



**Motor Carrier Factors**

**CT Crash Report**

**Flushing, NY**

**HWY17MH015**

(35 pages)

CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV July 2014.01

Crash Summary (Front)

Number of Motor Vehicles:   
 Automobiles, Motorcycles, etc.  
 Number of Non-Motorists:   
 Pedestrians, Bicyclists, etc.

Case Number:   
 DOT Identifier:

CRASH DATE, TIME, SEVERITY, AND LOCATION

Date of Crash (YYYYMMDD) <input type="text" value="20150410"/>	Time (0000-2359) <input type="text" value="17:40"/>	Town Name <input type="text" value="EAST HAVEN"/>	Town # <input type="text" value="044"/>	Crash Severity <input type="radio"/> Fatal <input checked="" type="radio"/> Injury <input type="radio"/> PDO
Latitude <input type="text" value="41.285224130642"/>	Crash occurred on (street name or route #) at its intersection with (street name or route #) <input type="text" value="I-95 SB EXIT 51 OFF RAMP"/> at <input type="text"/>			
Longitude <input type="text" value="-72.87542930557"/>	If not at intersection: distance <input type="text" value="5.00"/> <input checked="" type="radio"/> Feet <input type="radio"/> Tenths of Mile	N, S, E, W <input type="text" value="E"/> of	name of nearest intersecting road, town line or mile marker <input type="text" value="ROUTE 1"/>	

CRASH FACTORS AND CONDITIONS

<p><b>TRAFFICWAY OWNERSHIP</b></p> <p>01. Public Road <input type="text" value="01"/>                  02. Private Road                  88. Not Applicable</p> <p><b>TRAFFICWAY CLASS</b></p> <p>01. Trafficway, On Road <input type="text" value="01"/>                  02. Trafficway, Not on Road                  03. Non-Trafficway                  04. Parking Lot</p> <p><b>LIGHT CONDITIONS</b></p> <p>01. Daylight <input type="text" value="01"/>                  02. Dawn                  03. Dusk                  04. Dark- Lighted                  05. Dark- Not Lighted                  06. Dark- Unknown Lighting                  97. Other</p> <p><b>WEATHER CONDITIONS (choose up to 2)</b></p> <p>01. Clear                  02. Cloudy <input type="text" value="03"/>                  03. Fog, Smog, Smoke                  04. Rain                  05. Sleet or Hail                  06. Freezing Rain/Drizzle <input type="text" value="88"/>                  07. Snow                  08. Blowing Snow                  09. Severe Crosswinds                  10. Blowing Sand, Soil, Dirt                  88. Not Applicable                  97. Other</p> <p><b>TRAFFICWAY SURFACE CONDITIONS</b></p> <p>01. Dry <input type="text" value="01"/>                  02. Wet                  03. Snow                  04. Slush                  05. Ice/Frost                  06. Moving Water                  07. Sand                  08. Mud, Dirt, Gravel                  09. Oil                  10. Standing Water                  97. Other</p>	<p><b>LOCATION OF FIRST HARMFUL EVENT</b></p> <p>01. On Roadway <input type="text" value="01"/>                  02. Shoulder                  03. Median                  04. Roadside                  05. Gore                  06. Separator                  07. In Parking Lane or Zone                  08. Off-Roadway Location Unknown                  09. Outside Right-of-Way (trafficway)                  97. Other</p> <p><b>CRASH SPECIFIC LOCATION</b></p> <p>01. Non-Junction                  02. Intersection <input type="text" value="04"/>                  03. Intersection-Related                  04. Entrance / Exit Ramp                  05. Entrance / Exit Ramp-Related                  06. Railway Grade Crossing                  07. Crossover-Related                  08. Driveway Access                  09. Driveway Access-Related                  10. Shared-Use Path or Trail                  11. Through Roadway                  12. Acceleration / Deceleration Lane                  13. On A Bridge                  14. HOV Lane                  15. Service or Rest Area                  16. Weight Station                  17. Other Location Not Listed Above                  Within an Interchange Area                  (median, shoulder and roadside)                  97. Other</p> <p><b>TYPE OF INTERSECTION</b></p> <p>01. Not an Intersection <input type="text" value="01"/>                  02. Four-Way Intersection                  03. T-Intersection                  04. Y-Intersection                  05. L-Intersection                  06. Traffic Circle                  07. Roundabout                  08. Five-Point, or More</p> <p><b>SCHOOL BUS RELATED</b></p> <p>01. No <input type="text" value="01"/>                  02. Yes, a school bus was directly involved                  03. Yes, a school bus was indirectly involved</p>	<p><b>FIRST HARMFUL EVENT</b></p> <p><b>Non-Collision:</b></p> <p>01. Overturn/ Rollover                  02. Fire / Explosion                  03. Immersion, Full or Partial                  04. Jackknife <input type="text" value="14"/>                  05. Cargo/Equipment Loss or Shift                  06. Fell/Jumped from Vehicle                  07. Thrown or Falling Object                  08. Other Non-Collision</p> <p><b>Collision with Person, Vehicle, or Non-Fixed Object:</b></p> <p>09. Pedestrian                  10. Pedal cycle/Pedal-cyclist                  11. Other Non-Motorist                  12. Railway Vehicle (train, engine)                  40. Deer                  13. Animal Other Than Deer (five)                  14. Motor Vehicle in Operation                  15. Parked Motor Vehicle                  16. Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle                  17. Work Zone/Maintenance Equipment                  18. Other Non-Fixed Object</p> <p><b>Collision With Fixed Object:</b></p> <p>19. Impact Attenuator/Crash Cushion                  20. Bridge Overhead Structure                  21. Bridge Pier or Support                  22. Bridge Rail                  23. Cable Barrier                  24. Culvert                  25. Curb                  26. Ditch                  27. Embankment                  28. Guardrail Face                  29. Guardrail End                  30. Concrete Traffic Barrier                  31. Other Traffic Barrier                  32. Tree(standing)                  33. Utility Pole/Light Support                  34. Traffic Sign Support                  35. Traffic Signal Support                  36. Fence                  37. Mailbox                  38. Other Post, Pole or Support                  39. Other Fixed Object (wall, building, tunnel, etc.)</p>	<p><b>MANNER OF IMPACT</b>                  (Applies to: multi-vehicle crashes)</p> <p>01. Front to Rear <input type="text" value="01"/>                  02. Front to Front                  03. Angle                  04. Sideswipe, Same Direction                  05. Sideswipe, Opposite Direction                  06. Rear to Side                  07. Rear to Rear                  88. Not Applicable                  97. Other</p> <p><b>CONTRIBUTING CIRCUMSTANCES ENVIRONMENTAL(choose up to 3)</b></p> <p>00. None <input type="text" value="01"/>                  01. Weather Conditions                  02. Visual Obstruction(s) <input type="text" value="88"/>                  03. Glare                  04. Animal(s) in Roadway                  88. Not Applicable <input type="text" value="88"/>                  97. Other</p> <p><b>CONTRIBUTING CIRCUMSTANCES ROAD (choose up to 3)</b></p> <p>00. None                  01. Backup Due to Prior Crash                  02. Backup Due to Prior Non-Recurring Incident <input type="text" value="00"/>                  03. Backup Due to Regular Congestion                  04. Toll Booth/Plaza Related <input type="text" value="88"/>                  05. Road Surface Condition (wet, icy, snow, slush, etc.) <input type="text" value="88"/>                  06. Debris                  07. Ruts, Holes, Bumps                  08. Work Zone (construction/maintenance/ utility)                  09. Worn, Travel-Polished Surface                  10. Obstruction in Roadway                  11. Traffic Control Device Inoperative, Missing, or Obscured                  12. Shoulder (none, low, soft, high)                  13. Non-Highway Work                  88. Not Applicable                  97. Other</p>
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WORK ZONE CRASH INFORMATION

Complete all for crashes occurring in a Work Zone

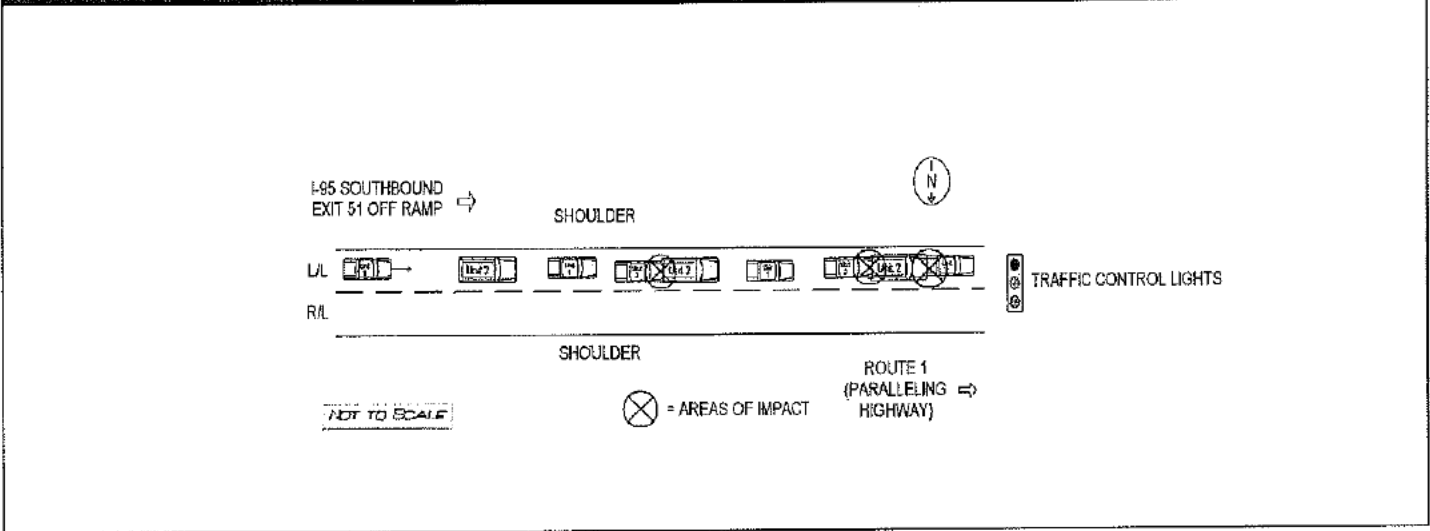
<p><b>WORK ZONE</b></p> <p>01. No <input type="text" value="01"/>                  02. Yes</p>	<p><b>LOCATION</b></p> <p>01. Before the First Work Zone Warning Sign                  02. Advance Warning Area                  03. Transition Area                  04. Activity Area                  05. Termination Area                  88. Not Applicable <input type="text" value="88"/></p>	<p><b>TYPE</b></p> <p>01. Lane Closure                  02. Lane Shift / Crossover                  03. Work on Shoulder or Median                  04. Intermittent or Moving Work                  88. Not Applicable <input type="text" value="88"/>                  97. Other</p>	<p><b>WORKERS PRESENT</b></p> <p>01. No                  02. Yes                  88. Not Applicable <input type="text" value="88"/></p>	<p><b>ENFORCEMENT PRESENT</b></p> <p>01. No                  02. Yes                  88. Not Applicable <input type="text" value="88"/></p>
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CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV July 2014.01  
Crash Summary (Back)

