



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

ACCIDENT INFORMATION SUMMARY

State Police Troop: B

Case Number: DPS- CF507-00097444

Notations:  
Traffic: L  
Weather: S  
Lane: 1 of 2  
Direction of Travel:  
N  E  W

Investigating Trooper: Loffis # 394

Date: 03/13/07 Time: 1856

No. & Type of Veh's Involved: 1 Passenger Car  
(Passenger Car, Truck, Bus, Etc.)

Related Information: 25 ft W. Rope Guard  
(Pedestrian, Pole, Bridge Abutment, Etc.)

Town / City: Sharon

Location of Accident: East St

Utility Pole Name & Number (If Applicable):

Oper #1: Bulley Nancy V

Oper #2:

DOB: 07/02/70

Gender:  M  F

DOB:

Gender:  M  F

Address:

Address:

Town: Sharon

State: CT

Zip:

Town:

State:

Zip:

Oper. Lic. #

:

D State: CT

Oper. Lic. #

Type:

State:

Owner #1:

SAME

Owner #2:

Address:

Address:

Registration Plate:

State: CT

Registration Plate:

State:

Make: Saab

Model: 900

Year: 94

Make:

Model:

Year:

VIN: Y53AL76L1R701

VIN:

Seatbelt(s):  Yes  No Airbag:  Yes (Deployed)  No  N/A

Seatbelt(s):  Yes  No Airbag:  Yes (Deployed)  No  N/A

Insurance Company: Graco

Insurance Company:

Insurance Policy #:

Insurance Policy #:

Injuries: None

Injuries:

Vehicle Damage: Front End

Vehicle Damage:

Vehicle Towed:  No  Yes, Sharon Auto

Vehicle Towed:  No  Yes,

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)  No  N/A

Seatbelt(s):  Yes  No Airbag:  Yes (Deployed)  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 South on East St when it left the roadway off the right shoulder and struck the wire rope guardrail.

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: _____   | Name: _____  |
| Next of Kin Notified? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 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 14-222a PDS, 14-286 Fall 6 Mt Estline      Warned \_\_\_\_\_

Supervisor's Approval Required: Signature PM 198 # 3/14 Date \_\_\_\_\_