

NO. & TYPE OF VEHICLES INVOLVED Box truck -V- Barrier OTHER(S) INVOLVED _____
(passenger car, truck, bus, etc.) (pedestrian, pole, bridge abutment, etc.)

CASE NUMBER DPS04030012 DATE 06/17/04 TIME 0400

TOWN East Windsor 047 ROUTE I-91 N/B X44 TROOPER Perez # 512

UTILITY POLE NAME & # _____

OP #1 Duku, Maxwell K. AGE 06/23/56 OP #2 _____ AGE _____

ADDRESS 60 Farm Dr. ADDRESS _____

TOWN East Hartford, STATE CT. TOWN _____ STATE _____

OP. LIC. 186429405 (B) STATE CT. OP. LIC. _____ STATE _____

OWNER #1 Diana Bakery OWNER #2 _____

ADDRESS 35 Pearl St. Enfield, CT. 06082 ADDRESS _____

REG. 770743 STATE CT. REG. _____ STATE _____

MAKE AND TYPE VEH. Mitsubishi 640 box/van white YEAR 01 MAKE AND TYPE VEH. _____ YEAR _____

TOWED TO Bosco's TOWED TO _____

Damage: Front-end, Rear-end (T-bar)

VIN: JW6BHH1S11L002808

OCCUPANTS _____ AGE _____

Injuries: Fractured jaw

Insurance: The Hartford #02-UEC-FC-1025

GVW: 14500 Light: 5300

DOT: #606034 2-axle (dual wheels rear)

H: (860) 282-9475 W: (860) 741-3781

OP #3 _____ AGE _____ OP #4 _____ AGE _____

ADDRESS _____ ADDRESS _____

TOWN _____ STATE _____ TOWN _____ STATE _____

OP. LIC. _____ STATE _____ OP. LIC. _____ STATE _____

OWNER #3 _____ OWNER #4 _____

ADDRESS _____ ADDRESS _____

REG. _____ STATE _____ REG. _____ STATE _____

MAKE AND TYPE VEH. _____ YEAR _____ MAKE AND TYPE VEH. _____ YEAR _____

TOWED TO _____ TOWED TO _____

OCCUPANTS _____ AGE _____ OCCUPANTS _____ AGE _____

06/17/04 07:46 FAX 860 534 1079

CSP TROOP H HARTFORD

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003

Operator #1 (Duku)

#1 AMBULANCE East Windsor #2 AMBULANCE _____

HOSPITAL Hartford Hospital HOSPITAL _____

INJURIES Fractured jaw INJURIES _____

#3 AMBULANCE _____ #4 AMBULANCE _____

HOSPITAL _____ HOSPITAL _____

INJURIES _____ INJURIES _____

FATALITIES, DO NOT RELEASE UNLESS NEXT OF KIN NOTIFIED

<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
NOTIFIED		NOTIFIED	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
NOTIFIED		NOTIFIED	

ARRESTED _____ ARRESTED _____

WARNED _____ WARNED _____

Do not release names of passengers if not injured.
Do not release names of juveniles involved.

BRIEF DESCRIPTION OF ACCIDENT

Vehicle #1 was traveling I-91 N/B approaching Exit #44. Vehicle #1 struck the cement barrier located off the right shoulder. Vehicle #1 then crossed all three travel lanes and struck the cement center median. Operator #1 was ejected from the vehicle and landed in the L/L of four of I-91 southbound. Vehicle #1 received heavy front end damage. Operator #1 was transported to Hartford Hospital with serious head injuries. The left and center lanes of I-91 N/B were closed for approximately three hours. The left and left center lanes of I-91 S/B were closed for approximately 2 hours.

Any witnesses to the accident are asked to contact Troop H (Tpr. Perez #512) at 1-860-534-1000.

Case Under Investigation