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

ACCIDENT INFORMATION SUMMAR

State Police Troop: C
Case Number: DPS- 05 002089
Notations: Traffic: M Weather: C Lane 1/2 of 2 Direction of Travel: N S E W

Investigating Trooper: SERRA #637
Date: 1-12-05
Time: 1232

No. & Type of Veh's Involved: 2 VEH (Passenger Car, Truck, Bus, Etc.)
Related Information: (Pedestrian, Pole, Bridge Abutment, Etc)

Town / City:
Location of Accident:
Utility Pole Name & Number (If Applicable):
Other (Specify):

Oper #1: X
DOB: Gender: ☐M ☐F
Address:
Town: State: Zip:
Oper. Lic. # Type: State:
Owner #1:
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 #2: SANTIAGO Angel G
DOB: 10-7-63 Gender: ☒M ☐F
Address: 1364 STATE ST
Town: New Haven State: CT Zip: 0651
Oper. Lic. # 106463397 Type: — State: CT
Owner #2: SAG CORP DBA GALLOS APPL
Address: 23 Dorothy RD E. HARTFORD 061
Registration Plate: J8 2340 State: CT
Make: CHEVY Model: BOX Year: 99
VIN: 1GBJG31F7X1038526
Seatbelt(s): ☒Yes ☒No P Airbag: ☐Yes (Deployed ☐Y ☐N) ☒No ☐N/A
Insurance Company: Progressive Northwestern
Insurance Policy #: CA02028325-2
Injuries: —
Vehicle Damage: Rear
Vehicle Towed: ☒No ☐Yes
Occupant(s): [Name / DOB / Address / Position in Veh]
Jose Medina 10-21-68
214 Greenwich Ave New Haven 06519
Jose Medina L 11-23-69
61 Judith Ter New Haven CT 06513

Oper #3: NICKERSON EDWARD P
DOB: 6-13-69 Gender: ☒M ☐F
Address: 30 CHARLTON ST
Town: Oxford State: MA Zip: 01540
Oper. Lic. # 030561648 Type: — State: MA
Owner #3: M & M Transport Ser.
Address: 185 PARK RD. PUTNAM CT 06260
Registration Plate: 25714A State: CT
Make: MACK Model: TIT Year: 01
VIN: 1M1AA2Y61W136335
Seatbelt(s): ☒Yes ☐No Airbag: ☐Yes (Deployed ☐Y ☐N) ☒No ☐N/A
Insurance Company: Lincoln General
Insurance Policy #: LSW1000030407
Injuries: Right wrist
Vehicle Damage: Front bumper area
Vehicle Towed: ☐No ☒Yes. TONY'S long wharf
Occupant(s): [Name / DOB / Address / Position in Veh]
TR 0836680 ME
~~left lane Right near by box #5~~
USDOT 342630 80,000

Oper #4: ~~TEA~~ STUART LOUIS P.
DOB: 12-19-42 Gender: ☒M ☐F
Address: 4865 HAWTHORN DR.
Town: Harrisburg State: PA Zip: 17111
Oper. Lic. # 21745082 Type: — State: PA
Owner #4: SAME
Address:
Registration Plate: EHR0903 State: PA
Make: VOLVO Model: STWL Year: 91
VIN: YV1FA8856M2318179
Seatbelt(s): ☒Yes ☐No Airbag: ☒Yes (Deployed ☐Y ☒N) ☐No ☐N/A
Insurance Company: Erie INS Exchange
Insurance Policy #: Q040405035 H
Injuries: —
Vehicle Damage: Right Front
Vehicle Towed: ☐No ☒Yes. Ernie & Sons
Occupant(s): [Name / DOB / Address / Position in Veh]
Left lane Right near by box #5

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

ACCIDENT INFORMATION SUMMARY

State Police Troop: G Bridgeport
Case Number: DPS- 05 002089
Notations: Traffic: Weather: Lane 1-2 of 2 Direction of Travel: N S E W

