

***CSP TROOP K COLCHESTER  
NEWS RELEASE  
DPS04-046724***

On Saturday Sept. 18<sup>th</sup> at approx. 0134 hrs, Troop K Colchester received a cellular 911 call from a motorist reporting a person lying in the roadway on Rte 66 near Tuckie Rd in the town of Windham.

Emergency Medical Services from the Willimantic and North Windham Fire Departments responded to the scene and transported a white male victim to Windham Community Hospital where the victim later succumbed to injuries sustained.

At the present time members of the Eastern District Criminal Investigative Unit along with patrol personnel from Troop K are investigating this incident, which is believed to be a motor vehicle vs. pedestrian evading fatal accident.

The Connecticut State Police are asking the assistance of the public to aid in the investigation to determine the identity of the cellular phone caller and the identity of the vehicle involved in this accident.

All information will remain confidential and can be made to the Connecticut State Police Troop K Colchester at;  
860-537-7500 or 1-800-546-5005



State of Connecticut Car V Pedestrian Evading  
Department of Public Safety / Division of State Police

\*\* FATAL \*\*

ACCIDENT INFORMATION SUMMARY

State Police Troop: K

Case Number: DPS-04-046724

Notations:  
Traffic: \_\_\_\_\_  
Weather: \_\_\_\_\_  
Lane \_\_\_\_\_ of \_\_\_\_\_  
Direction of Travel:  
N S E W

Investigating Trooper: LaPlante #1405

Date: 09-18-04

Time: 0134 hrs

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

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

Town / City: Windham

Location of Accident: Rt 66 at Tuckie RD near RT 6 WB on ramp

Utility Pole Name & Number (If Applicable): \_\_\_\_\_

Other (Specify): \_\_\_\_\_

Oper #1: Unknown--Evaded

Oper #2: Cardot, Randy (pedestrian)

DOB: \_\_\_\_\_ Gender:  M  F

DOB: 11-03-69 Gender:  M  F

Address: \_\_\_\_\_

Address: No Certain Address

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Oper. Lic. # \_\_\_\_\_ Type: \_\_\_\_\_ State: \_\_\_\_\_

Oper. Lic. # \_\_\_\_\_ Type: \_\_\_\_\_ State: \_\_\_\_\_

Owner #1: Unknown-evaded

Owner #2: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Registration Plate: Unknown 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: Fatal

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 ]

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

On 09/18/04 at 0134 hrs Troop K received a cellular call from a motorist reporting a person was lying in the road. Emergency Medical Services responded to the scene and transported the unresponsive male to Windham Memorial Hospital where he was pronounced dead at 0206 hrs. The body was transported to the Office of the Chief Medical Examiner in Farmington, CT where an autopsy revealed the person had been struck by a motor vehicle. This incident is being investigated as a motor vehicle accident and any witnesses or people with information about this incident are asked to call Troop K at 1-800-546-5005.

This investigation is:  Open / Continuing  Closed

#### MEDICAL ATTENTION:

#1 Ambulance  Yes, Company \_\_\_\_\_  No

#2 Ambulance  Yes, Company \_\_\_\_\_  No

Patient Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Hospital: \_\_\_\_\_

Hospital: \_\_\_\_\_

Injuries: \_\_\_\_\_

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 Cardot, Randy

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:

Arrested \_\_\_\_\_

Arrested \_\_\_\_\_

Warned \_\_\_\_\_

Warned \_\_\_\_\_

Supervisor's Approval Required: Signature \_\_\_\_\_ # \_\_\_\_\_ Date \_\_\_\_\_