

ACCIDENT INFORMATION SUMMARY
 DPS 38 C Rev. 7/94

STATE OF CONNECTICUT
 DEPARTMENT OF PUBLIC SAFETY
 DIVISION OF STATE POLICE

1445

NO. & TYPE OF VEHICLES INVOLVED 2 CAR (2 FATALITIES) OTHER(S) INVOLVED _____
(passenger car, truck, bus, etc.) (pedestrian, pole, bridge abutment, etc.)

CASE NUMBER DPS-04-009292 DATE 02-18-04 TIME 1459

TOWN SOMERS ROUTE HAMPDEN RD + STAFFORD RD TROOPER HOAGUE # 0529

UTILITY POLE NAME & # _____

OP # 1 RAUSCHER, RONALD, N D.O.B. 03/04/55
 ADDRESS 412 MAIN STREET
 TOWN HAMPDEN STATE MA
 OP. LIC. S81997402 STATE MA
 OWNER # 1 SAME
 ADDRESS _____
 REG. 4061MY STATE MA
 MAKE AND TYPE VEH. MINIBISHI MONTERO YEAR 1998
 TOWED TO SMYTH'S TOWED TO TROOP C
 VIN # JA4MT31P2WP015129
 OCCUPANTS RAUSCHER, DEVON(DECEASED) AGE 07-01-94
RAUSCHER, GRANT 02/11/91

OP # 2 LARROW, CONSTANCE, G(DECEASED) D.O.B. 05/16/30
 ADDRESS 68 GILBERT ROAD
 TOWN STAFFORD STATE CT
 OP. LIC. 176066405 STATE CT
 OWNER # 2 SAME
 ADDRESS _____
 REG. 143ESP STATE CT
 MAKE AND TYPE VEH. VOLKSWAGON BEETLE YEAR 2001
 TOWED TO SMYTH'S TOWED TO TROOP C
 VIN # 3VWCD21C71M426916
 OCCUPANTS NONE AGE _____

TRAVELING _____
 INS. _____
 POL. # _____
 DAMAGE _____

TRAVELING _____
 INS. _____
 POL. # _____
 DAMAGE _____

OP # 3 _____ D.O.B. _____
 ADDRESS _____
 TOWN _____ STATE _____
 OP. LIC. _____ STATE _____
 OWNER # 3 _____
 ADDRESS _____
 REG. _____ STATE _____
 MAKE AND TYPE VEH. _____ YEAR _____
 TOWED TO _____
 VIN # _____
 OCCUPANTS _____ AGE _____

OP # 4 _____ D.O.B. _____
 ADDRESS _____
 TOWN _____ STATE _____
 OP. LIC. _____ STATE _____
 OWNER # 3 _____
 ADDRESS _____
 REG. _____ STATE _____
 MAKE AND TYPE VEH. _____ YEAR _____
 TOWED TO _____
 VIN # _____
 OCCUPANTS _____ AGE _____

TRAVELING _____
 INS. _____
 POL. # _____
 DAMAGE _____

TRAVELING _____
 INS. _____
 POL. # _____
 DAMAGE _____

OTHER PAGES - OPERATOR'S COPY

Sit. 2/15

# 1 AMBULANCE <u>RAUSCHER, GRANT, LIFESTAR</u>	# 2 AMBULANCE <u>RAUSCHER, RONALD, N SOMERS AMBULANCE</u>
HOSPITAL <u>CONNECTICUT CHILDRENS MEDICALCENTER</u>	HOSPITAL <u>JOHNSON MEMORIAL HOSPITAL</u>
INJURIES <u>STABLE</u>	INJURIES <u>TREATED AND RELEASED</u>
# 3 AMBULANCE _____	# 4 AMBULANCE _____
HOSPITAL _____	HOSPITAL _____
INJURIES _____	INJURIES _____

FATALITIES: DO NOT RELEASE UNLESS NEXT OF KIN NOTIFIED:

<u>RAUSCHER, DEVON 07/01/94</u>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO NOTIFIED	<u>LARROW, CONSTANCE, G 5/16/30</u>	<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

ARRESTED _____	ARRESTED _____
WARNED _____	WARNED _____

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

BRIEF DESCRIPTION OF ACCIDENT

VEHICLE #1 WAS TRAVELING SOUTH ON HAMPDEN ROAD, SOMERS, CT.
VEHICLE #2 WAS TRAVELING EAST ON STAFFORD ROAD, SOMERS, CT.
VEHICLE #1 AND VEHICLE #2 COLLIDED IN THE INTERSECTION OF HAMPDEN ROAD AND SOMERS ROAD.
CASE STATUS: UNDER INVESTIGATION.