



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

ACCIDENT INFORMATION SUMMARY

State Police Troop: I

Case Number: DPS- 04-051928

Notations: L
Traffic: L
Weather: C
Lane R of 3
Direction of Travel:
N (S) E W

Investigating Trooper: PILLETIERE # 526

Date: 10-17-04 Time: 0636

No. & Type of Veh's Involved: 2 CAR
(Passenger Car, Truck, Bus, Etc.)

Related Information: TRAILER
(Pedestrian, Pole, Bridge Abutment, Etc.)

Town / City: WALLINGFORD

Location of Accident: I-91 S/B X13

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

Oper #1: SMITH, BRUCE X.

Oper #2: HOBERT, JULIUS J.

DOB: 11-29-49 Gender: M F

DOB: 11-21-81 Gender: M F

Address: 444 ELMWOOD DR.

Address: 72 STRATHMORE RD #7A

Town: WINDSOR LOCKS State: CT Zip: 06096

Town: BRIGHTON State: MA Zip: 02460

Oper. Lic. # 115061634 Type: DL State: CT

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

Owner #1: IMPRINTS PLUS

Owner #2: KELLEM, JEFFREY L.

Address: SAME

Address: 60 ROSALIE RD, NEWTON, MA 02459

Registration Plate: 527455 State: MA

Registration Plate: 30BN38 State: MA

Make: FORD Model: P-UP Year: 00

Make: SAAB Model: 4 DR Year: 04

VIN: 1FTWW32F12EA35964

VIN: 453F0494941009299

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

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

Insurance Company: _____

Insurance Company: ARBELLA MUTUAL

Insurance Policy #: _____

Insurance Policy #: _____

Injuries: BACK, LUNG

Injuries: NO

Vehicle Damage: TOTAL

Vehicle Damage: TOTAL

Vehicle Towed: No Yes, PLAZA

Vehicle Towed: No Yes, PLUNSKIES

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

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

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 Y N) No N/A

Seatbelt(s): Yes No Airbag: Yes (Deployed Y N) 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

VEH #1 WAS TRAVELING SOUTH ON I-91 BY EXIT 13 IN THE RIGHT LANE. VEH #2 WAS COMING FROM BEHIND IN THE LEFT LANE. VEH #2 ATTEMPTED TO GO AROUND A VEHICLE AND WENT ACROSS 2 LANES TO RIGHT AND STRUCK THE REAR END OF VEH #1'S TRAILER. VEH #2 ROLLED ONTO ITS ROOF AND SLID TO A STOP IN LEFT LANE. VEH #1 LOST CONTROL AND SPUN BACKWARDS, SLID INTO A POLE, AND CAREENED DOWN THE RIGHT EMBANKMENT. OP #1 WAS LIFESTARED TO ST. FRANCIS. OP #2 REFUSED TREATMENT. OP #2 WAS DETERMINED TO BE DUI.

This investigation is: Open / Continuing Closed

MEDICAL ATTENTION:

#1 Ambulance Yes, Company LIFESTAR No

#2 Ambulance Yes, Company _____ No

Patient Name: SMITH, B.

Patient Name: _____

Hospital: ST. FRANCIS

Hospital: _____

Injuries: BACK - LUNG

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: 53a-60d

Arrested #2 14-227a/236/36a/222

Arrested _____

Warned _____

Warned _____

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