Case Number: 1500199749  
DOT Identifier: [ ]  
For DOT use only

DIAGRAM



Vehicles were moved prior to police arrival

NARRATIVE

Officers Narrative: Describe any unusual circumstances associated with the crash, including officer's observations.  
Refer to each by motor vehicle number and/or non-motorist number

Vehicles #1 and #2 were traveling on the I-95 southbound exit 51 off ramp in the left lane of two lanes in East Haven. Vehicle #3 was traveling in the left lane and rear ended Vehicle #2. Vehicle #3 then pushed Vehicle #2 into Vehicle #1. Vehicles #1 and #2 came to a controlled final rest on the off ramp and Operator #3 evaded the scene and was later pulled over by New Haven Police on Chapel Street in New Haven.

SGT [REDACTED] #226 responded to the exit 51 off ramp accident scene, as I responded to Chapel Street in New Haven to make contact with Operator #3. SGT [REDACTED] spoke with Operator #1 who stated that she was stopped for traffic on the off ramp and that Vehicle #2 was rear ended by Vehicle #3, and then pushed into her rear end. Operator #1 reported minor shoulder pain and her passenger reported minor back pain, but both parties declined an EMS response on scene. SGT [REDACTED] observed minor rear end dent / scrape damage on Vehicle #1.

Operator #2 provided SGT [REDACTED] with the following sworn written statement (SEE ATTACHED STATEMENT):

"On 4-10-15, at about 5:40 P.M. I was driving my Chevy Tahoe (CT REG. [REDACTED]). I was stopped at a red

Related Incident Number	Officer First Name [REDACTED]	Officer Last Name [REDACTED]	Badge Number 1132	Police Agency Code CTCSP0800
Case Status O- Open C- Closed  <input checked="" type="checkbox"/> C	Officer Signature: /TRP [REDACTED] Date & Time: 04/13/2015 20:50		Supervisor: /SGT [REDACTED] Date & Time: 04/13/2015 20:55	
<input type="checkbox"/> This report is a revision to a previously submitted report				

CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV July 2014.01

Motor Vehicle ID:

Case Number:

Number of occupants in Vehicle:   
(including the driver)

Motor Vehicle Information (Front)  
Complete One Sheet Per Motor Vehicle

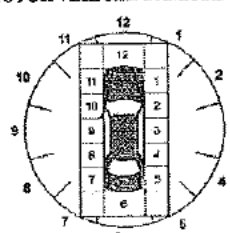
DOT Identifier:

MOTOR VEHICLE INFORMATION

VIN:   VIN missing or removed Plate #   Invalid Plate  
 Driver Evaded Responsibility Plate State   No Plate  
 Make:  Color:  Direction of Travel  Total Lanes in Roadway:   
 Model:  Year:  N, S, E, W  
 Vehicle was not in roadway  
 Unknown direction  Bike lanes/sharrows present  
 Road on which vehicle was traveling:

MOTOR VEHICLE CRASH INFORMATION

For all numeric fields: 99= 'Unknown'

<p><b>SEQUENCE OF EVENTS</b> (Choose up to four, in chronological order)</p> <p><b>Non-Collision</b></p> <p>01. Overturn/Rollover 02. Fire / Explosion 03. Immersion, Full or Partial 04. Jackknife 05. Cargo/Equipment Loss or Shift 06. Equipment Failure (blown tire, brake failure, etc.) 07. Separation of Units 08. Ran Off Roadway Right 09. Ran Off Roadway Left 10. Cross Median 11. Cross Centerline 12. Downhill Runaway 13. Fell/Jumped From Motor Vehicle 14. Reentering Roadway 15. Thrown or Falling Object 16. Other Non-Collision</p> <p><b>Collision With Person, Motor Vehicle, or Non-Fixed Object</b></p> <p>17. Pedestrian 18. Pedal Cycle/Pedal-cyclist 19. Other Non-motorist 20. Railway Vehicle (train, engine) 21. Animal (live) 22. Motor Vehicle in Motion 23. Parked Motor Vehicle 24. Struck by Falling, Shifting Cargo or Anything Set in Motion By Motor Vehicle 25. Work Zone/Maintenance Equipment 26. Other Non-Fixed Object</p> <p><b>Collision With Fixed Object</b></p> <p>27. Impact Attenuator/Crash Cushion 28. Bridge Overhead Structure 29. Bridge Pier or Support 30. Bridge Rail 31. Cable Barrier 32. Culvert 33. Curb 34. Ditch 35. Embankment 36. Guardrail Face 37. Guardrail End 38. Concrete Traffic Barrier 39. Other Traffic Barrier 40. Tree (standing) 41. Utility Pole 42. Traffic Sign Support 43. Traffic Signal Support 44. Other Post, Pole, or Support 45. Fence 46. Mailbox 47. Other Fixed Object (wall, building, tunnel, etc.) 48. Light Support 88. Not Applicable</p>	<p><b>MOTOR VEHICLE ACTION</b></p> <p>01. Straight Ahead 02. Negotiating a Curve 03. Backing 04. Changing Lanes 05. Overtaking/ Passing Motor Vehicle 06. Turning Right 07. Turning Left 08. Making U-Turn 09. Leaving Traffic Lane 10. Entering Traffic Lane 11. Slowing 12. Parked 13. Stopped in Traffic 14. Overtaking/Passing Cyclist 15. Wrong Way or Wrong Side 16. Traveling in Bike Lane 97. Other</p> <p><b>CONTRIBUTING CIRCUMSTANCES</b> Motor Vehicle (choose up to 2)</p> <p>00. None 01. Brakes 02. Exhaust System 03. Body, Doors 04. Steering 05. Power Train 06. Suspension 07. Tires 08. Wheels 09. Lights (head, signal, tail) 10. Windows/Windshield 11. Mirrors 12. Wipers 13. Truck Coupling/ Trailer Hitch / Safety Chains 88. Not Applicable 97. Other</p> <p><b>POSTED/ STATUTORY SPEED LIMIT</b> (record the posted/statutory value as miles per hour)</p> <p>01. Not Posted 10, 15, 20, 25, 30, 35, 40, 45, 50, 55, 60, 65, 70, 75, 80, 85 88. Not Applicable</p> <p><b>TOWED</b></p> <p>01. Towed Due to Disabling Damage 02. Towed, But Not Due to Disabling Damage 03. Not Towed</p> <p><b>TOWED TO</b></p>	<p><b>BODY TYPE</b></p> <p>01. Passenger Car 02. (Sport) Utility Vehicle 03. Passenger Van 04. Cargo Van (&lt;10,000 lbs GVWR) 05. Pickup 06. Motor Home 07. School Bus 08. Transit Bus 09. Motor Coach 10. Other Bus 11. Motorcycle 12. Moped 13. Low Speed Vehicle 14. Golf Cart 15. All Terrain Vehicle (ATV) 16. Snowmobile 17. Other Light Trucks (10,000 lbs GVWR or less) 18. Medium/Heavy Trucks (more than 10,000 lbs GVWR) 97. Other</p> <p><b>MOTOR VEHICLE DAMAGE</b></p>  <p>Use diagram above for values 1-12 See user guide for other vehicle diagrams.</p> <p><b>Initial Contact Point</b></p> <p>13. Non-Collision 14. Top 15. Undercarriage 16. Cargo loss</p> <p><b>Damaged Areas (choose up to 3)</b></p> <p>00. None 14. Top 15. Undercarriage 17. All Areas 88. Not Applicable</p> <p><b>EXTENT OF DAMAGE</b></p> <p>01. No Visible Damage 02. Minor Damage 03. Functional Damage 04. Disabling Damage</p>	<p><b>MOTOR VEHICLE TYPE</b></p> <p>01. Motor Vehicle in Operation 02. Parked Motor Vehicle 03. Working Vehicle/Equipment 04. Non-Collision Vehicle</p> <p><b>TRAFFICWAY DESCRIPTION</b></p> <p>01. Two-Way, Not Divided 02. Two-Way, Not Divided w/ a Continuous Left Turn Lane 03. Two-Way, Divided, Unprotected (Painted &gt;4Feet) Median 04. Two-Way, Divided, Positive Median Barrier 05. One-Way Trafficway 88. Not Applicable</p> <p><b>ROADWAY GRADE</b></p> <p>01. Level 02. Uphill 03. Hillcrest 04. Downhill 05. Sag (bottom)</p> <p><b>ROADWAY ALIGNMENT</b></p> <p>01. Straight 02. Curve Left 03. Curve Right</p> <p><b>TRAFFIC CONTROL DEVICE TYPE</b></p> <p>01. No Control Device 02. Person (flagger, law enforcement, crossing guard, etc.) 03. Traffic Control Signal 04. Flashing Traffic Control Signal 05. School Zone Sign/Device 06. Stop Sign 07. Yield Sign 08. Warning Sign 09. Railway Crossing Device 10. Marked Uncontrolled Crosswalk 11. Pedestrian Button 12. Bicycle Detection 97. Other</p> <p><b>TRAFFIC CONTROL DEVICE FUNCTIONAL?</b></p> <p>01. No 02. Yes 03. Missing 88. Not Applicable</p>
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INSURANCE INFORMATION

INSURANCE COMPANY <input type="text" value="ALLSTATE"/>	INSURANCE POLICY NUMBER <input type="text"/>	INSURANCE EXPIRATION DATE <input type="text" value="0000000"/>
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CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV May 2014.01

