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

ACCIDENT INFORMATION SUMMARY

State Police Troop: G
Case Number: DPS- 05-026781
Notations: Traffic: ____ Weather: ____ Lane ___ of ___ Direction of Travel: N S E W

Investigating Trooper: Holmes # 1375 Date: 06/01/05 Time: 2035

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

Town / City: Milford
Location of Accident: I-95 W/B west of exit 41

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

Oper #1: Vienneau, Allen E
DOB: 03/27/54 Gender: ☒M ☐F
Address: 61 Finch St.
Town: Milford State: CT Zip: 06460
Oper. Lic. # 153272140 Type: 2M State: CT
Owner #1: SAME
Address:
Registration Plate: 827 ALX State: CT
Make: Ford Model: Explorer Year: 97
VIN: 1FMDU34X7VUD12469
Seatbelt(s): ☒Yes ☐No Airbag: ☐Yes (Deployed ☐Y ☐N) ☐No ☐N/A
Insurance Company: Allstate
Insurance Policy #: 054693060 12/23
Injuries: operator bumped head
Vehicle Damage: Front end, roof, both sides
Vehicle Towed: ☐No ☒Yes, Roger's
Occupant(s): [Name / DOB / Address / Position in Veh]
Arnold, Helen 02/16/34 69 Waldo St Millinocket ME 04462 Front right
Blanchette, Paul 06/25/46 56 Aroostook Ave Millinocket ME 04462 Rear right

Oper #2: Alston, Norman E
DOB: 03/27/67 Gender: ☒M ☐F
Address: 32 Second Park St.
Town: Milford State: CT Zip: 06460
Oper. Lic. # ID 034631100 Type: State: CT
Owner #2: House, Jesse (01/27/81)
Address: 131 Elm West Haven CT
Registration Plate: NWY 4148 State: NC
Make: Volks Model: Jetta Year: 95
VIN: 3VWWC81HX5M101547
Seatbelt(s): ☐Yes ☐No Airbag: ☐Yes (Deployed ☐Y ☐N) ☐No ☐N/A
Insurance Company:
Insurance Policy #:
Injuries:
Vehicle Damage: Front, roof,
Vehicle Towed: ☐No ☒Yes, Roger's
Occupant(s): [Name / DOB / Address / Position in Veh]

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

Vehicle #1 was traveling I-95 westbound west of exit 41 in the right lane of three. Vehicle #2 ~~west~~ was traveling I-95 westbound west of exit 41 in the left lane of three. Vehicle #2 struck vehicle #1 on the left side. Vehicle #1 then struck the curb and flipped landing on it's wheels. Vehicle #2 ~~ft~~ struck the curb and flipped landing on it's roof top.

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

MEDICAL ATTENTION:

#1 Ambulance ☒ Yes, Company _____ ☐ No
Patient Name: Vienneau, Allen
Hospital: St Raphaels
Injuries: Lower back, ribs

#2 Ambulance ☒ Yes, Company _____ ☐ No
Patient Name: Arnold, Helen
Hospital: Yale New Haven
Injuries: Shoulder and left hand

#3 Ambulance ☒ Yes, Company _____ ☐ No
Patient Name: Blanchette, Paul
Hospital: St. Raphaels
Injuries: Lower back, shoulder

#4 Ambulance ☒ Yes, Company _____ ☐ No
Patient Name: Alston, Norman
Hospital: Yale New Haven
Injuries: Facial lacerations

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: operator #2 pending

Arrested _____

Warned _____

Warned _____

Supervisor's Approval Required: Signature [signature] # _____ Date _____