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

ACCIDENT INFORMATION SUMMARY

State Police Troop: H
Case Number: DPS- 05009424
Notations: Traffic: Weather: Lane of Direction of Travel: N S E W

Investigating Trooper: Walsh # 624 Date: 2/21/05 Time: 1054 hrs

No. & Type of Veh's Involved: 1 CAR (Passenger Car, Truck, Bus, Etc.)
Related Information: Roll-over (Pedestrian, Pole, Bridge Abutment, Etc)

Town / City: Windsor 165
Location of Accident: I-91 S/B X-36

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

Oper #1: Bedelle, Justin, J.
DOB: 1/14/83 Gender: ☒ M ☐ F
Address: 24 Charter Oak St
Town: Manchester State: CT Zip: 06040
Oper. Lic. # 017363653 Type: State: CT
Owner #1: WAT Holding
Address: 777 Enfield St. Enfield, CT
Registration Plate: K25596 State: CT 06082
Make: Fiat Model: CAB Year: 99
VIN: 1FUGHLBA9XHA06635
Seatbelt(s): ☒ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☒ No ☐ N/A
Insurance Company: Clarendon National
Insurance Policy #: XB11002579
Injuries: Abrasions R. leg
Vehicle Damage: left side
Vehicle Towed: ☐ No ☒ Yes, Bosco's Towing
Occupant(s): [Name / DOB / Address / Position in Veh]
DOT# 364862

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]

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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: 45
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

Veh1 traveling 91S/B near exit 36 in Right lane Op 1 lost control due to snow covered roadway and ~~[illegible]~~ rolled vehicle onto its left side blocking right lane. Minor injuries to op 1. Moderate damage to left side of truck.

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 301

Warned 14-218a *

Arrested _____

Warned _____

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