FATAL

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

ACCIDENT INFORMATION SUMMARY

State Police Troop: Troop K
Case Number: DPS-04-064702
Notations: Traffic: Light Weather: Clear Lane 1 of 2 Direction of Travel: N S (E) W

Investigating Trooper: TFC. Keeney #713
Date: 12/24/04 Time: 0838

No. & Type of Veh's Involved: 1 Car (Passenger Car, Truck, Bus, Etc.)
Related Information: Guardrail / Tree (Pedestrian, Pole, Bridge Abutment, Etc)

Town / City: Marlborough
Location of Accident: Rt.2E/B 1/4 Mile West Colchester Li

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

Oper #1: Nygren, Michael A.
DOB: 10/19/66 Gender: [X] M [ ] F
Address: 37 Crouch Road
Town: Amston State: CT Zip: 06231
Oper. Lic. # 224578152 Type: 2 State: CT
Owner #1: Same
Address: Same
Registration Plate: 956-JWY State: CT
Make: Chev. Model: Blazer Year: 2001
VIN: 1GNDT13W612191547
Seatbelt(s): [X] Yes [ ] No Airbag: [X] Yes (Deployed [X] Y [ ] N) [ ] No [ ] N/A
Insurance Company: Amica Mutual
Insurance Policy #: 950706-23ZT
Injuries: Fatal
Vehicle Damage: Entire Vehicle Damaged
Vehicle Towed: [ ] No [X] Yes, N.E. Auto, Marlborough
Occupant(s): [Name / DOB / Address / Position in Veh]

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: State: Zip:
Oper. Lic. # Type: State:
Owner #3:
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 #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

Vehicle #1 was travelling East on rt. 2 in the Town of Marlborough, Connecticut. Vehicle #1 drove off the right shoulder striking and knocking down some wire rope guardrail. Vehicle #1 continued off the ro and down an embankment where it struck a tree.

UNDER INVESTIGATION

This investigation is: [X] *Open / Continuing* [ ] *Closed*

MEDICAL ATTENTION:

#1 Ambulance [X] Yes, Company Marlborough [ ] No

Patient Name: Michael A. NYGREN

Hospital N/A

Injuries Fatal

#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 Michael A. Nygren

Next of Kin Notified? [X] 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 Sgt. M Mark # 124 Date 12/24/04