



State of Connecticut
Department of Public Safety
Division of State Police

DPS-90-C (Rev. 07/02)

CRIMINAL INFORMATION SUMMARY

MASS S.P.

TROOP / UNIT: D OTHER INVOLVED AGENCY: No Yes, Webster P.D. Page 1 of 2

Date 06/11/2005	Time 0237	Investigating Officer Sgt. Caulfield #263	DPS Case Number DPS05-028440
Location of Incident (Street Name & City/Town Only): Began on I-395 N/B near exit 91 in Killingly, CT and ended on I-395 N/B near exit 2 in Webster, MA.			
Summary of Incident or Affidavit:		<input type="checkbox"/> Arrest Made	<input checked="" type="checkbox"/> Under Investigation
Troop D received numerous 911 calls reporting that a 1993 Geo Prizm, color green, bearing CT 120MLX was driving in an extremely dangerous fashion. One caller reported that the suspect vehicle had actually hit him and continued on. Trooper Avery engaged the vehicle in pursuit at exit 91 at speeds of 100-110 MPH. At times the vehicle veered off the roadway and struck the guardrails, causing damage to itself. The vehicle failed to stop and struck another vehicle, causing minor damage to both, no injuries. Evading vehicle continued at speeds over 100 MPH and rear-ended Trooper Scott Blairs assigned cruiser two times near exit 99 in Thompson, CT. The second collision sent the State Police vehicle into a spin, the vehicle came to rest in the median. Cruiser had 3 flat tires and rear end damage from striking embankment.			
Trooper Blair received only minor injuries, exited his vehicle and joined his Supervisor in the pursuit as a passenger. The pursuit continued into MASS, where MASS State Police assumed control of the pursuit. The evading vehicle struck guardrails and other vehicles several more times in MASS causing severe damage to it. The vehicle had lost it's front tire, but continued on even after it caught on fire. Vehicle finally stopped			
near exit 2 in MASS and the operator was taken into custody after a brief struggle. The accused was transported to the MASS State Police Sturbridge barracks and charged. Multiple charges in Connecticut are pending.			
Trooper Blair suffered minor injuries to his neck, treated and released from Day Kimball Hospital.			
Victim: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS)			
Juvenile: <input type="checkbox"/> Yes <input type="checkbox"/> No Age: _____ Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Individual Name / Business / Agency: _____			
Victim's Address: (Town/City & State Only) _____			
Arrested: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS)			
Juvenile(s) Involved: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
NAME: _____	Charges:	1) <u>ALL PENDING</u>	
D.O.B.: _____		2) _____	
ADDRESS: _____		3) _____	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		4) _____	
Injured: <input type="checkbox"/> No <input type="checkbox"/> Yes	Hospital: <input type="checkbox"/> No <input type="checkbox"/> Yes, _____	Ambulance: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Bond: <input type="checkbox"/> Surety, \$ _____	<input type="checkbox"/> Cash, \$ _____	<input type="checkbox"/> Non-Surety	<input type="checkbox"/> Promise to Appear <input type="checkbox"/> Not Posted
<input type="checkbox"/> Transferred to Dept. of Corrections @ _____			
Court: GA# _____	Town: _____	Court Date: _____	
NAME: _____	Charges:	1) _____	
D.O.B.: _____		2) _____	
ADDRESS: _____		3) _____	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		4) _____	
Injured: <input type="checkbox"/> No <input type="checkbox"/> Yes	Hospital: <input type="checkbox"/> No <input type="checkbox"/> Yes, _____	Ambulance: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Bond: <input type="checkbox"/> Surety, \$ _____	<input type="checkbox"/> Cash, \$ _____	<input type="checkbox"/> Non-Surety	<input type="checkbox"/> Promise to Appear <input type="checkbox"/> Not Posted
<input type="checkbox"/> Transferred to Dept. of Corrections @ _____			
Court: GA# _____	Town: _____	Court Date: _____	



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ACCIDENT INFORMATION SUMMARY

State Police Troop: D

Case Number: DPS-05-028440

Notations:
Traffic: _____
Weather: _____
Lane _____ of _____
Direction of Travel: _____
N S E W

Investigating Trooper: CAULFIELD # 263

Date: 6-11-05 Time: 0252

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

Related Information: N/A
(Pedestrian, Pole, Bridge Abutment, Etc)

Town / City: THOMPSON

Location of Accident: I-395 N/B, X 88-87

Utility Pole Name & Number (If Applicable): _____

Other (Specify): _____

Oper #1: BLAIR, SCOTT TROOPER

Oper #2: KRASNECKY, SANDRA N.

DOB: 6-24-71 Gender: M F

DOB: 7/5/45 Gender: M F

Address: 55 Westcott Rd.

Address: 317 Church St., Apt. #2

Town: Danielson State: CT Zip: 06259

Town: Putnam State: CT Zip: 06260

Oper. Lic. # 067613528 Type: 2m State: CT

Oper. Lic. # 073273119 Type: 2 State: CT

Owner #1: State of CT

Owner #2: SAME

Address: 55 Westcott Rd., Danielson

Address: _____

Registration Plate: 970SLB State: CT

Registration Plate: 120MLX State: CT

Make: FORD Model: C. VIC Year: 03

Make: GEO Model: PRIZM Year: 93

VIN: 2F4HP71W33X197929

VIN: 1Y1SK5368PZ060867

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: LEXINGTON

Insurance Company: PROGRESSIVE

Insurance Policy #: 3583250

Insurance Policy #: 57250713-3 (EXP. 4-25-05)

Injuries: NECK, BACK

Injuries: NONE

Vehicle Damage: 3 FLAT TIRES, REAR END

Vehicle Damage: FRONT END - MINOR

Vehicle Towed: No Yes, TO TROOP D

Vehicle Towed: No Yes, IN MASS BY SP

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

Occupant(s): N/A [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]