Case Number: 1500199749

Motor Vehicle Information (Back)  
Complete One Sheet Per Motor Vehicle

DOT Identifier:   
For DOT use only

**MOTOR VEHICLE OWNERSHIP INFORMATION**

Vehicle Owner Name (Last, First, Middle, Suffix)  Information same as driver

Street Address or Post Office Box

City: E Haven State/Prov: CT Country: Postal Code:

Email Address (optional) Phone (optional)

**SPECIAL VEHICLE FUNCTION**

- 01. No Special Function
- 02. Taxi
- 03. Vehicle Used as School Bus
- 04. Vehicle Used as Other Bus
- 05. Military
- 06. Police
- 07. Ambulance
- 08. Fire Truck
- 09. Non-Transport Emergency
- 10. Incident Response Services Vehicle

01

**EMERGENCY VEHICLE**

- 01. Non-Emergency Situation, Not Transporting Patient
- 02. Non-Emergency Transport of Passenger
- 03. Emergency Operation, Emergency Warning Equipment Not in Use
- 04. Emergency Operation, Emergency Warning Equipment in Use
- 88. Not Applicable

88

**BUS USE**

- 01. Not a Bus
- 02. School
- 03. Transit/Commuter
- 04. Intercity
- 05. Charter/Tour
- 06. Shuttle
- 88. Not Applicable

01

**PROPERTY DAMAGED**

Complete if public or private property other than vehicles were damaged in the crash

NATURE AND EXTENT OF DAMAGE TO PROPERTY 1

NAME OF OWNER OF PROPERTY 1

NATURE AND EXTENT OF DAMAGE TO PROPERTY 2

NAME OF OWNER OF PROPERTY 2

NATURE AND EXTENT OF DAMAGE TO PROPERTY 3

NAME OF OWNER OF PROPERTY 3

CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV July 2014.01

Case Number: 1500199749

Motor Vehicle ID: 2

Motor Vehicle Information (Front)  
Complete One Sheet Per Motor Vehicle

DOT Identifier:  
For DOT use only

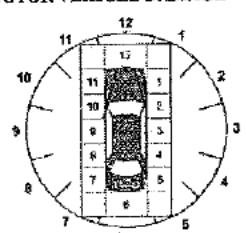
Number of occupants in Vehicle: 1  
(including the driver)

MOTOR VEHICLE INFORMATION

VIN: 1GNEK13T64R [REDACTED]  VIN missing or removed  Invalid Plate  
 Make: CHEV Color: GRY  Driver Evaded Responsibility  No Plate  
 Model: TAHOE Year: 2004 Plate State: CT  
 Direction of Travel: S  Vehicle was not in roadway  Unknown direction  Bike lanes/sharrows present  
 Total Lanes in Roadway: 2  
 Road on which vehicle was traveling: I-95 X 51 OFF RAMP

MOTOR VEHICLE CRASH INFORMATION

For all numeric fields, 99= 'Unknown'

<p><b>SEQUENCE OF EVENTS</b> (Choose up to four, in chronological order)</p> <p><b>Non-Collision</b></p> <p>01. Overturn/Rollover 02. Fire / Explosion 03. Immersion, Full or Partial 04. Jackknife 05. Cargo/Equipment Loss or Shift 06. Equipment Failure (blown tire, brake failure, etc.) 07. Separation of Units 08. Ran Off Roadway Right 09. Ran-Off Roadway Left 10. Cross Median 11. Cross Centerline 12. Downhill Runaway 13. Fell/Jumped From Motor Vehicle 14. Reentering Roadway 15. Thrown or Falling Object 16. Other Non- Collision</p> <p><b>Collision With Person, Motor Vehicle, or Non-Fixed Object</b></p> <p>17. Pedestrian 18. Pedal Cycle/Pedal-cyclist 19. Other Non- motorist 20. Railway Vehicle (train, engine) 21. Animal (live) 22. Motor Vehicle in Motion 23. Parked Motor Vehicle 24. Struck by Falling, Shifting Cargo or Anything Set in Motion By Motor Vehicle 25. Work Zone/Maintenance Equipment 26. Other Non-Fixed Object</p> <p><b>Collision With Fixed Object</b></p> <p>27. Impact Attenuator/Crash Cushion 28. Bridge Overhead Structure 29. Bridge Pier or Support 30. Bridge Rail 31. Cable Barrier 32. Culvert 33. Curb 34. Ditch 35. Embankment 36. Guardrail Face 37. Guardrail End 38. Concrete Traffic Barrier 39. Other Traffic Barrier 40. Tree (standing) 41. Utility Pole 42. Traffic Sign Support 43. Traffic Signal Support 44. Other Post, Pole, or Support 45. Fence 46. Mailbox 47. Other Fixed Object (wall, building, tunnel, etc.) 48. Light Support 88. Not Applicable</p> <p>1st: 22 2nd: 88 3rd: 88 4th: 88 Most Harmful Event: 22</p>	<p><b>MOTOR VEHICLE ACTION</b></p> <p>01. Straight Ahead 02. Negotiating a Curve 03. Backing 04. Changing Lanes 05. Overtaking/ Passing Motor Vehicle 06. Turning Right 07. Turning Left 08. Making U-Turn 09. Leaving Traffic Lane 10. Entering Traffic Lane 11. Slowing 12. Parked 13. Stopped in Traffic 14. Overtaking/Passing Cyclist 15. Wrong Way or Wrong Side 16. Traveling in Bike Lane 97. Other</p> <p>13</p> <p><b>CONTRIBUTING CIRCUMSTANCES</b> Motor Vehicle (choose up to 2)</p> <p>00. None 01. Brakes 02. Exhaust System 03. Body, Doors 04. Steering 05. Power Train 06. Suspension 07. Tires 08. Wheels 09. Lights (head, signal,tail) 10. Windows/Windshield 11. Mirrors 12. Wipers 13. Truck Coupling/ Trailer Hitch / Safety Chains 88. Not Applicable 97. Other</p> <p>00 88</p> <p><b>POSTED/ STATUTORY SPEED LIMIT</b> (record the posted/statutory value as miles per hour)</p> <p>01. Not Posted 10, 15, 20, 25, 30, 35, 40, 45 50, 55, 60, 65, 70, 75, 80, 85 88. Not Applicable</p> <p>01</p> <p><b>TOWED</b></p> <p>01. Towed Due to Disabling Damage 02. Towed, But Not Due to Disabling Damage 03. Not Towed</p> <p>03</p> <p><b>TOWED TO</b></p>	<p><b>BODY TYPE</b></p> <p>01. Passenger Car 02. (Sport) Utility Vehicle 03. Passenger Van 04. Cargo Van (&lt;10,000 lbs GVWR) 05. Pickup 06. Motor Home 07. School Bus 08. Transit Bus 09. Motor Coach 10. Other Bus 11. Motorcycle 12. Moped 13. Low Speed Vehicle 14. Golf Cart 15. All Terrain Vehicle (ATV) 16. Snowmobile 17. Other Light Trucks (10,000 lbs GVWR or less) 18. Medium/Heavy Trucks (more than 10,000 lbs GVWR) 97. Other</p> <p>02</p> <p><b>MOTOR VEHICLE DAMAGE</b></p>  <p>Use diagram above for values 1-12 See user guide for other vehicle diagrams.</p> <p><b>Initial Contact Point</b></p> <p>13. Non-Collision 14. Top 15. Undercarriage 16. Cargo loss</p> <p>06</p> <p><b>Damaged Areas (choose up to 3)</b></p> <p>00. None 14. Top 15. Undercarriage 17. All Areas 88. Not Applicable</p> <p>06 12 88</p> <p><b>EXTENT OF DAMAGE</b></p> <p>01. No Visible Damage 02. Minor Damage 03. Functional Damage 04. Disabling Damage</p> <p>03</p>	<p><b>MOTOR VEHICLE TYPE</b></p> <p>01. Motor Vehicle in Operation 02. Parked Motor Vehicle 03. Working Vehicle/Equipment 04. Non-Collision Vehicle</p> <p>01</p> <p><b>TRAFFICWAY DESCRIPTION</b></p> <p>01. Two-Way, Not Divided 02. Two-Way, Not Divided w/ a Continuous Left Turn Lane 03. Two-Way, Divided, Unprotected (Painted &gt;4Feet) Median 04. Two-Way, Divided, Positive Median Barrier 05. One-Way Trafficway 88. Not Applicable</p> <p>05</p> <p><b>ROADWAY GRADE</b></p> <p>01. Level 02. Uphill 03. Hillcrest 04. Downhill 05. Sag (bottom)</p> <p>04</p> <p><b>ROADWAY ALIGNMENT</b></p> <p>01. Straight 02. Curve Left 03. Curve Right</p> <p>01</p> <p><b>TRAFFIC CONTROL DEVICE TYPE</b></p> <p>01. No Control Device 02. Person (flagger, law enforcement, crossing guard, etc.) 03. Traffic Control Signal 04. Flashing Traffic Control Signal 05. School Zone Sign/Device 06. Stop Sign 07. Yield Sign 08. Warning Sign 09. Railway Crossing Device 10. Marked Uncontrolled Crosswalk 11. Pedestrian Button 12. Bicycle Detection 97. Other</p> <p>03</p> <p><b>TRAFFIC CONTROL DEVICE FUNCTIONAL?</b></p> <p>01. No 02. Yes 03. Missing 88. Not Applicable</p> <p>02</p>
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INSURANCE INFORMATION

INSURANCE COMPANY AMERICAN COMMERCE	INSURANCE POLICY NUMBER [REDACTED]	INSURANCE EXPIRATION DATE 00000000
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### CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV May 2014.01

Case Number: 1500199749

#### Motor Vehicle Information (Back) Complete One Sheet Per Motor Vehicle

DOT Identifier:   
For DOT use only

### MOTOR VEHICLE OWNERSHIP INFORMATION

Vehicle Owner Name (Last, First, Middle, Suffix)  Information same as driver

Street Address or Post Office Box

City: Branford State/Prov: CT Country: Postal Code: 06405

Email Address (optional) Phone (optional)

#### SPECIAL VEHICLE FUNCTION

- 01. No Special Function  01
- 02. Taxi
- 03. Vehicle Used as School Bus
- 04. Vehicle Used as Other Bus
- 05. Military
- 06. Police
- 07. Ambulance
- 08. Fire Truck
- 09. Non-Transport Emergency
- 10. Incident Response Services Vehicle

