DRY WET 1 ROAD RAIN

534-1000

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

ACCIDENT INFORMATION SUMMARY

State Police Troop: H
Case Number: DPS- 05 011973
Notations: Traffic: L Weather: D Lane 1 of 3 Direction of Travel: N S E W

Investigating Trooper: NICHOLSON # 634
Date: 3/8/05
Time: 0224 HRS

No. & Type of Veh's Involved: 1 CAR VS (Passenger Car, Truck, Bus, Etc.)
Related Information: METAL BEAM GR (Pedestrian, Pole, Bridge Abutment, Etc)

Town / City: HARTFORD 064
Location of Accident: I-91 N/B X 34

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

Oper #1: GOMEZ, JULIO
DOB: 1/30/71 Gender: ☑M ☐F
Address: 227 AUDUBON AV 45
Town: NEW YORK State: NY Zip: 10033
Oper. Lic. # 278 262 380 Type: A State: NY
Owner #1: A&A TRUCKING + LEASING
Address: BUILD C BRONX, NY
Registration Plate: 54665 PA State: NY
Make: INT Model: MA Year: 03
VIN: 1HSHXAHR63J075590
Seatbelt(s): ☑Yes ☐No Airbag: ☐Yes (Deployed ☐Y ☑N) ☐No ☐N/A
Insurance Company: TRAVELERS
Insurance Policy #: Y810585K721AT1L03
Injuries: RIB PAIN
Vehicle Damage: HEAVY FRONT-END
Vehicle Towed: ☐No ☑Yes, CORONA'S
Occupant(s): [Name / DOB / Address / Position in Veh]

Oper #2:
DOB: Gender: ☐M ☐F
Address:
Town: State: Zip:
Oper. Lic. # Type: State:
Owner #2:
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]

EXIT 34

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 TRAV I-91 N/B PRIOR TO EXIT 34
OP #1 LOST CONTROL OF VEH #1 VEERED RIGHT OFF ROADWAY
VEHICLE #1 SUSTAINED HEAVY FRONT-END DAMAGE
OP #1 WAS TRANSPORTED TO ST FRANCIS HOSPITAL FOR EVALUATION.

ENFORCEMENT ACTION WAS TAKEN AGAINST OP #1 WAS FOR 14-236

This Investigation is: ☐ Open/Continuing ☑ Closed

MEDICAL ATTENTION:

#1 Ambulance ☐ Yes, Company ☐ No
Patient Name:
Hospital
Injuries

#2 Ambulance ☑ Yes, Company AMR ☐ No 912
Patient Name JULIO GOMEZ
Hospital ST. FRANCIS HOSP.
Injuries COMPLAINS PAIN IN RIB AREA

#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
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 14-236
Warned

Arrested
Warned

Supervisor's Approval Required: Signature Date