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

ACCIDENT INFORMATION SUMMARY

State Police Troop: F

Case Number: DPS- 04 063982

Notations: Traffic: H Weather: Lane ___ of ___ Direction of Travel: N S E W

Investigating Trooper: LUNZ # 1389

Date: 12/21/04 Time: 0850

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

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

Town / City: Haddam

Location of Accident: Rte 9S/B x 7 1 1/2

Utility Pole Name & Number (If Applicable):

Other (Specify):

Oper #1: CATAUDELLA, LUANN
DOB: 4/6/62 Gender: ☐ M ☒ F
Address: 7 Yellow Yellow Circle
Town: Middletown State: CT Zip: 06457
Oper. Lic. # 164110512 Type: 2 State: CT
Owner #1: SAME
Address:
Registration Plate: 369SHX State: CT
Make: MAZ Model: Tribute Year: 03
VIN: 4F2CZ961X3KM49086
Seatbelt(s): ☒ Yes ☐ No Airbag: ☒ Yes (Deployed ☐ Y ☒ N) ☐ No ☐ N/A
Insurance Company: Metropolitan Prop & Cas.
Insurance Policy #: 3715061891
Injuries: N/A
Vehicle Damage: Rt REAR bump QT
Vehicle Towed: ☐ No ☒ Yes, New Tmate
Occupant(s): [Name / DOB / Address / Position in Veh]
N/A

Oper #2: LECLERC, DAVID, R.
DOB: 1/29/66 Gender: ☒ M ☐ F
Address: 76H N. Mountain Rd.
Town: New Britain State: CT Zip: 06053
Oper. Lic. # 134503039 Type: A State: CT
Owner #2: MANAFORT BROS. INC.
Address: Box 99, Plainville, CT. 06062
Registration Plate: J33933 State: CT
Make: MACK Model: 200 F/B Year: 89
VIN: VG6BA01A7KB002232
Seatbelt(s): ☒ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☒ No ☐ N/A
Insurance Company: AIG
Insurance Policy #: AL 8261593
Injuries: N/A
Vehicle Damage: REAR TCC Bumper
Vehicle Towed: ☒ No ☐ Yes,
Occupant(s): [Name / DOB / Address / Position in Veh]
N/A

Oper #3: STREEVER, WILLIAM, D.
DOB: 12/24/84 Gender: ☒ M ☐ F
Address: 255 Mt. PARNASSUS Rd.
Town: E. Haddam State: CT Zip: 06423
Oper. Lic. # 247622204 Type: ___ State: CT
Owner #3: SAME
Address:
Registration Plate: 8795MX State: CT
Make: Niss Model: SENTRA Year: 04
VIN: 3NIAB51D14L733487
Seatbelt(s): ☒ Yes ☐ No Airbag: ☒ Yes (Deployed ☒ Y ☐ N) ☐ No ☐ N/A
Insurance Company: Nationwide Prop + Casualty
Insurance Policy #: 5196D930335
Injuries: NK
Vehicle Damage: Totaled
Vehicle Towed: ☐ No ☒ Yes, New Tmate
Occupant(s): [Name / DOB / Address / Position in Veh]
N/A

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

USD61 449162

Brief Description of Accident

Veh. #1 was slowing down on Rte 9 for traffic from prev. accident when Veh. #3 collided into it's left rear end. Vehicle #3 then rear ended Veh. #2 who was stopped for the aforementioned traffic. Op #1 & Op. #3 were taken to area hospitals for treatment. Veh. #1 & Veh. #3 were both towed from the scene by New Image.

This investigation is: ☒ *Open* (*Continuing*) ☐ *Closed*

MEDICAL ATTENTION:

#1 Ambulance ☒ Yes, Company Hunters ☐ No
Patient Name: Cataudella
Hospital Clinic
Injuries observations

#2 Ambulance ☒ Yes, Company lifestar ☐ No
Patient Name: Streever
Hospital Hartford
Injuries Mech. of inj.

#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 _____