



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

ACCIDENT INFORMATION SUMMARY

State Police Troop: CSP-G

Case Number: DPS- 06-007095

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

Investigating Trooper: Hayes # 912

Date: 02/11/06 Time: 1511hrs.

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

Related Information: vs. Deer, Guardrail
(Pedestrian, Pole, Bridge Abutment, Etc)

Town / City: Greenwich

Location of Accident: Rt. 15 E/B +/- 100 ft west of X31

Utility Pole Name & Number (If Applicable): _____

Other (Specify): _____

Oper #1: Patouhas, Marion E.

Oper #2: _____

DOB: 01/22/45 Gender: M F

DOB: _____ Gender: M F

Address: 17 Heronvue Rd.
Town: Greenwich State: CT Zip: 06831

Address: _____
Town: _____ State: _____ Zip: _____

Oper. Lic. # 012846482 Type: 2 State: CT

Oper. Lic. # _____ Type: _____ State: _____

Owner #1: Patouhas, Dennis H.

Owner #2: _____

Address: SAME

Address: _____

Registration Plate: 388 SPR State: CT

Registration Plate: _____ State: _____

Make: Ford Model: Escape Year: 2001

Make: _____ Model: _____ Year: _____

VIN: 1FMYU04131KE98786

VIN: _____

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

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

Insurance Company: Progressive

Insurance Company: _____

Insurance Policy #: 57036898-6

Insurance Policy #: _____

Injuries: Fatal

Injuries: _____

Vehicle Damage: Windshield, roof, left side

Vehicle Damage: _____

Vehicle Towed: Yes Riverside, Cos Cob

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) N No N/A

Seatbelt(s): Yes No Airbag: Yes (Deployed) 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 in the left of 2 lanes on Rt. 15 E/B in Greenwich approaching Exit 31 when it was struck on the windshield by a deer which jumped into the roadway from the direction of the south side of the North Street overpass(P.O.I. #1). The deer penetrated the windshield and came to final rest within the front passenger compartment of the vehicle. Vehicle #1 then drifted to the left and struck the median barrier with its left side (P.O.I. #2), returned to the left lane and then drifted to the left again, striking the wooden beam guardrail with its left front quarter panel(P.O.I. #3). Vehicle #1 was at final rest in the left lane with its left front quarter panel against the wooden beam guardrail. Greenwich EMS were on scene upon my arrival and Greenwich FD arrived shortly following my arrival. Operator #1 was pronounced dead by Greenwich EMS at 1532 hrs.

This investigation is: Open / Continuing Closed

MEDICAL ATTENTION:

#1 Ambulance	<input checked="" type="checkbox"/> Yes, Company <u>Greenwich EMS</u>	#2 Ambulance	<input type="checkbox"/> Yes, Company _____ <input type="checkbox"/> No
Patient Name:	<u>Marian E. Patouhas</u>	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	<u>Marian E. Patouhas (01/22/45)</u>	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	_____	Arrested	_____
Warned	_____	Warned	_____

Supervisor's Approval Required: Signature [Signature] # 225 Date _____