FATAL

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

ACCIDENT INFORMATION SUMMARY

State Police Troop: K Colchester

Case Number: DPS- 05028392

Notations:
Traffic: L
Weather: Clear
Lane ___ of ___
Direction of Travel:
N S E W

Investigating Trooper: K. Seery # 688

Date: 06/10/05 Time: 1900

No. & Type of Veh's Involved: 1 Car vs Farm tractor (Passenger Car, Truck, Bus, Etc.)

Related Information: (Pedestrian, Pole, Bridge Abutment, Etc)

Town / City: Salem

Location of Accident: Way Road

Utility Pole Name & Number (If Applicable):

Other (Specify):

Oper #1: Trawczynski, Nicholas
DOB: 14 yrs old Gender: ☒ M ☐ F
Address: 111 Way Road
Town: Salem State: CT Zip: 06420
Oper. Lic. # Type: State:
Owner #1:
Address:
Registraden Plate: State:
Make: Ford Model: Farm Tracto 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: Crowther, Robert H
DOB: 08/12/56 Gender: ☒ M ☐ F
Address: 574 Goshen Hill Rd
Town: Lebanon State: CT Zip: 06249
Oper. Lic. # 207-576-858 Type: 2 State: CT
Owner #2: Plourde, Joseph
Address: 243 York Road, Lebanon, CT
Registration Plate: 5CB363 State: CT
Make: Chev Model: Silv P/U Year: 200
VIN: 1GCHK29113E119557
Seatbelt(s): ☐ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☒ N) ☐ No ☐ N/A
Insurance Company: Prudential
Insurance Policy #: 242A765963
Injuries: None
Vehicle Damage: Front passenger side
Vehicle Towed: ☐ No ☒ Yes,
Occupant(s): [Name / DOB / Address / Position in Veh.]
None

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 (Farm Tractor) was traveling north on way Road. Vehicle #2 was traveling behind vehicle #1. Vehicle #2 initiated a passing maneuver to the left of Vehicle #1 as Vehicle #1 was turning into a private driveway. Vehicle #2 subsequently collided with vehicle #1 and vehicle #1 rolled over. The operator of vehicle #1 was subsequently transported to BaCKUS Hospital via lifestar and was pronounced dead at the hospital. The operator of vehicle #2 was uninjured.

The accident is under investigation.

This investigation is: [X] *Open / Continuing* [ ] *Closed*

MEDICAL ATTENTION:

#1 Ambulance [ ] Yes, Company Lifestar [ ] No
Patient Name: Opr #1
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 Trawczynski, Nicholas
Next of Kin Notified? [X] 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 Sgt [signature] # 299 Date 6/10/05