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

ACCIDENT INFORMATION SUMMARY

State Police Troop: ~~DPS06~~ - D
Case Number: DPS-06 001595
Notations: Traffic: Weather: Lane ___ of ___ Direction of Travel: N S E W

Investigating Trooper: Sgt E. Murray #126
Date: 1-10-2006
Time: 1570

No. & Type of Veh's Involved: 4 Car (Passenger Car, Truck, Bus, Etc.)
Related Information: (Pedestrian, Pole, Bridge Abutment, Etc)

Town / City: Canterbury
Location of Accident: Putts Bridge Rd & Rte 12.
Utility Pole Name & Number (If Applicable):
Other (Specify):

Oper #1: Heon, Christine
DOB: 11/26/49 Gender: ☐M ☑F
Address: 11 Spaulding Rd. Plainfield, CT.
Town: Plainfield State: Ct. Zip:
Oper. Lic. # 112183439 Type: State: CT
Owner #1: Same
Address:
Registration Plate: 8C5334 State: CT
Make: GMC Model: 1500 Year:
VIN:
Seatbelt(s): ☐Yes ☑No Airbag: ☐Yes (Deployed ☐Y ☐N) ☐No ☐N/A
Insurance Company:
Insurance Policy #:
Injuries: Minor Complaint of Pain
Vehicle Damage: Front End / Roof
Vehicle Towed: ☐No ☑Yes, Hearts Auto Body
Occupant(s): [Name / DOB / Address / Position in Veh]

Oper #2: Scannell, Jonathan
DOB: 12-21-76 Gender: ☑M ☐F
Address: 55 Westcott Rd
Town: Danielson State: Ct. Zip: 06239
Oper. Lic. # 247715775 Type: 2 State: CT
Owner #2: Ct. Dept. Public Safety
Address: 47 Mill Hill Rd. Colchester, CT 06415
Registration Plate: 370UAL State: CT
Make: Ford Model: Crown Vic Year:
VIN: 2FAHP71W45X175408
Seatbelt(s): ☑Yes ☐No Airbag: ☐Yes (Deployed ☐Y ☑N) ☐No ☐N/A
Insurance Company: Lexington Ins.
Insurance Policy #: 885110
Injuries: Neck & Back Pain
Vehicle Damage: Right Rear Bumper
Vehicle Towed: ☑No ☐Yes,
Occupant(s): [Name / DOB / Address / Position in Veh]

Oper #3: Scavello, Roberts.
DOB: 1-09-1977 Gender: ☑M ☐F
Address: 55 Westcott Rd. 1
Town: Danielson State: Ct. Zip: 06239
Oper. Lic. # 017376809 Type: 2 State: CT
Owner #3: Ct. Dept Public Safety
Address: 47 Mill Hill Rd. Colchester, Ct. 06415
Registration Plate: 273RDX State: CT
Make: Ford Model: Crown Vic Year: 01
VIN: 2FAFP71W71X186789
Seatbelt(s): ☑Yes ☐No Airbag: ☐Yes (Deployed ☐Y ☐N) ☐No ☐N/A
Insurance Company: Lexington Ins
Insurance Policy #: 885110
Injuries: None
Vehicle Damage: ~~Right Rear~~ Right Front
Vehicle Towed: ☑No ☐Yes,
Occupant(s): [Name / DOB / Address / Position in Veh]

Oper #4: Navit, Norman
DOB: 12-12-61 Gender: ☑M ☐F
Address: 55 Westcott Rd
Town: Danielson State: Ct. Zip: 06239
Oper. Lic. # 106179247 Type: 2M State: CT
Owner #4: Ct. Dept. Public Safety.
Address: 47 Mill Hill Rd. Colchester, Ct. 06415
Registration Plate: 600TKN State: CT
Make: Ford Model: Crown Vic Year: 05
VIN: 2FAHP71W15X100889
Seatbelt(s): ☑Yes ☐No Airbag: ☐Yes (Deployed ☐Y ☐N) ☑No ☐N/A
Insurance Company: Lexington Ins.
Insurance Policy #: 3583250
Injuries: None
Vehicle Damage: Heavy Front End
Vehicle Towed: ☐No ☑Yes, Town Line Auto.
Occupant(s): [Name / DOB / Address / Position in Veh]

Brief Description of Accident

~~Dept~~ 3 cruisers vs veh. #1

Minor injuries.

Day Kimball Hospital

Under investigation.

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

MEDICAL ATTENTION:

#1 Ambulance ☐ Yes, Company _____ ☐ No

Patient Name: _____

Hospital _____

Injuries _____

#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 _____

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 _____ # _____ Date _____