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

ACCIDENT INFORMATION SUMMARY

State Police Troop: CSP-TROOP "H" Case Number: DPS- 06-003916

Notation's: Traffic: Weather: SNOW Lane L of 3 N Hou Direction of Travel: N (S) E W TERRYVILLE Rd

Investigating Trooper: TPR KOZIK #932 Date: 1/23/06 Time: 10:37

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

Town / City: HARTFORD CT Location of Accident: I-91 SOUTH N OF EXIT 33

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

Oper #1: MACKEN MICHAEL
DOB: 03/08/50 Gender: ☒M ☐F
Address: 36 OLD BLANFORD RD.
Town: BLANDFORD State: MA Zip: 01008
Oper. Lic. # S73766310 Type: A State: MA
Owner #1: RYDER TRUCK RENT/LEASING
Address: 220 TAPLEY STREET SPRINGFIELD
Registration Plate: 49752 State: MASS
Make: FREIGHTLINER Model: TT-UNIT Year: 00
VIN: 1FUYDCYB3YMF37699
Seatbelt(s): ☒Yes ☐No Airbag: ☐Yes (Deployed ☐Y ☐N) ☐No ☐N/A
Insurance Company: OLD REPUBLIC INS
Insurance Policy #: SELF-RYDER LEASING
Injuries:
Vehicle Damage: EXTENSIVE LEFT FRONT
Vehicle Towed: ☐No ☒Yes, CORONAS TOWING
Occupant(s): [Name / DOB / Address / Position in Veh]

Oper #2: (DECEASED)
DOB: Gender: ☐M ☐F
Address:
Town: State: Zip:
Oper. Lic. # Type: State:
Owner #2:
Address:
Registration Plate: State:
Make: FORD Model: ESCORT LX Year:
VIN:
Seatbelt(s): ☐Yes ☒No Airbag: ☒Yes (Deployed ☐Y ☐N) ☐No ☐N/A
Insurance Company: SAFETY INS
Insurance Policy #:
Injuries:
Vehicle Damage: EXTENSIVE LEFT SIDE
Vehicle Towed: ☐No ☒Yes, FLATBED CORONAS TOWING
Occupant(s): [Name / DOB / Address / Position in Veh]
NO PASSENGERS.

Oper #3: TRAILER VEH#1
DOB: Gender: ☐M ☐F
Address:
Town: State: Zip:
Oper. Lic. # Type: State: MAINE
Owner #3: RYDER TRUCK RENT/LEASING
Address: 3600 NW 82ND AVE #202588
Registration Plate: C44741 3 State: FLORIDA
Make: GREAT DANE Model: Year: 00
VIN: 1GRAA9620YB029339
Seatbelt(s): ☐Yes ☐No Airbag: ☐Yes (Deployed ☐Y ☐N) ☐No ☐N/A
Insurance Company: OLD REPUBLIC
Insurance Policy #: Z-35726
Injuries:
Vehicle Damage:
Vehicle Towed: ☐No ☒Yes, CORONAS TOWING
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]

ANYONE WHO WITNESSED ACCIDENT PLEASE CONTACT
TROOP H HARTFORD 860-534-1000

Brief Description of Accident

NOTE: WEATHER SNOW/FREEZING RAIN
TRAFFIC: MODERATE

VEH#1 (TRACTOR TRAILER) WAS TRAVELING I-91 S/B IN THE LEFT OF THREE TRAVEL LANES WITH THE COMMON FLOW OF TRAFFIC.

VEH#2 (PASSENGER CAR) WAS TRAVELING I-91 S/B IN THE HOV LANE AHEAD OF VEH#1.

OP#2 (DECEASED) ATTEMPTED TO CROSS THE HOV SWALE AREA WHICH WAS COVERED WITH 6-8" HEAVY SNOW. VEH#2 SPUN OUT OF CONTROL AND ENTERED THE TRAVEL PATH OF VEH#1. VEH2 SPUN COUNTER CLOCKWISE EXPOSING THE LEFT DRIVERSIDE TO THE FRONT OF VEH#1. IMPACT FORCED VEH#2 BACK INTO THE CENTER MEDIAN BARRIER STRIKING A LIGHT POLE WHICH FELL BLOCKING N/B & S/B HOV LANES. OP#2 PRONOUNCED DEAD BY RESPONDING AMR AMBULANCE STAFF. HARTFORD FIRE/RESCUE ONSCENE FOR GAS SPILL & EXTRACATION OP#2 TO ME'S OFFICE OP#1 TO HARTFORD FOR MINOR INJURIES

This investigation is: ☐ Open / Continuing ☐ Closed

MEDICAL ATTENTION

#1 Ambulance ☑ Yes, Company AMR ☐ No
OP#1
Patient Name:
Hospital HARTFORD HOSPITAL
Injuries MINOR/SHAKEN/MINOR PAIN

#2 Ambulance ☐ Yes, Company ☐ No
OP#2
Patient Name:
Hospital FARMINGTON MEDICAL EXAM
Injuries EXTENSIVE - 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*

OP#2
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