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

ACCIDENT INFORMATION SUMMARY

State Police Troop: H
Case Number: DPS- 04-064220
Notations: Traffic: L Weather: C Lane L of 3 Direction of Travel: N S E W
Investigating Trooper: Cockfield # 1426 Date: 12/22/04 Time: 0358
No. & Type of Veh's Involved: 1 Truck (Passenger Car, Truck, Bus, Etc.)
Related Information: Impact Attenuator (Pedestrian, Pole, Bridge Abutment, Etc)
Town / City: Hartford 064
Location of Accident: I-91 N/B X 29A
Utility Pole Name & Number (If Applicable):
Other (Specify):

L/S

Oper #1: Nicolas, Gervaos, Alix
DOB: 06/18/39 Gender: ☑ M ☐ F
Address: 355 East 45 St 3
Town: Brooklyn State: NY Zip: 11203
Oper. Lic. # 458 537907 Type Comm State: NY
Owner #1: Chloe Food Corp - Blue Ridge Farms
Address: 3301 Atlantic Ave Brooklyn, NY
Registration Plate: 46917PA State: NY
Make: Int Model: T.T. Year: 99
VIN: 1HSHCAHRIXH646265
Seatbelt(s): ☑ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☑ No ☐ N/A
Insurance Company: Secure - All Agency Inc
Insurance Policy #: 1810882 9A00 ATTL-03
Injuries: None
Vehicle Damage: Front end - Left side
Vehicle Towed: ☐ No ☑ Yes, Corona's
Occupant(s): [Name / DOB / Address / Position in Veh]
NONE

Oper #2:
DOB: Gender: ☐ M ☐ F
Address:
Town: State: Zip:
Oper. Lic. # Type: State:
Owner #2:
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]

Oper #3:
DOB: Gender: ☐ M ☐ F
Address:
Town: Towing Trl State: Zip:
Oper. Lic. # Type: State:
Owner #3:
Address:
Registration Plate: AA75952 State: NY
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]

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]

Brief Description of Accident

- Veh #1 Trav White Head Hwy Ex 17 In
- Veh #1 Crosses into Impact Attenuator To go 91 N/B
- Veh #1 Roll over
- Coronas Tow
- NO Injuries

Roadway Remains Closed

This investigation is: ☐ Open / Continuing ☒ Closed

MEDICAL ATTENTION:

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

#2 Ambulance ☐ Yes, Company _____ ☒ 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 Trav Too Fast Cond
Warned Fail obey STC (No Trucks)
Fail Trav in Est lane

Arrested Summons All Construction Zone
Warned _____

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