____

Injuries: Neck and Back

Injuries: _____

Vehicle Damage: Extensive Rollover

Vehicle Damage: _____

Vehicle Towed: No Yes, Tolland Auto FS

Vehicle Towed: No Yes, _____

Occupant(s): [Name / DOB / Address / Position in Veh]

Occupant(s): [Name / DOB / Address / Position in Veh]

RL @ 72 → LL → RL → JB ~ rollover ✓

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 traveling Rte 3N prior to main Sc. R/L to L/L and lost control and struck barrier. Veh rolled over.

This investigation is: Open / Continuing Closed

MEDICAL ATTENTION:

#1 Ambulance Yes, Company ASM No

#2 Ambulance Yes, Company _____ No

Patient Name: Basco, Jennie

Patient Name: _____

Hospital: Hartford Hosp

Hospital: _____

Injuries: Back & Neck

Injuries: _____

#3 Ambulance Yes, Company _____ No

#4 Ambulance Yes, Company _____ No

Patient Name: _____

Patient Name: _____

Hospital: _____

Hospital: _____

Injuries: _____

Injuries: _____

FATALITIES: Do Not Release Unless Next of Kin Notified

Name _____

Name _____

Next of Kin Notified? Yes No

Next of Kin Notified? Yes No

Name _____

Name _____

Next of Kin Notified? Yes No

Next of Kin Notified? Yes No

ENFORCEMENT ACTION:

Arrested _____

Arrested _____

Warned 14-236

Warned _____

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