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

# ACCIDENT INFORMATION SUMMARY

State Police Troop: I
Case Number: DPS-04050234
Notations: Traffic: L Weather: D Lane 12 of 2 Direction of Travel: N S E (W)
Investigating Trooper: O'Connor #1036 Date: 10/7/04 Time: 2033
No. & Type of Veh's Involved: 4 car (Passenger Car, Truck, Bus, Etc.)
Related Information: (Pedestrian, Pole, Bridge Abutment, Etc)
Town / City: Cheshire
Location of Accident: I-691 W/B X3 → EB X4
Utility Pole Name & Number (If Applicable):
Other (Specify):

**Oper #1:** Mackiewicz, Ashley
DOB: 02/28/83 Gender: ☐ M ☒ F
Address: 633 Mtn. Rd
Town: Cheshire State: CT Zip:
Oper. Lic. # 027905598 Type: State: CT
Owner #1: Mackiewicz, Doreen K
Address: Same
Registration Plate: 334TDC State: CT
Make: Ford Model: Escort Year: 98
VIN: 1FAFP13P8WW151426
Seatbelt(s): ☒ Yes ☐ No Airbag: ☒ Yes (Deployed ☐ Y ☒ N) ☒ No ☐ N/A
Insurance Company:
Insurance Policy #:
Injuries:
Vehicle Damage: Front (Rollover)
Vehicle Towed: ☐ No ☒ Yes, Volpe
Occupant(s): [Name / DOB / Address / Position in Veh]

**Oper #2:** Mednick, Michael
DOB: 8/1/65 Gender: ☐ M ☐ F
Address: 66 Blueberry Hill Resv.
Town: Killingworth State: CT Zip: 06419
Oper. Lic. # 084457855 Type: 2M State: CT
Owner #2: Mednick, Teresa
Address: Same
Registration Plate: 977BYS State: CT
Make: Hond Model: Acc Year: 99
VIN: 1HGCG6656XA111589
Seatbelt(s): ☒ Yes ☐ No Airbag: ☒ Yes (Deployed ☐ Y, ☒ N) ☐ No ☐ N/A
Insurance Company:
Insurance Policy #:
Injuries:
Vehicle Damage: Front
Vehicle Towed: ☐ No ☒ Yes, Strollo's
Occupant(s): [Name / DOB / Address / Position in Veh]
Amica Insurance
# 9501106-23DV

**Oper #3:** Pope, Charlie E. Jr.
DOB: 9/27/83 Gender: ☒ M ☐ F
Address: 77 Rogers Rd.
Town: Middletown State: CT Zip: 06457
Oper. Lic. # 097647159 Type: 2 State: CT
Owner #3: SAME
Address:
Registration Plate: N80DK State: CT
Make: Dodge/4D Model: Stratus/red Year: 97
VIN: 1B3EJ46X3VN562534
Seatbelt(s): ☒ Yes ☐ No Airbag: ☒ Yes (Deployed ☒ Y ☐ N) ☐ No ☐ N/A
Insurance Company: Pennsylvania General Ins.
Insurance Policy #: ASG7836468 0001
Injuries:
Vehicle Damage: Front
Vehicle Towed: ☐ No ☒ Yes, Strolos
Occupant(s): [Name / DOB / Address / Position in Veh] (3)
H, Jacory R.
47 Summer Hill Rd
Middletown CT 06457

**Oper #4:** Petrucci, Jeff D
DOB: 8/30/72 Gender: ☒ M ☐ F
Address: 499 Middle Rd Tpke
Town: Woodbury State: CT Zip:
Oper. Lic. # 206246011 Type: State: CT
Owner #4: SAME
Address:
Registration Plate: 240KTY State: CT
Make: Chev/2D Model: Corvette Year: 86
VIN: 1G1YY0785G5107591
Seatbelt(s): ☐ Yes ☒ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☒ No ☐ N/A
Insurance Company: Nationwide
Insurance Policy #: 5106D478194
Injuries: Head & back
Vehicle Damage:
Vehicle Towed: ☐ No ☒ Yes, Strollos
Occupant(s): [Name / DOB / Address / Position in Veh]

**Brief Description of Accident**

Veh #4 was traveling I-691 WB x3 in R/L of 2 at 118 mph when it rear ended veh#1 causing it to roll over into the median. Veh#4 also rolled through the median and struck veh# 2 and #3. Veh#2 and 3 were traveling EB on I-691.
Op#4 was ejected from his vehicle. Op#1 was trapped in her vehicle on its roof.

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

**MEDICAL ATTENTION:**

#1 Ambulance ☒ Yes, Company Campion ☐ No
Patient Name: Mackiewicz, Ashley
Hospital Mid state
Injuries neck & back

#2 Ambulance ☒ Yes, Company Campion ☐ No
Patient Name: Petrucci, Jeff D.
Hospital Waterbury
Injuries Head / back

#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 pending op#4
Warned _____

Arrested _____
Warned _____

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