

FATAL



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

ACCIDENT INFORMATION SUMMARY

Police Troop: Troop K

Case Number: DPS-05043892

Notations:  
Traffic: M  
Weather: EX Fog  
Lane 1 of 1  
Direction of Travel:  
N (S) E W

Investigating Trooper: TFC Seery # 688

Date: 09-07-05 Time: 0729

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

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

Town / City: Salem

Location of Accident: Route 82/Route 354 int

Utility Pole Name & Number (If Applicable):

Other (Specify):

Oper #1: Hardegen, Elizabeth M

Oper #2: Pringle, David A

DOB: 11-17-25 Gender:  M  F

DOB: 09-28-63 Gender:  M  F

Address: 21 Salem Ridge North

Address: 6N Wawecus Hill Rd

Town: Salem State: CT Zip: 06420

Town: Norwich State: CT Zip: 06360

Oper. Lic. # 113386088 Type: 2 State: CT

Oper. Lic. # 094459284 Type: A State: CT

Owner #1: Same

Owner #2: Same

Address: Same

Address: Same

Registration Plate: 453-SCT State: CT

Registration Plate: 37510-A State: CT

Make: Buick Model: Century Year: 2000

Make: Intl Model: 7600 Year: 2005

VIN: 2G4WS52J6Y1242679

VIN: 1HTWYSBT95J033895

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

Insurance Company: Harleysville Worcester

Insurance Policy #: 9 19 176072 02/01

Insurance Policy #: RA 1J3111

Injuries: Fatality

Injuries: None

Vehicle Damage: Totalled

Vehicle Damage: Front end

Vehicle Towed:  No  Yes, Northeast Auto

Vehicle Towed:  No  Yes, Northeast Auto

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

Vehicle 1 was traveling S/B on Rt 354 at its intersection with Rt 82. Vehicle 2 was traveling W/B on Rt 82 approaching its intersection with Rt 354. Vehicle 1 crossed from Rt 354 onto Rt 82 and was struck in the left side by vehicle 2. There is an STC posted stop sign for traffic traveling S/B on Rt 354 at its intersection with Rt 82. There is no stop sign, or traffic control device, for traffic traveling on Rt 82 at its intersection with Rt 354.

The case is under investigation

This investigation is:  Open / Continuing  Closed

#### MEDICAL ATTENTION:

#1 Ambulance	<input type="checkbox"/> Yes, Company _____	<input type="checkbox"/> No	#2 Ambulance	<input type="checkbox"/> Yes, Company _____	<input type="checkbox"/> No
Patient Name:	_____		Patient Name:	_____	
Hospital	_____		Hospital	_____	
Injuries	_____		Injuries	_____	
#3 Ambulance	<input type="checkbox"/> Yes, Company _____	<input type="checkbox"/> No	#4 Ambulance	<input type="checkbox"/> Yes, Company _____	<input type="checkbox"/> No
Patient Name:	_____		Patient Name:	_____	
Hospital	_____		Hospital	_____	
Injuries	_____		Injuries	_____	

#### FATALITIES: Do Not Release Unless Next of Kin Notified

Name	Elizabeth M Hardegen	Name	_____
Next of Kin Notified?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Wing PRO 9/7/05</i>	Next of Kin Notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name	_____	Name	_____
Next of Kin Notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Next of Kin Notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### ENFORCEMENT ACTION:

Arrested	_____	Arrested	_____
Warned	_____	Warned	_____

Supervisor's Approval Required: Signature \_\_\_\_\_ # \_\_\_\_\_ Date \_\_\_\_\_