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

ACCIDENT INFORMATION SUMMARY

State Police Troop: I
Case Number: DPS-04-057179
Notations: Traffic: Light Weather: Clear Lane ___ of ___ Direction of Travel: (N) S E W

Investigating Trooper: Rondinone # 697
Date: 11/14/04
Time: 23:39

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

Town / City: NAUGATUCK / 088
Location of Accident: RTE 8 N/B - Approx. 1/10th North of Exit #25 N/B on/ramp

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

Oper #1: MATTOS, RANDLEY C
DOB: 12/24/77 Gender: (X) M ☐ F
Address: 50 ROUND TREE Dr.
Town: NAUGATUCK State: CT Zip: 06770
Oper. Lic. # INTERNATIONAL Type: State:
Owner #1: MATTOS, RANDLEY C
Address: 50 ROUND TREE DR #6 / NAUGATUCK CT
Registration Plate: 210 SAH State: CT
Make: HYUNDAI Model: ACCENT Year: 1999
VIN: KM HVD14N4 XU44 6754
Seatbelt(s): (X) Yes ☐ No Airbag: (X) Yes (Deployed ☐ Y ☐ N) (X) No ☐ N/A
Insurance Company: SAFECO
Insurance Policy #: K1520071
Injuries: INFANT - EJECTED/UNKNOWN INJ.
Vehicle Damage: REAR END / ROOF / ETC.
Vehicle Towed: ☐ No (X) Yes, SEBBY'S
Occupant(s): [Name / DOB / Address / Position in Veh]
2) SANTOS, FABIANA - 11/10/1979 LR
3) MATTOS, DAVID 03/04/2004 CAR SEAT
4) MATTOS, BRUNNO 06/28/1984 (BREAST FEEDING)
(RF)

Oper #2: ROGERS, KERRY L
DOB: 1977 01 21 Gender: ☐ M (X) F
Address: 70 PIERPONT ST
Town: WATERBURY State: CT Zip: 06706
Oper. Lic. # 016 652 059 Type: 2 State: CT
Owner #2: SAME
Address:
Registration Plate: 786 RJE State: CT
Make: HYUNDAI Model: SANTA FE Year: 2002
VIN: KM 8SB12B52U 175813
Seatbelt(s): ☐ Yes (X) No Airbag: (X) Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/A
Insurance Company: PROGRESSIVE
Insurance Policy #: 57497112-1
Injuries: NONE
Vehicle Damage: ~~NONE~~ FRONT END
Vehicle Towed: ☐ No (X) Yes, LAKEWOOD
Occupant(s): [Name / DOB / Address / Position in Veh]
NONE
DOT - LEFT LANE
1800-776-4737

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

VEH # 1 WAS TRAVELING N/B ON RTE 8 R/L OF TRAVEL
VEH #2 REAR ENDED VEH # 1 & EVADED THE ACCIDENT SCENE CAUSING MAJOR REAR-END DAMAGE TO VEH #1. VEH #2's OP CONTD TRAVELING N/B ON RTE 8.
AS A RESULT - AN INFANT CHILD PASSENGER EJECTED THROUGH A REAR WINDOW OF VEH #1 & VEH #1's operator & 3 OTHER passengers (including) THE INFANT WERE TRANSPORTED TO WATERBURY HOSPITAL FOR COMPLAINT OF PAIN. AS OF 11/15/2004 @ APPROX. INFANT IS STABLE / NO LIFE THREATENING INJURIES / 24 HOUR OBSERVATION / OP #1 WAS DISCHARGED & RELEASED. ALONG W/ (2) OTHER PASSENGERS OP#2 WAS LOCATED OUTSIDE OF HER RESIDENCE IN HER MV & WAS ARRESTED FOR EVADING RESPONSIBILITY / FAIL TO DRIVE RIGHT / OPERATING UNDER SUSP / DWI - SHORTLY AFTER THE ACCIDENT OCCURRENCE.

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

MEDICAL ATTENTION:

OP #1 OF VEH #1 — #1 Ambulance ☑ Yes, Company _____ ☐ No
Patient Name: MATTOS, RANDLEY
Hospital: WATERBURY HOSPITAL
Injuries: COMPLAINT OF PAIN / RELEASED

PASS OF VEH #1 — #2 Ambulance ☑ Yes, Company _____ ☐ No
Patient Name: MATTOS, DAVID 05/04/2004
Hospital: WATERBURY HOSPITAL
Injuries: 24 HOUR OBSERVATION / MINOR ABRASIONS / BRUISING

PASS OF VEH 1 — #3 Ambulance ☑ Yes, Company _____ ☐ No
Patient Name: SANTOS, FABIANA 11/10/79
Hospital: WATERBURY HOSP
Injuries: ~~[illegible]~~ RELEASED

PASS OF VEH #1 — #4 Ambulance ☑ Yes, Company _____ ☐ No
Patient Name: MATTOS, BRUNNO 04/28/8[illegible]
Hospital: WATERBURY HOSP.
Injuries: RELEASED

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 N/A
Warned N/A
Arrested OP#2 - 14-215 / 14-2272 / 14-2300
Warned _____

Supervisor's Approval Required: Signature _____ # 249 Date 11-15-04