FATAL / UNTIMELY POSS.

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

ACCIDENT INFORMATION SUMMARY

State Police Troop: H
Case Number: DPS-04-056165
Notations: Traffic: L Weather: C Lane rt of 3 Direction of Travel: N S E W

Investigating Trooper: Kvedar / 1208 #
Date: 11/10/04 Time: 0114hrs

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

Town / City: Middletown
Location of Accident: I91 s/b approx 1/10mile south of Exit 20 on ramp

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

Oper #1: JoynER, Robert
DOB: 05/26/53 Gender: ☒M ☐F
Address: 1200 Baskerville Rd.
Town: Baskerville State: Virginia Zip:
Oper. Lic. # 223-76-4810 Type: A State: Va
Owner #1: Penske Truck Leasing
Address: 2364 S. Clinton Ave s.Plainfield NJ
Registration Plate: AH760C State: NJ
Make: Freight lin Model: -- Year: 01
VIN: 1FUYQSZB91LG9387
Seatbelt(s): ☐Yes ☒No Airbag: ☐Yes (Deployed ☐Y ☒N) ☐No ☐N/A
Insurance Company: Liberty Mutual
Insurance Policy #: ATI-231-089168014
Injuries: deceased
Vehicle Damage: FRont end
Vehicle Towed: ☐No ☒Yes, Midtown
Occupant(s): [Name / DOB / Address / Position in Veh]
none

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]

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 11/10/04 at approx 0114hrs., said Tractor Trailer was traveling I91 southbound in the right lane approx 1/10mile south of Exit 20 on ramp. Said vehicle then veered off to the right side and struck a wire rope guard rail. Vehicle then continued through the guard rail and proceeded to travel down a sloped embankment. Vehicle came a complete stop approx. 200feet in the woods. Vehicle sustained moderate damage and the operator was pronouced deceased at the scene. This case is under investigation. If anyone has further information please contact Trooper Kvedar.

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

MEDICAL ATTENTION:

#1 Ambulance ☒ Yes, Company Hunters ☐ No
Patient Name: Robert Joyner
Hospital ------
Injuries Prounced deceased

#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 Robert Joyner
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 [signature] # 136 Date 11.10.04