#### EMERGENCY VEHICLE

- 01. Non-Emergency Situation, Not Transporting Patient  88
- 02. Non-Emergency Transport of Passenger
- 03. Emergency Operation, Emergency Warning Equipment Not in Use
- 04. Emergency Operation, Emergency Warning Equipment in Use
- 88. Not Applicable

#### BUS USE

- 01. Not a Bus  01
- 02. School
- 03. Transit/Commuter
- 04. Intercity
- 05. Charter/Tour
- 06. Shuttle
- 88. Not Applicable

### PROPERTY DAMAGED

Complete if public or private property other than vehicles were damaged in the crash

NATURE AND EXTENT OF DAMAGE TO PROPERTY 1

NAME OF OWNER OF PROPERTY 1

NATURE AND EXTENT OF DAMAGE TO PROPERTY 2

NAME OF OWNER OF PROPERTY 2

NATURE AND EXTENT OF DAMAGE TO PROPERTY 3

NAME OF OWNER OF PROPERTY 3

CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV July 2014.01

Case Number: 1500199749

Motor Vehicle ID: 3

Motor Vehicle Information (Front)

DOT Identifier: [ ]  
For DOT use only

Number of occupants in Vehicle: 1  
(including the driver)

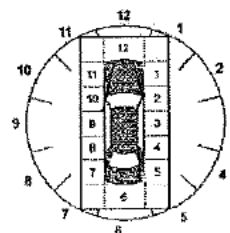
Complete One Sheet Per Motor Vehicle

MOTOR VEHICLE INFORMATION

VIN: 1HGCG16512A [ ]  VIN missing or removed Plate # [ ]  Invalid Plate  
 Driver Evaded Responsibility  No Plate  
 Make: HOND Color: GREEN Plate State NY  
 Model: ACC Year: 2002 Direction of Travel: S Total Lanes in Roadway: 2  
 Road on-which vehicle was traveling: I-95 X 51 OFF RAMP  Vehicle was not in roadway  
 Unknown direction  Bike lanes/snarrows present

MOTOR VEHICLE CRASH INFORMATION

For all numeric fields: 99= 'Unknown'

<p><b>SEQUENCE OF EVENTS</b> (Choose up to four, in chronological order)</p> <p><b>Non-Collision</b></p> <p>01. Overturn/Rollover 02. Fire / Explosion 03. Immersion, Full or Partial 04. Jackknife 05. Cargo/Equipment Loss or Shift 06. Equipment Failure (blown tire, brake failure, etc.) 07. Separation of Units 08. Ran Off Roadway Right 09. Ran Off Roadway Left 10. Cross Median 11. Cross Centerline 12. Downhill Runaway 13. Fell/Jumped From Motor Vehicle 14. Reentering Roadway 15. Thrown or Falling Object 16. Other Non- Collision <b>Collision With Person, Motor Vehicle, or Non-Fixed Object</b> 17. Pedestrian 18. Pedal Cycle/Pedal cyclist 19. Other Non- motorist 20. Railway Vehicle (train, engine) 21. Animal (live) 22. Motor Vehicle in Motion 23. Parked Motor Vehicle 24. Struck by Falling, Shifting Cargo or Anything Set in Motion By Motor Vehicle 25. Work Zone/Maintenance Equipment 26. Other Non-Fixed Object <b>Collision With Fixed Object</b> 27. Impact Attenuator/Crash Cushion 28. Bridge Overhead Structure 29. Bridge Pier or Support 30. Bridge Rail 31. Cable Barrier 32. Culvert 33. Curb 34. Ditch 35. Embankment 36. Guardrail Pace 37. Guardrail End 38. Concrete Traffic Barrier 39. Other Traffic Barrier 40. Tree (standing) 41. Utility Pole 42. Traffic Sign Support 43. Traffic Signal Support 44. Other Post, Pole, or Support 45. Fence 46. Mailbox 47. Other Fixed Object (wall, building, tunnel, etc.) 48. Light Support 88. Not Applicable</p>	<p><b>MOTOR VEHICLE ACTION</b></p> <p>01. Straight Ahead 02. Negotiating a Curve 03. Backing 04. Changing Lanes 05. Overtaking/ Passing Motor Vehicle 06. Turning Right 07. Turning Left 08. Making U-Turn 09. Leaving Traffic Lane 10. Entering Traffic Lane 11. Slowing 12. Parked 13. Stopped in Traffic 14. Overtaking/Passing Cyclist 15. Wrong Way or Wrong Side 16. Traveling in Bike Lane 97. Other</p> <p><b>CONTRIBUTING CIRCUMSTANCES</b> Motor Vehicle (choose up to 2)</p> <p>00. None 01. Brakes 02. Exhaust System 03. Body, Doors 04. Steering 05. Power Train 06. Suspension 07. Tires 08. Wheels 09. Lights (head, signal, tail) 10. Windows/Windshield 11. Mirrors 12. Wipers 13. Truck Coupling/ Trailer Hitch / Safety Chains 88. Not Applicable 97. Other</p> <p><b>POSTED/ STATUTORY SPEED LIMIT</b> (record the posted/statutory value in miles per hour)</p> <p>01. Not Posted 10, 15, 20, 25, 30, 35, 40, 45 50, 55, 60, 65, 70 75, 80, 85 88. Not Applicable</p> <p><b>TOWED</b></p> <p>01. Towed Due to Disabling Damage 02. Towed, But Not Due to Disabling Damage 03. Not Towed</p> <p><b>TOWED TO</b></p> <p>NHPD TOW</p>	<p><b>BODY TYPE</b></p> <p>01. Passenger Car 02. (Sport) Utility Vehicle 03. Passenger Van 04. Cargo Van (&lt;10,000 lbs GVWR) 05. Pickup 06. Motor Home 07. School Bus 08. Transit Bus 09. Motor Coach 10. Other Bus 11. Motorcycle 12. Moped 13. Low Speed Vehicle 14. Golf Cart 15. All Terrain Vehicle (ATV) 16. Snowmobile 17. Other Light Trucks (10,000 lbs GVWR or less) 18. Medium/Heavy Trucks (more than 10,000 lbs GVWR) 97. Other</p> <p><b>MOTOR VEHICLE DAMAGE</b></p>  <p>Use diagram above for values 1-12 See user guide for other vehicle diagrams.</p> <p><b>Initial Contact Point</b></p> <p>13. Non-Collision 14. Top 15. Undercarriage 16. Cargo loss</p> <p><b>Damaged Areas (choose up to 3)</b></p> <p>00. None 14. Top 15. Undercarriage 17. AE Areas 88. Not Applicable</p> <p><b>EXTENT OF DAMAGE</b></p> <p>01. No Visible Damage 02. Minor Damage 03. Functional Damage 04. Disabling Damage</p>	<p><b>MOTOR VEHICLE TYPE</b></p> <p>01. Motor Vehicle in Operation 02. Parked Motor Vehicle 03. Working Vehicle/Equipment 04. Non-Collision Vehicle</p> <p><b>TRAFFICWAY DESCRIPTION</b></p> <p>01. Two-Way, Not Divided 02. Two-Way, Not Divided w/ a Continuous Left Turn Lane 03. Two-Way, Divided, Unprotected (Painted &gt;4Feet) Median 04. Two-Way, Divided, Positive Median Barrier 05. One-Way Trafficway 88. Not Applicable</p> <p><b>ROADWAY GRADE</b></p> <p>01. Level 02. Uphill 03. Hillcrest 04. Downhill 05. Sag (bottom)</p> <p><b>ROADWAY ALIGNMENT</b></p> <p>01. Straight 02. Curve Left 03. Curve Right</p> <p><b>TRAFFIC CONTROL DEVICE TYPE</b></p> <p>01. No Control Device 02. Person (flagger, law enforcement, crossing guard, etc.) 03. Traffic Control Signal 04. Flashing Traffic Control Signal 05. School Zone Sign/Device 06. Stop Sign 07. Yield Sign 08. Warning Sign 09. Railway Crossing Device 10. Marked Uncontrolled Crosswalk 11. Pedestrian Button 12. Bicycle Detection 97. Other</p> <p><b>TRAFFIC CONTROL DEVICE FUNCTIONAL?</b></p> <p>01. No 02. Yes 03. Missing 88. Not Applicable</p>
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INSURANCE INFORMATION

INSURANCE COMPANY UTICA MUTUAL	INSURANCE POLICY NUMBER [ ]	INSURANCE EXPIRATION DATE 00000000
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CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV May 2014.01

Case Number: 1500199749

Motor Vehicle Information (Back)  
Complete One Sheet Per Motor Vehicle

DOT Identifier:   
For DOT use only

**MOTOR VEHICLE OWNERSHIP INFORMATION**

Vehicle Owner Name (Last, First, Middle, Suffix)  Information same as driver  
 Street Address or Post Office Box  
 City: College Pt State/Prov: NY Country: Postal Code: 11356  
 Email Address (optional) Phone (optional)

<b>SPECIAL VEHICLE FUNCTION</b> 01. No Special Function 02. Taxi 03. Vehicle Used as School Bus 04. Vehicle Used as Other Bus 05. Military 06. Police 07. Ambulance 08. Fire Truck 09. Non-Transport Emergency 10. Incident Response Services Vehicle	<input type="checkbox"/> 01	<b>EMERGENCY VEHICLE</b> 01. Non-Emergency Situation, Not Transporting Patient 02. Non-Emergency Transport of Passenger 03. Emergency Operation, Emergency Warning Equipment Not in Use 04. Emergency Operation, Emergency Warning Equipment in Use 88. Not Applicable	<input type="checkbox"/> 88	<b>BUS USE</b> 01. Not a Bus 02. School 03. Transit/Commuter 04. Intercity 05. Charter/Tour 06. Shuttle 88. Not Applicable	<input type="checkbox"/> 01
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**PROPERTY DAMAGED**

Complete if public or private property other than vehicles were damaged in the crash

NATURE AND EXTENT OF DAMAGE TO PROPERTY 1

NAME OF OWNER OF PROPERTY 1

NATURE AND EXTENT OF DAMAGE TO PROPERTY 2

NAME OF OWNER OF PROPERTY 2

NATURE AND EXTENT OF DAMAGE TO PROPERTY 3

NAME OF OWNER OF PROPERTY 3

### CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV July 2014.01

Motor Vehicle ID:

