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

ACCIDENT INFORMATION SUMMARY

State Police Troop: H HARTFORD
Case Number: DPS- 04-047104
Notations: Traffic: M Weather: C Lane L of 2 Direction of Travel: N S E W

Investigating Trooper: Protzenko # 1244 Date: 9/20/04 Time: 0735

No. & Type of Veh's Involved: TRK VS SUV (Passenger Car, Truck, Bus, Etc.)
Related Information: WRONG WAY DRIVER (Pedestrian, Pole, Bridge Abutment, Etc)

Town / City: BERLIN (007) Location of Accident: RT 9 N/B 1/2 MILE SOUTH of 24

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

Oper #1: GIRARD, CORINA J.
DOB: 8-21-75 Gender: ☐ M ☒ F
Address: 10 SENATE BROOK DR.
Town: AMSTON State: CT Zip: 06231
Oper. Lic. # 086565390 Type: 2 State: CT
Owner #1: S/A
Address:
Registration Plate: 710 FBE State: CT
Make: HYUNDAI Model: SANTE FE Year: 02
VIN: 1G2NET2M3YM5R186
Seatbelt(s): ☒ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☒ No ☐ N/A
Insurance Company: STONE INS CO.
Insurance Policy #: GC 43239760
Injuries: NONE
Vehicle Damage: RIGHT SIDE MIRROR
Vehicle Towed: ☒ No ☐ Yes,
Occupant(s): [Name / DOB / Address / Position in Veh]

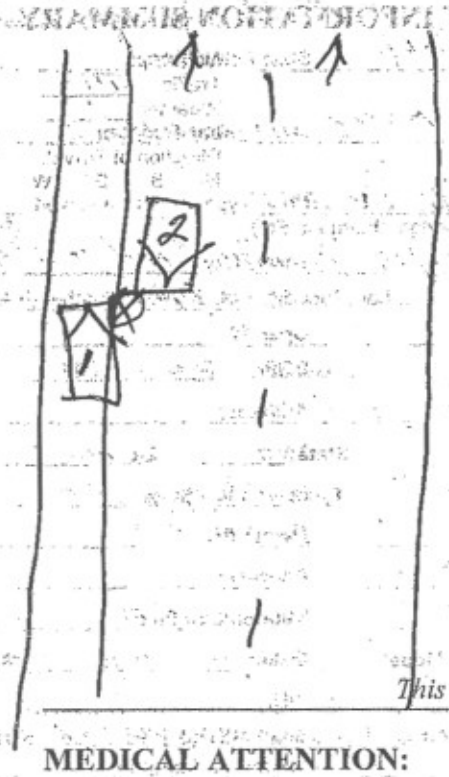
Oper #2: Biella Steven J.
DOB: 3/1/60 Gender: ☒ M ☐ F
Address: 119 Liberty St.
Town: Newington State: CT Zip: 06111
Oper. Lic. # 153445431 Type: CDL State: CT
Owner #2: Biella Brothers
Address: SAME
Registration Plate: J-9126 State: CT
Make: Intl Model: DUMP Year: 94
VIN: 2FDKF38G1RCA66133
Seatbelt(s): ☐ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☒ N) ☐ No ☒ N/A
Insurance Company: TRAVELERS
Insurance Policy #:
Injuries: NONE
Vehicle Damage: right / left sides / Frontal
Vehicle Towed: ☐ No ☒ Yes,
Occupant(s): [Name / DOB / Address / Position in Veh]
NIL

Oper #3:
DOB: Gender: ☐ M ☐ F
Address: 1251-12 Washington St.
Town: 083 State: CT Zip: 06457
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]

Exit 24 — marked against traffic until Exit #19 3 1/2 miles

RT 9 N/B



Brief Description of Accident

Oper. #1 Traveling RT 9 N/B, South of exit 24 in the left lane.
Oper. #2 Traveling RT 9 N/B, in the wrong direction (S/B) in the left lane
Oper. #1 veers left to avoid Veh. #2 and is struck by Veh. #2 who continues S/B in the N/B lanes

No Injuries as a result of this Accident

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

MEDICAL ATTENTION:

#2 Ambulance ☑ Yes, Company Aetna ☐ No
Patient Name: Biella Steven J.
Hospital Hartford Hospital
Injuries Medical Condition

#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 _____ 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 _____