



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

ACCIDENT INFORMATION SUMMARY

State Police Troop: K Colchester

Case Number: DPS- 05-028362

Notations:

Investigating Trooper: Keeney # 713

Date: 6/10/05

Time: 1605

Traffic: H
Weather: Cl
Lane L of 2
Direction of Travel:
N S E W

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

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

Town / City: Marlborough

Location of Accident: Rt. 2 e/b 6/10 east of exit 13

Utility Pole Name & Number (If Applicable): _____

Other (Specify): _____

Oper #1: Lukaszewicz, Shawn

Oper #2: _____

DOB: 5/20/86 Gender: M F

DOB: _____ Gender: M F

Address: 1819 Exeter Road

Address: _____

Town: Lebanon State: CT Zip: _____

Town: _____ State: _____ Zip: _____

Oper. Lic. # 178066439 Type: 2 State: CT

Oper. Lic. # _____ Type: _____ State: _____

Owner #1: Lukaszewicz, Stanley

Owner #2: _____

Address: po box 43 Tioga Center NY 13845

Address: _____

Registration Plate: DBE2023 State: NY

Registration Plate: _____ State: _____

Make: Hyundai Model: Sonata Year: 2000

Make: _____ Model: _____ Year: _____

VIN: KMHWF35V0YA299554

VIN: _____

Seatbelt(s): Yes No Airbag: Yes (Deployed Y N) No N/A

Seatbelt(s): Yes No Airbag: Yes (Deployed Y N) No N/A

Insurance Company: _____

Insurance Company: _____

Insurance Policy #: _____

Insurance Policy #: _____

Injuries: Head (serious)

Injuries: _____

Vehicle Damage: R side, front, roof, rear

Vehicle Damage: _____

Vehicle Towed: No Yes, Northeast Auto

Vehicle Towed: No Yes, _____

Occupant(s): [Name / DOB / Address / Position in Veh]

Occupant(s): [Name / DOB / Address / Position in Veh]

Oper #3: _____

Oper #4: _____

DOB: _____ Gender: M F

DOB: _____ Gender: M F

Address: _____

Address: _____

Town: _____ State: _____ Zip: _____

Town: _____ State: _____ Zip: _____

Oper. Lic. # _____ Type: _____ State: _____

Oper. Lic. # _____ Type: _____ State: _____

Owner #3: _____

Owner #4: _____

Address: _____

Address: _____

Registration Plate: _____ State: _____

Registration Plate: _____ State: _____

Make: _____ Model: _____ Year: _____

Make: _____ Model: _____ Year: _____

VIN: _____

VIN: _____

Seatbelt(s): Yes No Airbag: Yes (Deployed Y N) No N/A

Seatbelt(s): Yes No Airbag: Yes (Deployed Y N) No N/A

Insurance Company: _____

Insurance Company: _____

Insurance Policy #: _____

Insurance Policy #: _____

Injuries: _____

Injuries: _____

Vehicle Damage: _____

Vehicle Damage: _____

Vehicle Towed: No Yes, _____

Vehicle Towed: No Yes, _____

Occupant(s): [Name / DOB / Address / Position in Veh]

Occupant(s): [Name / DOB / Address / Position in Veh]

Brief Description of Accident

Vehicle #1 was travelling on Rt. 2 eastbound in the left lane of two lanes when the operator lost control of his vehicle and went off the right shoulder and struck several trees. Oper #1 was flown by lifestar to Hartford Hospital for serious head injuries. Oper #1 is in intensive care per emergency room personnel. Anyone who may have witnessed the accident contact Tfc. Keene at Troop K at 537-7500. Under investigation.

This investigation is: Open / Continuing Closed

MEDICAL ATTENTION:

LIFESTAR

#1 Ambulance Yes, Company _____ No #2 Ambulance Yes, Company _____ No

Patient Name: Oper #1 Patient Name: _____

Hospital Hartford Hospital Hospital _____

Injuries Head injuries Injuries _____

#3 Ambulance Yes, Company _____ No #4 Ambulance Yes, Company _____ No

Patient Name: _____ Patient Name: _____

Hospital _____ Hospital _____

Injuries _____ Injuries _____

FATALITIES: Do Not Release Unless Next of Kin Notified

Name _____ Name _____

Next of Kin Notified? Yes No Next of Kin Notified? Yes No

Name _____ Name _____

Next of Kin Notified? Yes No Next of Kin Notified? Yes No

ENFORCEMENT ACTION:

Arrested Under investigation Arrested _____

Warned _____ Warned _____

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