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

ACCIDENT INFORMATION SUMMARY

State Police Troop: K

Case Number: DPS-06-026821

Notations:
Traffic:
Weather:
Lane ___ of ___
Direction of Travel:
N S E W

Investigating ~~Trooper~~: UEC Labonte # K187 Date: 02/09/06 Time: 1939

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

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

Town / City: Colchester

Location of Accident: Rt 16

Utility Pole Name & Number (If Applicable):

Other (Specify):

Oper #1: Coulter, Xenia V.
DOB: 02/07/38 Gender: ☐ M ☒ F
Address: 44 Clearview Rd.
Town: Moodus State: CT Zip: 06469
Oper. Lic. # 147985240 Type: 2 State: CT
Owner #1: SAME
Address:
Registration Plate: CT 593SVC State: CT
Make: Toyota Model: Corolla Year: 2000
VIN: 2T1BR12EXYC265457
Seatbelt(s): ☐Yes ☐No Airbag: ☐Yes (Deployed ☐Y ☐N) ☐No ☐N/A
Insurance Company: Allstate
Insurance Policy #: # 919267746 0418
Injuries: None
Vehicle Damage: Passenger Side
Vehicle Towed: ☒No ☐Yes,
Occupant(s): [Name / DOB / Address / Position in Veh]
Banning, Jake W/M DOB 5/13/99 145 Ballahack Rd. E. Haddam CT

Oper #2: Lavoie, Michael J
DOB: 10/14/81 Gender: ☐ M ☐ F
Address: 252 Old Canterbury Tpk.
Town: Norwich State: CT Zip: 06360
Oper. Lic. # 107188159 Type: 2 State: CT
Owner #2: SAME
Address:
Registration Plate: 52C803 State: CT
Make: Dodge Model: Dakota Year: 1996
VIN: 1B7F-26X9TS525943
Seatbelt(s): ☐Yes ☐No Airbag: ☐Yes (Deployed ☐Y ☐N) ☐No ☐N/A
Insurance Company: Geico
Insurance Policy #: 4015-06-72-93
Injuries:
Vehicle Damage: Drivers Side rear quarter
Vehicle Towed: ☒No ☐Yes,
Occupant(s): [Name / DOB / Address / Position in Veh]
N/A

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]

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

Veh #1 was traveling WB on Rt 190. Veh #2 was parked along the WB right shoulder of Rt 190 approx. 1/4 mile east of it's inter-section with Rt 149. Veh #1 struck the rear end of Veh #2. Veh #2 was not occupied during that time. As a result of this incident, there were no reported injuries. Veh. #1 sustained damage to its passenger side. Veh. #2 sustained damage to its drivers side rear quarter. This case is currently 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: Pending

Arrested _____
Warned _____

Arrested _____
Warned _____

Supervisor's Approval Required: Signature _____ # 287 Date 2-9-06