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

ACCIDENT INFORMATION SUMMARY

State Police Troop: H
Case Number: DPS-04-057358
Notations: Traffic: L Weather: C Lane 4 of 3 Direction of Travel: N S E W
Investigating Trooper: Kuebar # 1208 Date: 11/16/04 Time: 522 hrs.
No. & Type of Veh's Involved: II (Passenger Car, Truck, Bus, Etc.)
Related Information: (Pedestrian, Pole, Bridge Abutment, Etc)
Town / City: Middletown
Location of Accident: I91 S/B south of 20 300004
Utility Pole Name & Number (If Applicable):
Other (Specify):

Oper #1: EVANS, Christopher
DOB: 9/2/51 Gender: ☒ M ☐ F
Address: 384 Gillespie ST
Town: Pine Bush State: NY Zip: 12566
Oper. Lic. # 344935592 Type: A State: NY
Owner #1: New Penn Motor Express Inc
Address: 625 S Fifth Ave Lebanon PA 17042
Registration Plate: ABD1236 State: PA
Make: Mack Model: Year: 95
VIN: 1M1AA07Y25W006315
Seatbelt(s): ☐ Yes ☒ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☒ No ☐ N/A
Insurance Company: OID Republic Ins Co.
Insurance Policy #: MWML18562
Injuries: Minor
Vehicle Damage: Front End
Vehicle Towed: ☐ No ☐ Yes, D & L
Occupant(s): [Name / DOB / Address / Position in Veh]

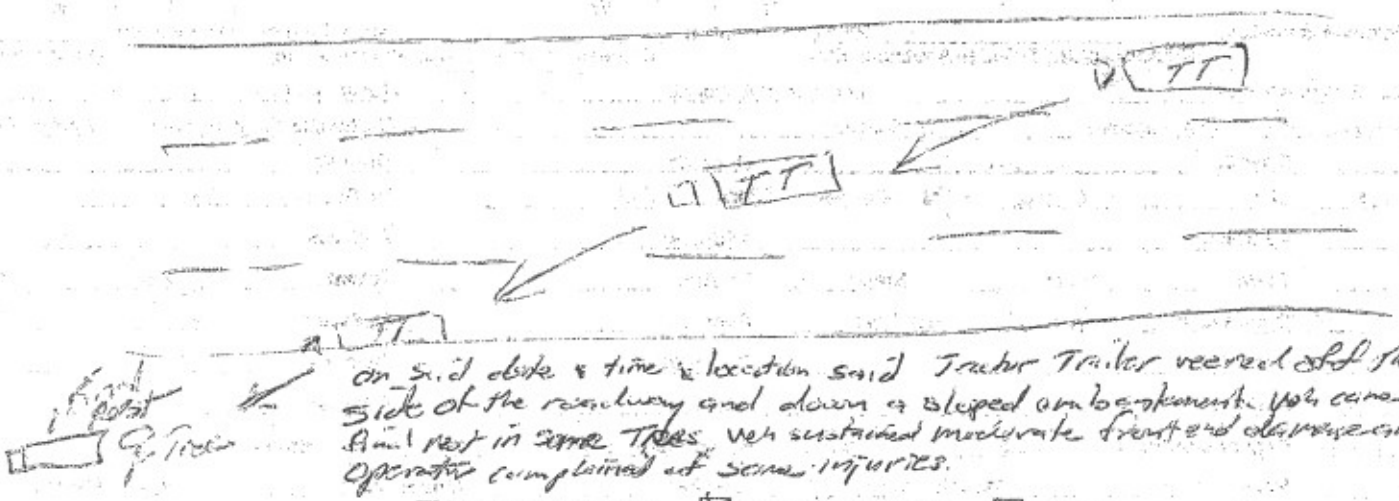
Oper #2:
DOB: Gender: ☐ M ☐ F
Address:
Town: State: Zip:
Oper. Lic. # Type: State:
Owner #2:
Address:
Registration Plate: State:
Make: Model: Year:
VIN:
Seatbelt(s): ☐ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/A
Insurance Company:
Insurance Policy #:
Injuries:
Vehicle Damage:
Vehicle Towed: ☐ No ☐ Yes,
Occupant(s): [Name / DOB / Address / Position in Veh]

USDOT - 10670

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



On said date & time & location said Tractor Trailer veered off the left side of the roadway and down a sloped embankment. Veh came to a final rest in some Trees. Veh sustained moderate front end damage and the operator complained of some injuries.

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

MEDICAL ATTENTION:

#1 Ambulance	☒ Yes, Company Hunter ☐ No	#2 Ambulance	☐ Yes, Company _____ ☐ No
Patient Name:	Oper #1	Patient Name:	
Hospital	Midstate	Hospital	
Injuries	Complaint of Pain	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	Fail to wear seat belt.	Arrested	
Warned		Warned	

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