SERIOUS INJURY

Sgt. B #101 O/C to RELEASE

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

ACCIDENT INFORMATION SUMMARY

State Police Troop: H
Case Number: DPS- 05002020
Notations: Traffic: M D Weather: Lane of Direction of Travel: N S E W

Investigating Trooper: URGO #793
Date: 01-12-05
Time: 0728

No. & Type of Veh's Involved: 3 (Passenger Car, Truck, Bus, Etc.)
Related Information: METAL BEAM GUIDERAIL (Pedestrian, Pole, Bridge Abutment, Etc)

Town / City: EAST HARTFORD
Location of Accident: RT 2 W/B EAST OF EXIT 4
Utility Pole Name & Number (If Applicable):
Other (Specify):

Oper #1: LOWE, MARJORIE ANN
DOB: 08-22-65 Gender: ☐ M ☒ F
Address: 184 CAMBRIDGE DR
Town: EAST HARTFORD State: CT Zip: 06118
Oper. Lic. # 086362217 Type: 2 State: CT
Owner #1: SAME
Address: SAME
Registration Plate: 191 HZE State: CT
Make: MAZDA Model: 626 4DR Year: 98
VIN: 1YVGF22C6W5776509
Seatbelt(s): ☒ Yes ☐ No Airbag: ☒ Yes (Deployed ☒ Y ☐ N) ☐ No ☐ N/A
Insurance Company: METROPOLITAN GROUP AND PROP
Insurance Policy #: 2074704100
Injuries: MULTIPLE LEG FRACTURES
Vehicle Damage: HEAVY FRONT END
Vehicle Towed: ☐ No ☒ Yes, TOLLAND AUTO
Occupant(s): [Name / DOB / Address / Position in Veh]
NONE

Oper #2: LABIER, MICHAEL R
DOB: 05-26-56 Gender: ☒ M ☐ F
Address: 15A MARTIN ST
Town: ENFIELD State: CT Zip: 06082
Oper. Lic. # 173047416 Type: B State: CT
Owner #2: SAME
Address: SAME
Registration Plate: 298PVJ State: CT
Make: MERCURY Model: SABLE 4DR Year: 94
VIN: 1MELM5042RA615267
Seatbelt(s): ☐ Yes ☒ No Airbag: ☒ Yes (Deployed ☒ Y ☐ N) ☐ No ☐ N/A
Insurance Company: LIBERTY MUTUAL FIRE
Insurance Policy #: A02-212-190385-21
Injuries: BACK, NECK AND HEAD
Vehicle Damage: HEAVY RIGHT SIDE AND FRONT
Vehicle Towed: ☐ No ☒ Yes, TOLLAND AUTO
Occupant(s): [Name / DOB / Address / Position in Veh]
NONE

Oper #3: QUATTROPANI, KATHLEEN M
DOB: 10-28-1957 Gender: ☐ M ☒ F
Address: 427 CABIN RD
Town: COLCHESTER State: CT Zip: 06415
Oper. Lic. # 103168583 Type: 2M State: CT
Owner #3: SAME
Address: SAME
Registration Plate: KATIEQ State: CT
Make: SUBARU Model: LEGACY 4DR Year: 01
VIN: 4S3B#656X17201648
Seatbelt(s): ☒ Yes ☐ No Airbag: ☒ Yes (Deployed ☐ Y ☒ N) ☐ No ☐ N/A
Insurance Company: METROPOLITAN PROP AND CAS
Insurance Policy #: 9996554970
Injuries: NONE
Vehicle Damage: MINOR LEFT REAR QUARTER
Vehicle Towed: ☒ No ☐ Yes,
Occupant(s): [Name / DOB / Address / Position in Veh]
NONE

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

OP #1 TRAVELING RT 2 W/B EAST OF EXIT 4 IN LEFT LANE. OP #2 TRAVELING RT 2 E/B IN THE LEFT LANE ON THE OTHER SIDE OF THE HIGHWAY. OP #3 WAS TRAVELING RT 2 W/B EAST OF EXIT 4 IN THE RIGHT LANE NEXT TO OP #1. OP #2 LOST CONTROL, STRUCK THE GUIDERAIL ON THE CENTER MEDIAN AND WENT AIRBORNE. OP #2's VEHICLE THEN STRUCK OP #1's VEHICLE AND OP #1's VEHICLE THEN STRUCK OP #3's VEHICLE. BOTH OP #1 AND OP #2 RECIEVED SERIOUS INJURIES AND WERE TRANSPORTED TO THE HOSPITAL. THIS CASE REMAINS UNDER INVESTIGATION. ANY PERSON WHO WITNESSED THIS ACCIDENT IS ASKED TO CONTACT TROOPER URGO AT TROOP H IN HARTFORD. 534-1000

NOTE: ROADWAY WET / CLEAR OR SNOW
WEATHER: RAIN

This investigation is: ☐ *Open / Continuing* ☐ *Closed*

MEDICAL ATTENTION:

#1 Ambulance ☒ Yes, Company _____ ☐ No

Patient Name: OP #1

Hospital: ST FRANCIS

Injuries: LEG

#2 Ambulance ☒ Yes, Company _____ ☐ No

Patient Name: OP #2

Hospital: HARTFORD

Injuries: NECK, BACK AND HEAD

#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

Warned

Arrested

Warned

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