Person ID:

#### Motor Vehicle Driver Information

Complete One Sheet Per Driver

Case Number:

DOT Identifier:   
*For DOT use only*

NAME (Last, First, Middle, Suffix): <input type="text" value=""/> Street Address or PO Box: <input type="text" value=""/>  City: <input type="text" value="New Haven"/> State or Prov: <input type="text" value="CT"/> Postal Code: <input type="text" value="06512"/>	GENDER 01. Male <input type="text" value="02"/> 02. Female 99. Unknown  Phone/Email (optional):	DATE OF BIRTH (YYYYMMDD) <input type="text" value=""/> <input type="checkbox"/> Date of Birth is unknown
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LICENSE INFO	DRIVER INFORMATION		DRIVER ACTIONS (choose up to 4)
<b>LICENSE NUMBER</b> <input type="text" value=""/>  <b>STATE</b> <input type="text" value="CT"/>  <b>DRIVER LICENSE JURISDICTION</b> 01. Not Licensed 02. State <input type="text" value="02"/> 03. Tribal Nation 04. U.S. Government 05. Canadian Providence 06. Mexican State 07. International License (other than Mexico and Canada) <input type="text" value="01"/> 08. Valid License (other country) 88. Not Applicable  <b>LICENSE CLASS</b> 00. None 01. Class A <input type="text" value="04"/> 02. Class B 03. Class C 04. Class D 05. Class M 88. Not Applicable  <b>COMMERCIAL LICENSE</b> 01. No <input type="text" value="01"/> 02. Yes  <b>ENDORSEMENTS</b> <input type="checkbox"/> A - Activity Vehicles <input type="checkbox"/> F - Taxi, Livery, Motor Coach <input type="checkbox"/> H - Hazardous Materials <input type="checkbox"/> M - Motorcycles <input type="checkbox"/> N - Tank Vehicles <input type="checkbox"/> P - Passenger <input type="checkbox"/> Q - Fire Fighting Vehicles <input type="checkbox"/> S - School Bus <input type="checkbox"/> T - Double/Triple Trailers <input type="checkbox"/> V - Student Transportation <input type="checkbox"/> X - Combination of Tank Vehicle and Hazardous Materials	<b>EJECTION</b> 01. Not Ejected 02. Ejected, Partially <input type="text" value="01"/> 03. Ejected, Totally 88. Not Applicable  <b>RESTRAINT SYSTEM</b> 00. None Used-Motor Vehicle Occupant 01. Shoulder and Lap Belt Used 02. Shoulder Belt Only Used 03. Lap Belt Only Used 04. Restraint Used Type Unknown 88. Not Applicable 97. Other  <b>HELMET USE</b> 01. No Helmet 02. DOT-Compliant Motorcycle Helmet 03. Helmet, Other Than DOT-Compliant Motorcycle Helmet 04. Helmet, Unknown If DOT-Compliant 88. Not Applicable <input type="text" value="88"/>  <b>AIRBAG</b> 01. Not Deployed 02. Deployed-Front 03. Deployed-Side 04. Deployed-Curtain 05. Deployed-Other 06. Deployed-Combination 88. Not Applicable  <b>SPEED RELATED</b> 01. No 02. Racing <input type="text" value="01"/> 03. Exceeded Speed Limit 04. Too Fast For Conditions	<b>SEATING POSITION FIRST DIGIT</b> 1. Front <input type="text" value="11"/>  <b>SECOND DIGIT</b> 1. Left Seat (usually the motor vehicle or motorcycle driver except for postal vehicles and some foreign vehicles) 2. Middle 3. Right 8. Other  <div style="text-align: center;"> <p style="font-size: small;">Example: Car, SUV, Van Motorcycle</p> </div>	01. No Contributing Action <input type="text" value="01"/> 02. Ran Off Roadway 03. Failed to Yield Right-of-Way 04. Ran Red Light <input type="text" value="88"/> 05. Ran Stop Sign 06. Disregarded Other Traffic Sign <input type="text" value="88"/> 07. Disregarded Other Road Markings 08. Improper Turn 09. Improper Backing 10. Improper Passing <input type="text" value="88"/> 11. Wrong Side or Wrong Way 12. Followed Too Closely 13. Failed to Keep in Proper Lane 14. Operated Vehicle in Reckless Aggressive Manner 15. Operated Motor Vehicle in Inattentive, Careless, Negligent, or Erratic Manner 16. Swerved or Avoided Due to Wind, Motor Vehicle, Object, Non-Motorist in Roadway, etc. 17. Over-Correcting/ Over-Steering 18. Overtaking Cyclist 88. Not Applicable 97. Other Contributing Action 99. Unknown  <b>DRIVER DISTRACTED BY</b> 01. Not Distracted <input type="text" value="01"/> 02. Manually Operating an Electronic Communication Device (Texting, etc.) 03. Taking on Hands-Free Electronic Device 04. Talking on Hand-Held Electronic Device 05. Other Activity, Electronic Device 06. Passenger 07. Other Inside the Vehicle (eating, hygiene, etc.) 08. Outside the Vehicle 99. Unknown if Distracted  <b>CONDITION AT TIME OF CRASH (choose up to 2)</b> 01. Apparently Normal <input type="text" value="01"/> 02. Physically Impaired 03. Emotional (depressed, angry, etc.) 04. Ill (sick), Fainted <input type="text" value="88"/> 05. Asleep or Fatigued 06. Under the Influence (Medications/Drugs/Alcohol) 97. Other 99. Unknown

INJURY AND EMS INFORMATION		
<b>INJURY STATUS</b> K. Fatal Injury A. Suspected Serious Injury B. Suspected Minor Injury C. Possible Injury <input type="text" value="C"/> O. No Apparent Injury	<b>TRANSPORTED TO FIRST MEDICAL FACILITY BY</b> 01. Not Transported 02. EMS Air 03. EMS Ground <input type="text" value="01"/> 04. Law Enforcement 97. Other	<b>EMS COMPANY NAME</b> _____  <b>EMS RUN NUMBER</b> _____  <b>INTENDED RECEIVING FACILITY</b> _____

ENFORCEMENT ACTIONS TAKEN	DRUG/ALCOHOL INFORMATION				
<b>ACTION BY OFFICER</b> 00. None Taken <input type="text" value="00"/> 01. Verbal Warning 02. Written Warning 03. Infraction 04. Arrest/ Summons	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>VIOLATION STATUTES</b>    </td> <td style="width: 50%; vertical-align: top;"> <b>ALCOHOL TEST STATUS</b>                  01. Test Not Given                  02. Test Refused <input type="text" value="01"/>                  03. Test Given                  99. Unknown if Tested   <b>DRUG TEST STATUS</b>                  01. Test Not Given                  02. Test Refused <input type="text" value="01"/>                  03. Test Given                  99. Unknown if Tested             </td> </tr> <tr> <td style="vertical-align: top;"> <b>TYPE OF ALCOHOL TEST</b>                  01. Blood <input type="text" value="88"/>                  02. Urine                  03. Breath                  88. Not Applicable 97. Other             </td> <td style="vertical-align: top;"> <b>TYPE OF DRUG TEST</b>                  01. Blood                  02. Urine <input type="text" value="88"/>                  88. Not Applicable                  97. Other             </td> </tr> </table>	<b>VIOLATION STATUTES</b>   	<b>ALCOHOL TEST STATUS</b> 01. Test Not Given 02. Test Refused <input type="text" value="01"/> 03. Test Given 99. Unknown if Tested  <b>DRUG TEST STATUS</b> 01. Test Not Given 02. Test Refused <input type="text" value="01"/> 03. Test Given 99. Unknown if Tested	<b>TYPE OF ALCOHOL TEST</b> 01. Blood <input type="text" value="88"/> 02. Urine 03. Breath 88. Not Applicable 97. Other	<b>TYPE OF DRUG TEST</b> 01. Blood 02. Urine <input type="text" value="88"/> 88. Not Applicable 97. Other
<b>VIOLATION STATUTES</b>   	<b>ALCOHOL TEST STATUS</b> 01. Test Not Given 02. Test Refused <input type="text" value="01"/> 03. Test Given 99. Unknown if Tested  <b>DRUG TEST STATUS</b> 01. Test Not Given 02. Test Refused <input type="text" value="01"/> 03. Test Given 99. Unknown if Tested				
<b>TYPE OF ALCOHOL TEST</b> 01. Blood <input type="text" value="88"/> 02. Urine 03. Breath 88. Not Applicable 97. Other	<b>TYPE OF DRUG TEST</b> 01. Blood 02. Urine <input type="text" value="88"/> 88. Not Applicable 97. Other				

CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV July 2014.01

Motor Vehicle ID:

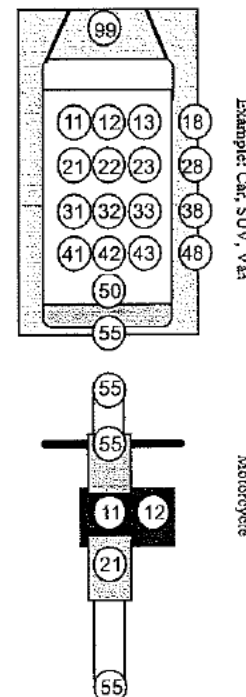
Person ID:

Motor Vehicle Driver Information  
Complete One Sheet Per Driver

Case Number:

DOT Identifier:

NAME (Last, First, Middle, Suffix): Street Address or PO Box:	GENDER 01. Male <input type="text" value="01"/> 02. Female 99. Unknown	DATE OF BIRTH (YYYYMMDD) <input type="text"/> <input type="checkbox"/> Date of Birth is unknown
City: Branford State or Prov: CT Postal Code: 06405	Phone/Email (optional):	

