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

ACCIDENT INFORMATION SUMMARY

State Police Troop: I (BETHANY) Case Number: DPS- 05 - 010390

Notations: Traffic: L Weather: CLEAR Lane L of 3 Direction of Travel: (N) S E W

Investigating Trooper: SGT SKIBEK # 249 Date: 2.26.05 Time: 0132

No. & Type of Veh's Involved: THREE (3) CAR (Passenger Car, Truck, Bus, Etc.) Related Information: N/A (Pedestrian, Pole, Bridge, Abutment, Etc)

Town / City: NORTH HAVEN / 101 Location of Accident: I-91 N/B X 12-13

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

Oper #1:	Oper #2: FITZGIBBONS, KYLE B.
DOB: UNOCCUPIED Gender: ☐M ☐F	DOB: 4.6.75 Gender: ☒M ☐F
Address:	Address: 631 AMITY RD
Town: State: Zip:	Town: BETHANY State: CT. Zip: 06525
Oper. Lic. # Type: State:	Oper. Lic. # 046 490 275 Type: 2 State: CT.
Owner #1: CT. DEPT OF PUBLIC SAFETY	Owner #2: CT. DEPT. OF PUBLIC SAFETY
Address: 47 MILL HILL RD - COLCHESTER, CT.	Address: 47 MILL HILL RD - COLCHESTER, CT.
Registration Plate: 558 SPL State: CT.	Registration Plate: 283 RDX State: CT.
Make: FORD Model: CROWN VIC Year: 03	Make: FORD Model: CROWN VIC Year: 01
VIN: 2FAHP71W X3X201782	VIN: 2FAFP71W X1X186799
Seatbelt(s): ☐Yes ☐No Airbag: ☐Yes (Deployed ☐Y ☐N) ☐No ☐N/A	Seatbelt(s): ☐Yes ☒No Airbag: ☐Yes (Deployed ☐Y ☒N) ☐No ☐N/A
Insurance Company: PROGRESSIVE INS	Insurance Company:
Insurance Policy #: 57171295-2	Insurance Policy #:
Injuries:	Injuries: NECK / BACK
Vehicle Damage: RIGHT SIDE	Vehicle Damage: RIGHT REAR
Vehicle Towed: ☒No ☐Yes,	Vehicle Towed: ☐No ☒Yes, MIKE'S - NORTH HAVEN
Occupant(s): [Name / DOB / Address / Position in Veh]	Occupant(s): [Name / DOB / Address / Position in Veh]
N/A	N/A

Oper #3: HARRELL, ANN V	Oper #4:
DOB: 2.7.56 Gender: ☐M ☒F	DOB: Gender: ☐M ☐F
Address: 69 (#202) WESTWOOD KNOL	Address:
Town: MERIDEN State: CT. Zip: 06450	Town: State: Zip:
Oper. Lic. # 144 984 786 Type: 2 State: CT.	Oper. Lic. # Type: State:
Owner #3: SCHETTINO, ANN V.	Owner #4:
Address: SAME	Address:
Registration Plate: 628 SFG State: CT.	Registration Plate: State:
Make: MBENZ Model: C240 Year: 02	Make: Model: Year:
VIN: WDBRF61J32F277322	VIN:
Seatbelt(s): ☒Yes ☐No Airbag: ☒Yes (Deployed ☐Y ☒N) ☐No ☐N/A	Seatbelt(s): ☐Yes ☐No Airbag: ☐Yes (Deployed ☐Y ☐N) ☐No ☐N/A
Insurance Company: PROGRESSIVE	Insurance Company:
Insurance Policy #: 57171295-2	Insurance Policy #:
Injuries: NONE	Injuries:
Vehicle Damage: FRONT END	Vehicle Damage:
Vehicle Towed: ☐No ☒Yes, HORSELESS - NORTH HAVEN	Vehicle Towed: ☐No ☐Yes,
Occupant(s): [Name / DOB / Address / Position in Veh]	Occupant(s): [Name / DOB / Address / Position in Veh]
N/A	

Brief Description of Accident

VEH #1 STOPPED WITHIN L/L P 3 (I91 N/B x 12-13)
VEH #2 STOPPED WITHIN L/L P 3 (IN FRONT of VEH #1)
NOTE: VEH #1 + #2 (STATE POLICE CRUISERS) WERE AT A PREVIOUS MOTOR VEHICLE ACCIDENT (1 CAR ACC) ON I91 N/B x 12-13
VEH #3 TRAV I-91 N/B, C/L P 3 APPROACHING THE ABOVE ACCIDENT SCENE. VEH #3 THEN VEERED TOWARD LEFT STRIKING VEH #1 AND THEN VEH #2. VEH #2 + #3 TOWED
OPER #3 ARRESTED FOR DWI

This investigation is: ☒ Open / Continuing ☐ Closed

MEDICAL ATTENTION:

#1 Ambulance	☒ Yes, Company AMR ☐ No	#2 Ambulance	☐ Yes, Company _____ ☐ No
Patient Name:	(TH) FITZGIBBONS, KIM	Patient Name:	
Hospital	YNHH / New Haven	Hospital	
Injuries	Neck / Back	Injuries	
#3 Ambulance	☐ Yes, Company _____ ☐ No	#4 Ambulance	☐ Yes, Company _____ ☐ No
Patient Name:		Patient Name:	
Hospital		Hospital	
Injuries		Injuries	

FATALITIES: ***Do Not Release Unless Next of Kin Notified***

Name		Name	
Next of Kin Notified?	☐ Yes ☐ No	Next of Kin Notified?	☐ Yes ☐ No
Name		Name	
Next of Kin Notified?	☐ Yes ☐ No	Next of Kin Notified?	☐ Yes ☐ No

ENFORCEMENT ACTION:

Arrested	OPER #3 (14-230 / 14-215 / 14-227A)	Arrested	HELD ON $10,000.00 BOND
Warned		Warned	

OPER #3 - HARRELL, ANN V. (2-7-56)

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