



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

FATAL

ACCIDENT INFORMATION SUMMARY

State Police Troop: G

Case Number: DPS- 06-007294

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

Investigating Trooper: Jupin # 334

Date: 02-12-06 Time: 1858

No. & Type of Veh's Involved: 1 TT
(Passenger Car, Truck, Bus, Etc.)

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

Town / City: Norwalk

Location of Accident: I-95 W/B East of Exit 13

Utility Pole Name & Number (If Applicable): _____

Other (Specify): _____

Oper #1: Warren, John P.

Oper #2: Ristau, John R. (Pedestrian)

DOB: 03-17-67 Gender: M F

DOB: 06-24-63 Gender: M F

Address: Box 243 First St.

Address: 20 Bedford Ave. Apt. 6

Town: Murray River State: PEI Zip: _____

Town: Norwalk State: CT Zip: 06850

Oper. Lic. # 191245 Type: (E)1 State: PEI

Oper. Lic. # 067635393 Type: 2 State: CT

Owner #1: Wells Fargo Equip. Fin. Co.

Owner #2: Same

Address: P.O. Box 153 Cornwall, COA 1H0

Address: Box 122 Greens Farms, CT

Registration Plate: P2552 State: Canada (BC)

Registration Plate: 323TJS State: CT

Make: International Model: 9400 Year: 06

Make: Ford Model: Escort Year: 99

VIN: 2HSCNAPRX6C213295

VIN: 3FAKP1138XR225057

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: Market Ins.

Insurance Company: Geico

Insurance Policy #: 2010390

Insurance Policy #: 1609-06-47-02

Injuries: None

Injuries: Fatal

Vehicle Damage: Front-end

Vehicle Damage: None

Vehicle Towed: No Yes, CT Towing

Vehicle Towed: No Yes, CT Towing

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 on I-95 westbound east of exit 13 in the center lane in the town of Norwalk. The pedestrian walked from the shoulder into the center lane and was struck by veh #1.

This investigation is: Open / Continuing Closed

MEDICAL ATTENTION:

#1 Ambulance Yes, Company _____ No

Patient Name: _____

Hospital _____

Injuries _____

#2 Ambulance Yes, Company Norwalk No

Patient Name: Ristau, John R.

Hospital Not Transported

Injuries Fatal

#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 Ristau, John R.

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 Under Investigation

Warned _____

Arrested _____

Warned _____

Supervisor's Approval Required: Signature

159

Date 02/13/06