LICENSE INFO		DRIVER INFORMATION	
LICENSE NUMBER <input type="text"/>	EJECTION 01. Not Ejected 02. Ejected, Partially <input type="text" value="01"/> 03. Ejected, Totally 88. Not Applicable	SEATING POSITION FIRST DIGIT 1. Front <input type="text" value="11"/>	DRIVER ACTIONS (choose up to 4) 01. No Contributing Action <input type="text" value="01"/> 02. Ran Off Roadway 03. Failed to Yield Right-of-Way 04. Ran Red Light 05. Ran Stop Sign <input type="text" value="88"/> 06. Disregarded Other Traffic Sign 07. Disregarded Other Road Markings 08. Improper Turn <input type="text" value="88"/> 09. Improper Backing 10. Improper Passing 11. Wrong Side or Wrong Way <input type="text" value="88"/> 12. Followed Too Closely 13. Failed to Keep in Proper Lane 14. Operated Vehicle in Reckless Aggressive Manner 15. Operated Motor Vehicle in Inattentive, Careless, Negligent, or Erratic Manner 16. Swerved or Avoided Due to Wind, Motor Vehicle, Object, Non-Motorist in Roadway, etc. 17. Over-Correcting/ Over-Steering 18. Overtaking Cyclist 88. Not Applicable 97. Other Contributing Action 99. Unknown
STATE CT	RESTRAINT SYSTEM 00. None Used-Motor Vehicle Occupant 01. Shoulder and Lap Belt Used 02. Shoulder Belt Only Used 03. Lap Belt Only Used 04. Restraint Used Type Unknown 88. Not Applicable 97. Other	SECOND DIGIT 1. Left Seat (usually the motor vehicle or motorcycle driver except for postal vehicles and some foreign vehicles) 2. Middle 3. Right 8. Other	
DRIVER LICENSE JURISDICTION 01. Not Licensed 02. State <input type="text" value="02"/> 03. Tribal Nation 04. U.S. Government 05. Canadian Providence 06. Mexican State 07. International License (other than Mexico and Canada) <input type="text" value="01"/> 08. Valid License (other country) 88. Not Applicable	HELMET USE 01. No Helmet 02. DOT-Compliant Motorcycle Helmet 03. Helmet, Other Than DOT-Compliant Motorcycle Helmet 04. Helmet, Unknown If DOT-Compliant 88. Not Applicable <input type="text" value="88"/>		DRIVER DISTRACTED BY 01. Not Distracted <input type="text" value="01"/> 02. Manually Operating an Electronic Communication Device (Texting, etc.) 03. Taking on Hands-Free Electronic Device 04. Talking on Hand-Held Electronic Device 05. Other Activity, Electronic Device 06. Passenger 07. Other Inside the Vehicle (eating, hygiene, etc.) 08. Outside the Vehicle 99. Unknown if Distracted
LICENSE CLASS 00. None 01. Class A <input type="text" value="04"/> 02. Class B 03. Class C 04. Class D 05. Class M 88. Not Applicable	AIRBAG 01. Not Deployed 02. Deployed-Front 03. Deployed-Side <input type="text" value="01"/> 04. Deployed-Curtain 05. Deployed-Other 06. Deployed-Combination 88. Not Applicable		CONDITION AT TIME OF CRASH (choose up to 2) 01. Apparently Normal <input type="text" value="01"/> 02. Physically Impaired 03. Emotional (depressed, angry, etc.) 04. Ill (sick), Fainted <input type="text" value="88"/> 05. Asleep or Fatigued 06. Under the Influence (Medications/Drugs/Alcohol) 97. Other 99. Unknown
COMMERCIAL LICENSE 01. No <input type="text" value="01"/> 02. Yes	SPEED RELATED 01. No 02. Racing <input type="text" value="01"/> 03. Exceeded Speed Limit 04. Too Fast For Conditions		
ENDORSEMENTS <input type="checkbox"/> A - Activity Vehicles <input type="checkbox"/> F - Taxi, Livery, Motor Coach <input type="checkbox"/> H - Hazardous Materials <input type="checkbox"/> M - Motorcycles <input type="checkbox"/> N - Tank Vehicles <input type="checkbox"/> P - Passenger <input type="checkbox"/> Q - Fire Fighting Vehicles <input type="checkbox"/> S - School Bus <input type="checkbox"/> T - Double/Triple Trailers <input type="checkbox"/> V - Student Transportation <input type="checkbox"/> X - Combination of Tank Vehicle and Hazardous Materials			

INJURY AND EMS INFORMATION		
INJURY STATUS K. Fatal Injury A. Suspected Serious Injury B. Suspected Minor Injury C. Possible Injury O. No Apparent Injury <input type="text" value="O"/>	TRANSPORTED TO FIRST MEDICAL FACILITY BY 01. Not Transported 02. EMS Air 03. EMS Ground 04. Law Enforcement <input type="text" value="01"/> 97. Other	EMS COMPANY NAME _____ EMS RUN NUMBER _____ INTENDED RECEIVING FACILITY _____

ENFORCEMENT ACTIONS TAKEN		DRUG/ALCOHOL INFORMATION	
ACTION BY OFFICER 00. None Taken 01. Verbal Warning 02. Written Warning 03. Infraction 04. Arrest/ Summons <input type="text" value="00"/>	VIOLATION STATUTES _____ _____	ALCOHOL TEST STATUS 01. Test Not Given 02. Test Refused <input type="text" value="01"/> 03. Test Given 99. Unknown if Tested	TYPE OF ALCOHOL TEST 01. Blood 02. Urine <input type="text" value="88"/> 03. Breath 88. Not Applicable 97. Other
		DRUG TEST STATUS 01. Test Not Given 02. Test Refused <input type="text" value="01"/> 03. Test Given 99. Unknown if Tested	TYPE OF DRUG TEST 01. Blood 02. Urine <input type="text" value="88"/> 88. Not Applicable 97. Other

CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV July 2014.01

Motor Vehicle ID:

Person ID:

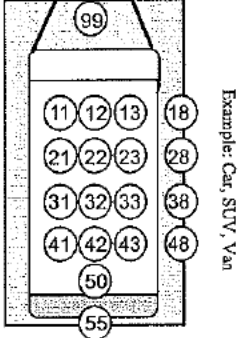
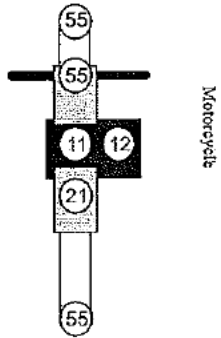
Motor Vehicle Driver Information

Complete One Sheet Per Driver

Case Number:

DOT Identifier:

NAME (Last, First, Middle, Suffix): <input type="text"/>	GENDER 01. Male <input type="text" value="01"/> 02. Female 99. Unknown	DATE OF BIRTH (YYYYMMDD) <input type="text"/>
Street Address or PO Box: <input type="text"/>	Phone/Email (optional): <input type="text"/>	Date of Birth is unknown <input type="checkbox"/>
City: College Point	State or Prov: NY	Postal Code: 11356

LICENSE INFO		DRIVER INFORMATION	
LICENSE NUMBER <input type="text"/>	EJECTION 01. Not Ejected 02. Ejected, Partially <input type="text" value="01"/> 03. Ejected, Totally 88. Not Applicable	SEATING POSITION FIRST DIGIT 1. Pront <input type="text" value="11"/>	DRIVER ACTIONS (choose up to 4) 01. No Contributing Action 02. Ran Off Roadway <input type="text" value="12"/> 03. Failed to Yield Right-of-Way 04. Ran Red Light 05. Ran Stop Sign <input type="text" value="88"/> 06. Disregarded Other Traffic Sign 07. Disregarded Other Road Markings 08. Improper Turn <input type="text" value="88"/> 09. Improper Backing 10. Improper Passing 11. Wrong Side or Wrong Way <input type="text" value="88"/> 12. Followed Too Closely 13. Failed to Keep in Proper Lane 14. Operated Vehicle in Reckless Aggressive Manner 15. Operated Motor Vehicle in Inattentive, Careless, Negligent, or Erratic Manner 16. Swerved or Avoided Due to Wind, Motor Vehicle, Object, Non-Motorist in Roadway, etc. 17. Over-Correcting/ Over-Steering 18. Overtaking Cyclist 88. Not Applicable 97. Other Contributing Action 99. Unknown
STATE NY	RESTRAINT SYSTEM 00. None Used-Motor Vehicle Occupant 01. Shoulder and Lap Belt Used 02. Shoulder Belt Only Used 03. Lap Belt Only Used 04. Restraint Used Type Unknown 88. Not Applicable 97. Other	SECOND DIGIT 1. Left Seat (usually the motor vehicle or motorcycle driver except for partial vehicles and some foreign vehicles) 2. Middle 3. Right 8. Other	DRIVER DISTRACTED BY 01. Not Distracted <input type="text" value="99"/> 02. Manually Operating an Electronic Communication Device (Texting, etc.) 03. Taking on Hands-Free Electronic Device 04. Talking on Hand-Held Electronic Device 05. Other Activity, Electronic Device 06. Passenger 07. Other Inside the Vehicle (eating, hygiene, etc.) 08. Outside the Vehicle 99. Unknown if Distracted
DRIVER LICENSE JURISDICTION 01. Not Licensed 02. State <input type="text" value="02"/> 03. Tribal Nation 04. U.S. Government 05. Canadian Providence 06. Mexican State 07. International License (other than Mexico and Canada) <input type="text" value="01"/> 08. Valid License (other country) 88. Not Applicable	HELMET USE 01. No Helmet 02. DOT-Compliant Motorcycle Helmet 03. Helmet, Other Than DOT-Compliant Motorcycle Helmet 04. Helmet, Unknown If DOT-Compliant 88. Not Applicable <input type="text" value="88"/>		CONDITION AT TIME OF CRASH (choose up to 2) 01. Apparently Normal <input type="text" value="06"/> 02. Physically Impaired 03. Emotional (depressed, angry, etc.) 04. Ill (sick), Fainted <input type="text" value="88"/> 05. Asleep or Fatigued 06. Under the Influence (Medications/Drugs/Alcohol) 97. Other 99. Unknown
LICENSE CLASS 00. None 01. Class A <input type="text" value="01"/> 02. Class B 03. Class C 04. Class D 05. Class M 88. Not Applicable	AIRBAG 01. Not Deployed 02. Deployed-Front 03. Deployed-Side <input type="text" value="02"/> 04. Deployed-Curtain 05. Deployed-Other 06. Deployed-Combination 88. Not Applicable		
COMMERCIAL LICENSE 01. No 02. Yes <input type="text" value="02"/>	SPEED RELATED 01. No 02. Racing 03. Exceeded Speed Limit <input type="text" value="99"/> 04. Too Fast For Conditions		
ENDORSEMENTS <input type="checkbox"/> A - Activity Vehicles <input type="checkbox"/> F - Taxi, Livery, Motor Coach <input type="checkbox"/> H - Hazardous Materials <input type="checkbox"/> M - Motorcycles <input type="checkbox"/> N - Tank Vehicles <input type="checkbox"/> P - Passenger <input type="checkbox"/> Q - Fire Fighting Vehicles <input type="checkbox"/> S - School Bus <input type="checkbox"/> T - Double/Triple Trailers <input type="checkbox"/> V - Student Transportation <input type="checkbox"/> X - Combination of Tank Vehicle and Hazardous Materials			

