

ACCIDENT INFORMATION SUMMARY
PS 38 C Rev. 7/94

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC SAFETY
DIVISION OF STATE POLICE

VEHICLE TYPE OF INVOLVED One Car
(passenger car, truck, bus, etc.)

OTHER(S) INVOLVED Metal Beam Guardrail
(pedestrian, pole, bridge abutment, etc.)

CASE NUMBER DPS04009600 DATE 02-20-04 TIME 1842 Hrs.

TOWN Bozrah ROUTE E/B TROOPER Gordon # 1188

UTILITY POLE NAME & # _____

UTILITY POLE NAME & # _____

OP #1 Collins, Frank L. AGE 01-30-37

OP #2 _____ AGE _____

ADDRESS Apartment 4A Halls Hill Rd.

ADDRESS _____

TOWN Colchester, STATE CT.

TOWN _____ STATE _____

OP. LIC. 010158300 STATE CT.

OP. LIC. _____ STATE _____

OWNER #1 Jacks Chevrolet

OWNER #2 _____

ADDRESS 11 South Main St. Colchester, CT.

ADDRESS _____

REG. XX-150 STATE CT.

REG. _____ STATE _____

MAKE AND TYPE VEH. Pontiac Grand Am YEAR 2004

MAKE AND TYPE VEH. _____ YEAR _____

TOWED TO Desmond's Auto

TOWED TO _____

Damage: Driver's side front-end

OCCUPANTS None AGE _____

OCCUPANTS _____ AGE _____

Insurance

Policy Number

VIN# 2G2WS522441166374

OP #3 _____ AGE _____

OP #4 _____ AGE _____

ADDRESS _____

ADDRESS _____

TOWN _____ STATE _____

TOWN _____ STATE _____

OP. LIC. _____ STATE _____

OP. LIC. _____ STATE _____

OWNER #3 _____

OWNER #4 _____

ADDRESS _____

ADDRESS _____

REG. _____ STATE _____

REG. _____ STATE _____

MAKE AND TYPE VEH. _____ YEAR _____

MAKE AND TYPE VEH. _____ YEAR _____

TOWED TO _____

TOWED TO _____

OCCUPANTS _____ AGE _____

OCCUPANTS _____ AGE _____

02/21/04 18:00 FAX 8605377550

AMBULANCE <u>Bozrah Volunteer Fire Dept.</u>	#2 AMBULANCE
HOSPITAL <u>Backus</u>	HOSPITAL
INJURIES <u>Heart Problem prior to MVA</u>	INJURIES
AMBULANCE _____	#4 AMBULANCE
HOSPITAL _____	HOSPITAL
INJURIES _____	INJURIES
AMBULANCE _____	
HOSPITAL _____	
INJURIES _____	
NOTIFIED, DO NOT RELEASE UNLESS NEXT OF KIN NOTIFIED	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO NOTIFIED	<input type="checkbox"/> YES <input type="checkbox"/> NO NOTIFIED
<input type="checkbox"/> YES <input type="checkbox"/> NO NOTIFIED	<input type="checkbox"/> YES <input type="checkbox"/> NO NOTIFIED
ARRESTED _____	ARRESTED _____
WARNED _____	WARNED _____

NO ENFORCEMENT ACTION

Do not release names of passengers if not injured.
Do not release names of juveniles involved.

BRIEF DESCRIPTION OF ACCIDENT

Vehicle #1 was traveling Route 2 E/B in the left lane of two. Operator #1 suffered possible heart problem while driving. Operator #1 lost control of his vehicle and struck the metal beam guardrail on the left shoulder/median causing minor damage to the driver's side front end of Vehicle #1. Operator #1 (Collins) pronounced deceased at the accident scene. Vehicle towed via flatbed by Desmond's Auto. Untimley death of Operator #1 under investigation by Trooper McManaway #761 under Case# DPS04009607.

At the present time, this Department is asking for witnesses or people who stopped to render assistance to the operator of this accident to call Troop K in regards to their observations of the white car operating e/b on Rte 2 in the town of Bozrah between Exits 23 and 24 at around 6:00 through 7:00 pm.

Please Contact Tpr Gordon 1188 at 860-537-7500 or 1800-546-5005 CSP Troop K Colchester.