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

ACCIDENT INFORMATION SUMMARY

State Police Troop: Colchester

Case Number: DPS-05-034789

Notations:
Traffic: H
Weather: C
Lane 1 of 2
Direction of Travel: N (S) E W

Investigating Trooper: Martinez #124

Date: 07/16/05 Time: 1157 hrs.

No. & Type of Veh's Involved: 2 Veh. (Passenger Car, Truck, Bus, Etc.)

Related Information: Sign / Wooden Fence (Pedestrian, Pole, Bridge Abutment, Etc)

Town / City: Bolton

Location of Accident: RT85 / Dimock Rd.

Utility Pole Name & Number (If Applicable):

Other (Specify):

Oper #1: Jones, Craig
DOB: — Gender: ☑M ☐F
Address: 1111 Country Club Rd.
Town: Middletown State: CT Zip: 06450
Oper. Lic. 167216638 Type: ZM State: CT
Owner #1: State of Conn. Dept. Public Safety
Address: 1111 Country Club Rd. Middletown
Registration Plate: 762 RJD1 State: CT
Make: Ford Model: CV Year: 02
VIN: 2FAFP71W82X104392
Seatbelt(s): ☑Yes ☐No Airbag: ☒Yes (Deployed ☐Y ☒N) ☐No ☐N/A
Insurance Company: Lexington Ins.
Insurance Policy #: X851N01
Injuries: None
Vehicle Damage: Totalled
Vehicle Towed: ☐No ☑Yes, Desmonds
Occupant(s): [Name / DOB / Address / Position in Veh]
N/A

Oper #2: Vanwingerden, Krystle
DOB: 5/14/83 U Gender: ☐M ☑F
Address: 216 Stafford Rd.
Town: Somers State: CT Zip: 06071
Oper. Lic. # 057371188 Type: 2 State: CT
Owner #2: Van Wingerden, Leonard
Address: SAME
Registration Plate: 974 SAC State: CT
Make: Honda Model: Element Year: 03
VIN: 5J6YH28573L006916
Seatbelt(s): ☒Yes ☐No Airbag: ☒Yes (Deployed ☐Y ☒N) ☐No ☐N/A
Insurance Company: Acadia Ins.
Insurance Policy #: CAA0083538-11
Injuries: None
Vehicle Damage: Drivers door (Minor), LF Panel, Tire
Vehicle Towed: ☑No ☐Yes, N/A
Occupant(s): [Name / DOB / Address / Position in Veh]
RF Van Wingerden, Kelsey 6/1/90
SAME UNK

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:
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

Two veh. Acc. No injuries.

veh #1 and veh #2 were both traveling SB on RT 85 in Bolton. opr #2 attempted to make a left hand turn onto Dimock Ln when veh #1 was in the process of passing veh. #2.
It should be noted that opr #1 was enroute to an emergency call and the vehicles lights and siren were activated.
Opr. #2 stated that she did not see veh #1 nor did she hear the siren.

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 _____
Warned

Arrested _____
Warned RLR 70 Obey Ehl. Sign 14-223

Supervisor's Approval Required: Signature [signature] # P4 Date 7/15/05