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

ACCIDENT INFORMATION SUMMARY

State Police Troop: I-BETHANY
Case Number: DPS- 04-053672
Notations: Traffic: LI Weather: CL Lane 1 of 2 Direction of Travel: N S E W

Investigating Trooper: KOOTZ # 890 Date: 10-27-04 Time: 2104

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

Town / City: ANSONIA 002
Location of Accident: RT 8 SB, 1/2 mile north of Exit #17

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

Oper #1: NAGY, RICHARD
DOB: 08-08-46 Gender: ☒ M ☐ F
Address: 51 OLD TANNERY ROAD
Town: MONROE State: CT Zip: 06468
Oper. Lic. # 201759921 Type: 2M State: CT
Owner #1: SAME
Address: SAME
Registration Plate: 770801 State: CT
Make: COMP Model: COMP Year: 04
VIN: CT 39255
Seatbelt(s): ☐ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/A
Insurance Company:
Insurance Policy #:
Injuries: CRITICAL CONDITION
Vehicle Damage: TOTAL
Vehicle Towed: ☐ No ☒ Yes, SARDO'S
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]

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]

10/28/04 THU 16:15 FAX 203 393 4250 CSP TRP I BETHANY →→→ PUBLIC INFO 001

Brief Description of Accident

VEHICLE #1 WAS TRAVELING RT 8 SOUTHBOUND, 1/2 MILE NORTH OF EXIT #17 IN THE RIGHT LANE. OPERATOR #1 CHANGED LANES FROM THE RIGHT LANE TO THE LEFT LANE AND LOST CONTROL OF VEHICLE #1 WHICH STRUCK THE CONCRETE JERSEY MEDIAN BARRIER.

THERE ARE NO REPORTED WITNESSES TO THIS ACCIDENT.

IF ANYONE WITNESSED THIS ACCIDENT CONTACT C.S.P. TROOP I-BETHANY AT @203-393-4200.

This investigation is: [X] *Open / Continuing* [ ] *Closed*

MEDICAL ATTENTION:

#1 Ambulance [X] Yes, Company ANSONIA FD [ ] No

Patient Name: OPERATOR #1

Hospital GRIFFIN

Injuries CRITICAL

#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 _____

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] # 297 Date 10/28/04