Investigating Trooper: Serra # 637 Date: 1-12-05 Time: 1232

No. & Type of Veh's Involved: 2 Car (Passenger Car, Truck, Bus, Etc.)
Related Information: (Pedestrian, Pole, Bridge Abutment, Etc)

Town / City: E. Haven.
Location of Accident: WLB I

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

Oper #1: Figueira Daniel A.
DOB: 8-9-60 Gender: ☒M ☐F
Address: 340 Lowry Ct.
Town: Clifton State: NJ Zip: 07012
Oper. Lic. # F426015661 08604 Type: — State: NJ
Owner #1: GKV Inc.
Address: 135 Blackwood Ln. Stamford CT 06903
Registration Plate: X8480G State: NJ
Make: UD Model: Box Year: 01
VIN: JNAPA43H61AN60303
Seatbelt(s): ☒Yes ☐No Airbag: ☐Yes (Deployed ☐Y ☐N) ☒No ☐N/A
Insurance Company: St Paul Fire & Marine Ins
Insurance Policy #: CK02904264.
Injuries: —
Vehicle Damage: Front R/Box left step BMW
Vehicle Towed: ☒No ☐Yes,
Occupant(s): [Name / DOB / Address / Position in Veh]

Oper #2: Lynch Peter A
DOB: 4-5-62 Gender: ☒M ☐F
Address: 98 High Meadow Rd.
Town: Guilford State: CT Zip: 06443
Oper. Lic. # 16411888 Type: State:
Owner #2: Peter Lynch Asset Management
Address: ~~98 High~~ Same.
Registration Plate: 565SLK State: CT
Make: BMW Model: Year: 03
VIN: 5UXFA53553LV91939
Seatbelt(s): ☒Yes ☐No Airbag: ☐Yes (Deployed ☐Y ☐N) ☒No ☐N/A
Insurance Company: Hartford Underwriter.
Insurance Policy #: 02UEC UF3158
Injuries: —
Vehicle Damage: Right Mirror
Vehicle Towed: ☒No ☐Yes.
Occupant(s): [Name / DOB / Address / Position in Veh]

Left Lane Box Hit R/mirror

Oper #3: Martinez Pablo A
DOB: 2-20-65 Gender: ☒M ☐F
Address: 71 Ackerman Ave #379
Town: Clifton State: NJ Zip: 07011
Oper. Lic. # M0691614610265 Type: — State: NJ
Owner #3: Langer Transport NJ 07305
Address: 420 Route 440 North Jersey City
Registration Plate: AC565A State: NJ
Make: MAC Model: T/T Year: 99
VIN: 1M1AA13Y5XW109604
Seatbelt(s): ☒Yes ☐No Airbag: ☐Yes (Deployed ☐Y ☐N) ☐No ☐N/A
Insurance Company: Zurich Ins.
Insurance Policy #: TRK3825973-01
Injuries: —
Vehicle Damage: Front Tractor.
Vehicle Towed: ☒No ☐Yes,
Occupant(s): [Name / DOB / Address / Position in Veh]
Trailer - TEA104 NJ

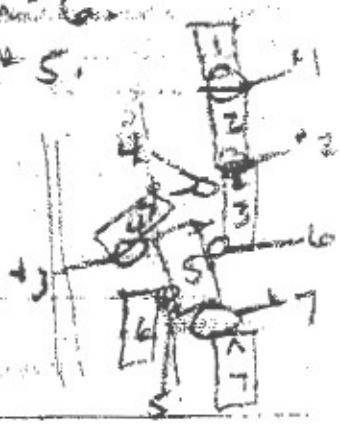
USDOT 024222

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

Veh# 1, was struck in rear by veh# 2. #2 was then struck in rear by #3, Veh#5 then skidded left from R/lane & struck veh# 3, veh# 4 and veh# 6. veh# 7 then impacted into the rear of veh# 5.

Op# 2 & Op# 3 had complaint of injury



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 Op# 2 #5 #7 14-240

Warned Op# 2

Arrested _____

Warned _____

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