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

ACCIDENT INFORMATION SUMMARY

Police Troop: J Bethany

Case Number: DPS- 05-058974

Notations:
Traffic: H
Weather: C
Lane 1 of 2
Direction of Travel: N (S) E W

Investigating Trooper: Kinahan # 105

Date: 12/1/05 Time: 1204

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

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

Town / City:

Location of Accident: Route 8 S/B X 18

Utility Pole Name & Number (If Applicable):

Other (Specify):

Oper #1: Graves Thomas
DOB: 8/28/62 Gender: ☒M ☐F
Address: 22 Silver Beach Dr
Town: Naugatuck State: CT Zip: 06770
Oper. Lic. # 204198208 Type: 2m State:
Owner #1: Same
Address:
Registration Plate: 55C 673 State: CT
Make: Chevy Model: Silverado Year: 2003
VIN: 1GCHK29U43E111706
Seatbelt(s): ☒Yes ☐No Airbag: ☐Yes (Deployed ☐Y ☐N) ☒No ☐N/A
Insurance Company: Nationwide
Insurance Policy #: 510890746
Injuries:
Vehicle Damage: Left Rear Quarter
Vehicle Towed: ☐No ☐Yes,
Occupant(s): [Name / DOB / Address / Position in Veh]

Oper #2: Michael Cyrankowski
DOB: Gender: ☒M ☐F
Address: 631 Amity Rd.
Town: Bethany State: CT Zip:
Oper. Lic. # Type: State:
Owner #2: CT Department of Public Safety
Address: 190 Hudson Hope Ave Hartford
Registration Plate: 810 RJD State: CT
Make: Ford Model: Crown Vict Year: 2002
VIN: 2FAFP71W72X137206
Seatbelt(s): ☐Yes ☐No Airbag: ☐Yes (Deployed ☐Y ☐N) ☐No ☐N/A
Insurance Company: Lexington
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]

Brief Description of Accident

Veh #1 was travelling S/B on Rte 8 S/B responding to another accident with injuries. Veh #2 was in traffic in the right lane. The right front corner of Veh #1 struck the left rear corner of Veh #2. Veh #1 then swerved to the left and struck the center median. Op #1 (Tpr. Cyrankowski) was transported to Yale Hosp with sore left side ribs.

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

MEDICAL ATTENTION:

#1 Ambulance	☐ Yes, Company _____ ☐ No	#2 Ambulance	☐ Yes, Company _____ ☐ No
Patient Name:	Tpr. Cyrankowski	Patient Name:	NOT HURT
Hospital	YALE HOSPITAL	Hospital	
Injuries	SORE LEFT SIDE	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:

Arrested		Arrested	
Warned		Warned	

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