Fatal - OK. To Release [redacted]

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

ACCIDENT INFORMATION SUMMARY

State Police Troop: G
Case Number: DPS- 05011041
Notations: Traffic: L Weather: S Lane ___ of ___ Direction of Travel: N S E W

Investigating Trooper: Spina # 547
Date: 3-2-05 Time: 0351

No. & Type of Veh's Involved: (2) Tractor-Trailers vs. 1 Car
(Passenger Car, Truck, Bus, Etc.)
Related Information: (Pedestrian, Pole, Bridge Abutment, Etc)

Town / City: Orange
Location of Accident: I-95 Eastbound east of entrance 41

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

Oper #1: Parsons, Spencer Lee
DOB: 6-8-78 Gender: ☒ M ☐ F
Address: 22 Oates Ave. Suite A
Town: Winchester State: VA Zip: 22601
Oper. Lic. # T63139931 Type: CDL State: VA
Owner #1: Braun's Express Inc
Address: 2651Rte 130 South, Cranbury NJ 08512
Registration Plate: AH122H State: NJ
Make: Mack Model: Tractor Year: 04
VIN: 1M1AE07Y14N018162
Seatbelt(s): ☒ Yes ☐ No Airbag: ☒ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/A
Insurance Company: Zurich American
Insurance Policy #: CAR3763591
Injuries: None
Vehicle Damage: Rear of trailer
Vehicle Towed: ☐ No ☒ Yes, Center Towing
Occupant(s): [Name / DOB / Address / Position in Veh]

Oper #2: Braaten, James C
DOB: 8-4-59 Gender: ☒ M ☐ F
Address: 23 Pondview Dr
Town: Woodstock State: CT Zip: 06281
Oper. Lic. # 087398609 Type: 2 State: CT
Owner #2: Same
Address: Same
Registration Plate: 39875C State: CT
Make: GMC Model: K1500 Year: 93
VIN: 1GTEK14ZXPE558708
Seatbelt(s): ☒ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☒ No ☐ N/A
Insurance Company: National Grange Mutual
Insurance Policy #: 01K94694
Injuries: Fatal
Vehicle Damage: Total
Vehicle Towed: ☐ No ☒ Yes, Mike's
Occupant(s): [Name / DOB / Address / Position in Veh]

Oper #3: Borden, Prentis L
DOB: 6-22-55 Gender: ☒ M ☐ F
Address: 133 Fern Cliff Ave.
Town: Springfield State: MA Zip: 01101
Oper. Lic. # 129462638 Type: CDL State: MA
Owner #3: AA Truck Rental 11101
Address: 28-90 Review Ave, Long Island City NY
Registration Plate: 38046PA State: NY
Make: Mack Model: Tractor Year: 99
VIN: 1M1AA14Y1XW107704
Seatbelt(s): ☒ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☒ No ☐ N/A
Insurance Company: United States Fire
Insurance Policy #: Binder
Injuries: Minor lacerations to hands(refused)
Vehicle Damage: Front end of tractor unit
Vehicle Towed: ☐ No ☒ Yes, Bruneau's
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 on I-95 Eastbound east of entrance #41 in the center lane of three lanes. Vehicle #2 was traveling behind vehicle #1. Vehicle #3 was traveling behind vehicle #2. Vehicle #1 stopped for numerous vehicles that were spun out and blocking lanes on the highway. Vehicle #2 slid into the trailer of vehicle #1, due to an extremely slick roadway from snowfall. Vehicle #2 struck vehicle #1 with a great deal of force. Vehicle #3 then struck vehicle #2. Vehicle #1 came to a controlled final rest in the right lane ahead of the crash. Vehicle #2 came to an uncontrolled final rest in the center lane. Vehicle #3 slid sideways, and struck the metal beam guardrail on the right shoulder. Operator #2 sufferred massive head injuries and was pronounced dead at the scene.

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

MEDICAL ATTENTION:

#1 Ambulance ☐ Yes, Company _____ ☐ No

Patient Name: _____

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 Braaten, James C

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 _____

Warned _____

Arrested _____

Warned _____

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