INJURY AND EMS INFORMATION		
INJURY STATUS K. Fatal Injury A. Suspected Serious Injury B. Suspected Minor Injury C. Possible Injury O. No Apparent Injury <input type="text" value="O"/>	TRANSPORTED TO FIRST MEDICAL FACILITY BY 01. Not Transported 02. EMS Air 03. EMS Ground 04. Law Enforcement <input type="text" value="01"/> 97. Other	EMS COMPANY NAME _____ EMS RUN NUMBER _____ INTENDED RECEIVING FACILITY _____

ENFORCEMENT ACTIONS TAKEN		DRUG/ALCOHOL INFORMATION	
ACTION BY OFFICER 00. None Taken 01. Verbal Warning 02. Written Warning 03. Infraction 04. Arrest/ Summons <input type="text" value="04"/>	VIOLATION STATUTES 14-227a, 14-224b, 14-240, 14-243b, 14-213b	ALCOHOL TEST STATUS 01. Test Not Given 02. Test Refused 03. Test Given <input type="text" value="03"/> 99. Unknown if Tested	TYPE OF ALCOHOL TEST 01. Blood 02. Urine <input type="text" value="03"/> 03. Breath 88. Not Applicable 97. Other
		DRUG TEST STATUS 01. Test Not Given 02. Test Refused <input type="text" value="01"/> 03. Test Given 99. Unknown if Tested	TYPE OF DRUG TEST 01. Blood 02. Urine <input type="text" value="88"/> 88. Not Applicable 97. Other

CONNECTICUT UNIFORM POLICE CRASH REPORT

Case Number 1500199749

Form PR-1 REV July 2014.01

DOT Identifier: For DOT use only

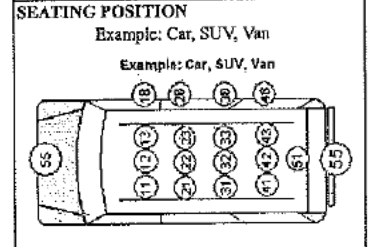
Motor Vehicle ID: 1

Motor Vehicle Passenger Information

Complete this sheet for Passengers in this Motor Vehicle

<b>PERSON ID</b> 4		<i>For all numeric fields: 99 = 'Unknown'</i>	
NAME: [REDACTED]		PERSON TYPE: 02	SEATING POSITION: 13
ADDRESS: [REDACTED]		RESTRAINT SYSTEM: 01	
CITY: New Haven	STATE or PROV: CT	POSTAL CODE: 06513	HELMET USE: 88
DATE OF BIRTH (YYYYMMDD): [REDACTED] <input type="checkbox"/> Date of Birth is unknown	GENDER: 01. Male 02. Female 99. Unknown 01	INTENDED RECEIVING FACILITY:	EJECTION: 01
			AIR BAG: 01
EMS COMPANY NAME:		EMS RUN NUMBER:	TRANSPORTED TO 1st MEDICAL FACILITY BY: 01

**PERSON TYPE**  
 02. Passenger  
 07. Occupant of Parked Motor Vehicle  
 99. Unknown



**RESTRAINT SYSTEM**  
 00. None Used- Motor Vehicle Occupant  
 01. Shoulder and Lap Belt Used  
 02. Shoulder Belt Only Used  
 03. Lap Belt Only Used  
 04. Restraint Used Type Unknown  
 05. Child Restraint System Forward Facing  
 06. Child Restraint System Rear Facing  
 07. Booster Seat  
 08. Child Restraint Type Unknown  
 88. Not Applicable  
 97. Other  
 99. Unknown

**EJECTION**  
 01. Not Ejected  
 02. Ejected, Partially  
 03. Ejected, Totally  
 88. Not Applicable  
 99. Unknown

**AIRBAG**  
 01. Not Deployed  
 02. Deployed-Front  
 03. Deployed- Side  
 04. Deployed- Curtain  
 05. Deployed- Other  
 06. Deployed- Combination  
 88. Not Applicable  
 99. Deployment Unknown

**INJURY STATUS**  
 K. Fatal Injury  
 A. Suspected Serious Injury  
 B. Suspected Minor Injury  
 C. Possible Injury  
 O. No Apparent Injury

**TRANSPORT TO FIRST MEDICAL FACILITY**  
 01. Not Transported  
 02. EMS Air  
 03. EMS Ground  
 04. Law Enforcement  
 97. Other  
 99. Unknown

**HELMET USE**  
 01. DOT- Compliant Motorcycle Helmet  
 02. Helmet, Other Than DOT-Compliant Motorcycle Helmet  
 03. Helmet, Unknown if DOT-Compliant  
 04. No Helmet  
 88. Not Applicable  
 99. Unknown If Helmet Worn

## CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV July 2014.01

## Appendix A: Narrative Continued

Complete this sheet if more space  
is needed for the narrative

Case Number: 1500199749

DOT Identifier:  
For DOT use only

light on the I-95 S/B X 51 off ramp behind a white Volkswagon Jetta. As we were already at a complete stop a small green car smashed into the back of my car pushing me into the Volkswagon. The small green car backed up the off ramp and got onto I-95 S/B and sped off. All I saw of the green car was a white and blue New York Registration. I had my seatbelt on and I was not hurt."

SGT Wiener took the following photographs of the accident scene on the exit 51 off ramp (SEE ATTACHED PHOTOGRAPHS / CD COPIES):

PHOTOGRAPH #1: OVERALL SHOT OF VEHICLE #2'S REAR END DAMAGE

PHOTOGRAPH #2: OVERALL SHOT OF VEHICLE #2'S REAR END DAMAGE / PASSENGER SIDE

PHOTOGRAPH #3: OVERALL SHOT OF VEHICLE #1'S REAR END / IMPACT WITH VEHICLE #2

Upon my arrival at Chapel Street and Franklin St. in New Haven, I observed numerous New Haven Police Department officers on scene, and observed that Operator #3 (later positively identified as [REDACTED] by his New York photo ID driver license) was detained in handcuffs. Officers on scene advised me that [REDACTED] had caused an accident in their city streets, and that they were investigating that accident. I spoke with New Haven Officer [REDACTED] #553, who stated that he was off duty at the time of the accident and stopped at a traffic light on Route 1, adjacent to the exit 51 off ramp. I obtained a verbal statement from Officer [REDACTED] while on scene. Officer [REDACTED] stated that he observed the accident on the exit 51 off ramp, and observed Vehicle #3 back up on the ramp and continue driving southbound on I-95. Officer [REDACTED] stated that he then merged onto I-95 southbound from the exit 51 on ramp. Officer [REDACTED] stated that he observed Vehicle #3 fleeing the area on the highway and that it had heavy front end damage. Officer [REDACTED] followed Vehicle #3 as he communicated its location to the New Haven Police Department. Officer [REDACTED] stated that [REDACTED] sideswiped a vehicle as he fled off exit 2 on I-91 northbound into the City of New Haven streets, in the area of Chapel Street. Officer [REDACTED] said that on duty officers soon stopped [REDACTED] and detained him. Officer [REDACTED] said he could not believe that [REDACTED] was able to flee the scene as far as he did because Vehicle #3 had such heavy front end damage.

I verbally Mirandized [REDACTED] on scene and he admitted that he fled the accident scene because he drank beer that day. I asked [REDACTED] what happened that day and he admitted he had been drinking. I asked [REDACTED] if he remembered being in an accident and he said he thought so. I asked why he fled the accident scene, and he immediately admitted that he fled because he drank a "few" beers. I asked [REDACTED] what a "few" beers was, and he said 10 beers. I smelled a very strong odor of an alcoholic beverage on [REDACTED] breath as he spoke to me. I observed that [REDACTED] had glassy and bloodshot eyes. [REDACTED] spoke with an Asian accent, which I later learned from him was a Chinese accent, but he appeared to slur his speech and stutter his words. I escorted [REDACTED] to his feet from his sitting position and he was highly unbalanced as he swayed back and forth. I attempted to perform a Horizontal Gaze Nystagmus test on [REDACTED] but he did not follow my finger with his eyes as he stared at me and also followed my finger by moving his head from side to side. [REDACTED] later said on scene that he was driving home from spending the night at the Mohegan Sun casino. I arrested Mong on scene for Evading Responsibility and on suspicion of Driving Under the Influence of

CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV July 2014.01

Appendix A: Narrative Continued

Complete this sheet if more space  
is needed for the narrative

Case Number: 1500199749

DOT Identifier:  
For DOT use only

Alcohol and / or drugs. I later administered Standardized Field Sobriety Tests to [REDACTED] at Troop G and he did not perform the tests to standard [REDACTED] later provided breath samples on a Drager Alcotest 9510 breath test machine and his Blood Alcohol Content (BAC) was over the .08 legal limit.

Based on my investigation, on physical evidence, and on the operators' / witness' statements, Operator #3 [REDACTED] was at fault for the crash as he rear ended Vehicle #2, pushed it into Vehicle #1, unsafely backed up the exit 51 off ramp, and evaded the scene while intoxicated on alcoholic beverages. [REDACTED] also had no valid proof of insurance for Vehicle #3. I charged [REDACTED] with the following in violation of the CGS:

- DRIVING UNDER THE INFLUENCE OF ALCOHOL AND / OR DRUGS, CGS 14-227a
- EVADING RESPONSIBILITY, CGS 14-224b
- INSUFFICIENT INSURANCE, CGS 14-213b
- FOLLOWING TOO CLOSELY, CGS 14-240
- UNSAFE BACKING, CGS 14-243(b)
  
- SEE RELATED POLICE REPORT FOR DETAILS REGARDING THE DUI ARREST

# CSP Troop G

## VICTIM/WITNESS STATEMENT

Date: 04/10/2015	Time Started: 18:39	Time Ended: 00:00	CFS #: 1500199749
Location:		Statement taken: [REDACTED]	

I, [REDACTED] Date Of Birth [REDACTED]  
of [REDACTED] Town/City: Branford CT

I make the following statement, without fear, threat or promise. I have been advised that any statement(s) made herein which I do not believe to be true, and which statement is intended to mislead a public servant in the performance of his/her official function, is a crime under C.G.S. section 53a-157b and is punishable by law.

