



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

UPDATED ADDRESS FOR OP #1

ACCIDENT INFORMATION SUMMARY

State Police Troop: Troop B Case Number: DPS-04-049896 Notations: Traffic: H

Investigating Trooper: Troop Swarz #490 Date: 10/06/04 Time: 0749 hrs Weather: C

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

Town / City: New Hartford Location of Accident: Route 202

Utility Pole Name & Number (If Applicable): N/A Other (Specify): _____

Oper #1: Ooherty, Edward F. Oper #2: Vanalphen, Herbert N.

DOB: 09/11/56 Gender: M F DOB: 10/01/23 Gender: M F

Address: 25 Horizon Hill Rd Address: 458 Palisado Avenue

Town: Newington State: CT Zip: _____ Town: Windsor State: CT Zip: 06095

Oper. Lic # 217-601-047 Type: E State: CT Oper. Lic # 100852405 Type: 2 State: CT

Owner #1: Angel Healthcare Owner #2: Vanalphen, Arthur J.

Address: P.O. Box 310458 Newington, CT Address: 118 Pythag Ave Torrington, CT

Registration Plate: 4CL-834 State: CT 06111 Registration Plate: 7G-771B State: CT 06790

Make: Toyota Model: Corolla Year: 1996 Make: Mercury Model: Sable Year: 1993

VIN: 2T1BA02E1TC157240 VIN: 1MFLM5044PG656560

Seatbelt(s): Yes No Airbag: Yes (Deployed) No N/A Seatbelt(s): Yes No Airbag: Yes (Deployed) No N/A

Insurance Company: Progressive Insurance Company: GE Property

Insurance Policy #: CA 02428788-0 Insurance Policy #: 900811543

Injuries: Internal/Fatal Injuries: Serious

Vehicle Damage: Heavy Front End Vehicle Damage: Heavy Front End

Vehicle Towed: No Yes, A-1 Towing Vehicle Towed: No Yes, Laurel City

Occupant(s): [Name / DOB / Address / Position in Veh] Occupant(s): [Name / DOB / Address / Position in Veh]

None None

Oper #3: _____ Oper #4: _____

DOB: _____ Gender: M F DOB: _____ Gender: M F

Address: _____ Address: _____

Town: _____ State: _____ Zip: _____ Town: _____ State: _____ Zip: _____

Oper. Lic # _____ Type: _____ State: _____ Oper. Lic # _____ Type: _____ State: _____

Owner #3: _____ Owner #4: _____

Address: _____ Address: _____

Registration Plate: _____ State: _____ Registration Plate: _____ State: _____

Make: _____ Model: _____ Year: _____ Make: _____ Model: _____ Year: _____

VIN: _____ VIN: _____

Seatbelt(s): Yes No Airbag: Yes (Deployed) No N/A Seatbelt(s): Yes No Airbag: Yes (Deployed) No N/A

Insurance Company: _____ Insurance Company: _____

Insurance Policy #: _____ Insurance Policy #: _____

Injuries: _____ Injuries: _____

Vehicle Damage: _____ Vehicle Damage: _____

Vehicle Towed: No Yes, _____ Vehicle Towed: No Yes, _____

Occupant(s): [Name / DOB / Address / Position in Veh] Occupant(s): [Name / DOB / Address / Position in Veh]

Brief Description of Accident

Vehicle #1 was traveling Rt. 202 E/8 approximately 2/10 of a mile east of Steadman Rd. Vehicle #2 was traveling W/8 Rt. 202 West of Steele Rd. Vehicle #1 Drifted into the W/8 lane into the path of Vehicle #2. Both Vehicles struck at a head-on manner. Operator #1 sustained fatal injuries and was pronounced dead at the scene. Operator #2 sustained serious injuries and was transported to Charlotte-Hungerford Hospital by New Hartford Ambulance.

Accident is under investigation.

X

X New Hartford Amb.

Vanalphen

Charlotte-Hungerford

Forearm, Leg and Chest

Deceased Robert ...

Doherty, Edward F.

X

12:00