



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

ACCIDENT INFORMATION SUMMARY

State Police Troop: K Colchester

Case Number: DPS- 06001630

Notations:
Traffic: L
Weather: C
Lane 2 of 2
Direction of Travel:
N S E W

Investigating Trooper: Gordon # 1188

Date: 01-10-06 Time: 1939 Hrs.

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

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

Town / City: Bozrah 013

Location of Accident: Route 2 Eastbound Exit 23

Utility Pole Name & Number (if Applicable): _____ Other (Specify): _____

Oper #1: Day, Jon M.

Oper #2: Gleason, Yla A.

DOB: 07-31-60 Gender: M F

DOB: 06-19-26 Gender: M F

Address: J Stetson Sr.

Address: 3 Myrtle Dr. #305

Town: Norwich State: CT. Zip: 06360

Town: Norwich State: CT. Zip: 06360

Oper. Lic. # 194083407 Type: 2 State: CT.

Oper. Lic. # 181383281 Type: 2 State: CT.

Owner #1: Jon Day LLC.

Owner #2: SAME

Address: SAME

Address: SAME

Registration Plate: 765-TDK State: CT.

Registration Plate: 701-THX State: CT.

Make: Chevrolet Model: Astro Van Year: 1999

Make: Chevrolet Model: Equinox Year: 2005

VIN: 1GNEL19W8XB164161

VIN: 2CNDL73F256072104

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: Allstate Indemnity

Insurance Company: Hartford Underwriters Ins.

Insurance Policy #: 048539640 BAP

Insurance Policy #: 02 PH 200134-023091

Injuries: Serious Comp. of Pain

Injuries: Fatal

Vehicle Damage: Heavy Front-End

Vehicle Damage: Heavy Front-End

Vehicle Towed: No Yes, Fitchville Auto

Vehicle Towed: No Yes, Fitchville Auto

Occupant(s): [Name / DOB / Address / Position in Veh] None

Occupant(s): [Name / DOB / Address / Position in Veh] None

(This section is crossed out with a diagonal line)
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] _____

(This section is crossed out with a diagonal line)
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

Vehicle #1 was traveling Route 2 Eastbound in the left lane of two approximately 850 feet west of the Exit 23 Off Ramp in the Town of Bozrah, CT. Vehicle #2 entered the highway in the wrong direction (Westbound in the Eastbound Lanes) from the Exit 23 Off Ramp. Vehicle #2 traveled Westbound in the Eastbound left lane of Route 2 at which time the operator of Vehicle #1 could not avoid a head-on collision with Vehicle #2.

The Connecticut State Police Troop-K Colchester requests that anyone who may have been traveling on Route 2 Eastbound during the time of this accident or anyone who may have witnessed this motor vehicle accident please contact the Connecticut State Police Troop-K Colchester at (860) 537-7500 Attention Trooper Gordon #1188.

This investigation is: Open / Continuing Closed

MEDICAL ATTENTION:

#1 Ambulance Yes, Company Bozrah No

Patient Name: Gleason, Ila A.

Hospital Backus Memorial

Injuries Fatal

#2 Ambulance Yes, Company Franklin No

Patient Name: Day, Jon M.

Hospital Backus Memorial

Injuries Serious Chest/Back Pain

~~#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 Gleason, Ila A.

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] # 287 Date 1-10-06