On 4-10-15, at about 5:40 P.M I was driving my Chevy Tahoe [REDACTED]. I was stopped at a red light on the I95 S/B X51 offramp behind a white Volkswagon Jetta. As we were already at a complete stop a small green car smashed into the back of my car pushing me into the Volkswagon. The small green car backed up the offramp and got onto I95 S/B and sped off. All I saw of the green car was a white and blue New York Registration. I had my seatbelt on and I was not hurt.

By affixing my signature to this statement, I acknowledge that I have read it and / or have had it read to me and it is true to the best of my knowledge belief.

Name of Person making Statement: [REDACTED]	Signature of Person making Statement: [REDACTED]	Date: 04/10/2015
Parent/Guardian Name:	Parent/Guardian Signature:	Date:

Personally appeared the signer of the foregoing statement and made oath before me to the truth of the matters contained therein. If notarized, endorse here:

Oath Taken By: [REDACTED] /SGT [REDACTED] 04/10/2015  
Name: [REDACTED] Signature: [REDACTED] Date Signed: [REDACTED]

Witness Name:	Witness Signature:	Date:
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OFFICER'S OUI ARREST AND ALCOHOL TEST  
 REFUSAL OR FAILURE REPORT  
 A-44 REV. 6-09



STATE OF CONNECTICUT  
 DEPARTMENT OF MOTOR VEHICLES  
 ADMINISTRATIVE PER SE UNIT  
 On The Web at ct.gov/dmv

**FOR POLICE USE ONLY**

CASE NUMBER: 1500199749

SUMMONS NUMBER: [REDACTED]

UAR NUMBER: 9497438

This report is issued under Section 14-227b of the Connecticut General Statutes.

**INSTRUCTIONS:**

1. Send or transmit completed form and any documentation required to explain this report within 3 business days. The documentation is part of the report and approved by the Commissioner.
2. The statements and information contained in this report are subscribed and sworn to under penalty of false statement.
3. Mailing address: Administrative Per Se Unit, Department of Motor Vehicles, Wethersfield, CT 06161-4010

**SECTION A: OPERATOR AND VEHICLE INFORMATION**

LICENSING STATE: NY OPERATOR LICENSE NUMBER: [REDACTED] NAME OF OPERATOR (Last, First, MI.): [REDACTED] DATE OF BIRTH: [REDACTED] UNDER 21:

ADDRESS (Number and Street): [REDACTED] (City or Town): College Point (State): NY (Zip Code): 11356 SEX:  M  F RACE: A

OPERATOR HOLDS COMMERCIAL DRIVER'S LICENSE  OPERATOR UNDER SUSPENSION

OPERATOR HAS WORK PERMIT  OPERATION DURING AUTHORIZED HOURS OF WORK PERMIT

VEHICLE INFORMATION: YEAR: 2002 MAKE: HOND MODEL: ACC BODY TYPE: 4D

REGISTRATION NUMBER: [REDACTED] REG. STATE: NY  COMMERCIAL MOTOR VEHICLE (AS DEFINED IN SECTION 14-1 OF CGS)  VEHICLE TRANSPORTING HAZARDOUS MATERIAL

ATV  SNOWMOBILE

**SECTION B: INVESTIGATION INFORMATION**

FATALITY  MOTOR VEHICLE CRASH  MOTOR VEHICLE STOP

TIME OF STOP/CRASH: 17:40 INCIDENT DATE: 04/10/2015 LOCATION: I-95 SB X 51 OFF RAMP

If crash, time of crash established by:  WITNESS STATEMENT (ATTACHED)  ADMISSION OF OPERATOR  OTHER (EXPLAIN IN NARRATIVE)

Does operator have any physical injury or illness which would prevent them from performing any part of the standardized field sobriety tests?

REFUSED TO ANSWER  NO  YES (EXPLAIN)

PAST SURGERY ON LEFT LEG

**STANDARDIZED FIELD SOBRIETY TESTS**

TYPE OF TEST	CHECK APPROPRIATE BOXES DESCRIBING CONDITION OBSERVED	<input type="checkbox"/> Refused to Perform Tests
<b>HORIZONTAL GAZE NYSTAGMUS</b>	<input checked="" type="checkbox"/> Distinct and Sustained Nystagmus at Maximum Deviation <input checked="" type="checkbox"/> Onset of Nystagmus prior to 45 Degrees <input checked="" type="checkbox"/> Lack of Smooth Pursuit <input type="checkbox"/> Other (Explain)	<input type="checkbox"/> Performed to Standard <input type="checkbox"/> Refused to Perform
<b>WALK-TURN</b>	<input checked="" type="checkbox"/> Loses Balance <input checked="" type="checkbox"/> No Heel to Toe <input checked="" type="checkbox"/> Steps off Line <input checked="" type="checkbox"/> Starts Too Soon <input checked="" type="checkbox"/> Raises Arms <input type="checkbox"/> Incorrect Number of Steps <input checked="" type="checkbox"/> Stops to Steady Self <input checked="" type="checkbox"/> Turns Incorrectly	<input type="checkbox"/> Performed to Standard <input type="checkbox"/> Refused to Perform
<b>ONE LEG STAND</b>	<input checked="" type="checkbox"/> Sways While Balancing <input checked="" type="checkbox"/> Uses Arms For Balance, Raising over Six Inches <input checked="" type="checkbox"/> Hopping <input checked="" type="checkbox"/> Cannot Perform Test	<input checked="" type="checkbox"/> Puts Foot Down <input type="checkbox"/> Performed to Standard <input type="checkbox"/> Refused to Perform

**PROBABLE CAUSE TO ARREST (Check all applicable)**

OBSERVED ERRATIC DRIVING  ODOR OF ALCOHOLIC BEVERAGE ON OPERATOR'S BREATH  STANDARDIZED FIELD SOBRIETY TESTS

MOTOR VEHICLE CRASH

OTHER (EXPLAIN)

**SECTION C: ARREST**

ARREST BY WARRANT (ATTACHED)

DATE OF ARREST: 04/10/2015 TOWN CODE: T093 LOCATION OF ARREST (Number and Street): Chapel St. @ Field St. New Haven (City or Town): New Haven

POLICE DEPARTMENT NAME: CSP Troop G NAME OF ARRESTING OFFICER: [REDACTED] BADGE NUMBER: 1132

OPERATOR WAS APPRISED OF CONSTITUTIONAL RIGHTS (MIRANDA WARNINGS) AT 19:05 HRS. (MILITARY)

**SECTION D: POST ARREST INTERVIEW** Refused to Answer (RTA)

ARE YOU INJURED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> RTA N/A		IF YES, DESCRIBE YOUR INJURY		ARE YOU ILL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> RTA N/A		IF YES, DESCRIBE YOUR ILLNESS	
ARE YOU A DIABETIC? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> RTA		DO YOU TAKE INSULIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> RTA		IF YES, WHEN DID YOU LAST TAKE INSULIN? <input type="checkbox"/> RTA N/A		DO YOU TAKE MEDICATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> RTA	
IF YES, WHAT TYPE OF MEDICATION? <input type="checkbox"/> RTA N/A		WHEN DID YOU LAST TAKE THIS MEDICATION? <input type="checkbox"/> RTA N/A		DO YOU NEED MEDICATION NOW? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> RTA		IF YES, WHICH TYPE? <input type="checkbox"/> RTA N/A	
WHEN DID YOU START DRINKING? <input type="checkbox"/> RTA 12:00 PM			WHEN DID YOU STOP DRINKING? <input type="checkbox"/> RTA 3:00 PM			WHAT TYPE OF ALCOHOLIC BEVERAGE DID YOU DRINK? <input type="checkbox"/> RTA BUDWEISER BEER	
HOW MUCH DID YOU DRINK? <input type="checkbox"/> RTA 6 BEERS			WHERE DID YOU DRINK? <input type="checkbox"/> RTA MOHEGAN SUN			WHEN DID YOU LAST EAT AND WHAT DID YOU EAT? <input type="checkbox"/> RTA "A SNACK, I DON'T KNOW"	
HAVE YOU TAKEN ANY DRUGS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> RTA		IF SO, WHAT KIND AND HOW MUCH? <input type="checkbox"/> RTA N/A					

**SECTION E: IMPLIED CONSENT ADVISORY****OPERATOR WAS INFORMED OF THE FOLLOWING:**

You are requested to submit to a blood, breath, or urine test chosen by the police officer. You may refuse a blood test, in which case another test will be selected. If you elect to submit to testing, you will be required to provide two samples. If you refuse to submit, the tests will not be given. Your refusal will result in the revocation of your operator's license for twenty-four (24) hours and the suspension of your operator's license for at least six (6) months. If you submit to the tests, and the results indicate that you have an elevated blood alcohol content, your operator's license will be revoked for twenty-four (24) hours and will be suspended for at least ninety(90) days. If you hold a commercial driver's license (CDL), your CDL will be disqualified for at least one (1) year. Furthermore, if you were operating a commercial motor vehicle (CMV) and do not hold a CDL, your privilege to obtain a CDL as well as your privilege to operate a CMV will be disqualified for at least one (1) year. If you hold an operator's license from a state other than Connecticut, your driving privilege in Connecticut is subject to the same revocation and suspension penalties. The result of the tests or the fact of a refusal may be admissible in evidence against you in a criminal prosecution for driving under the influence of alcohol and/or drugs, or other offense, and evidence of a refusal may be used against you in any criminal prosecution.

OPERATOR WAS AFFORDED REASONABLE OPPORTUNITY TO TELEPHONE AN ATTORNEY AT 04/10/2015 19:10 HRS. (Military)

**SECTION F: CHEMICAL ALCOHOL TEST DATA**

TEST SELECTED BY OFFICER <input checked="" type="checkbox"/> BREATH <input type="checkbox"/> URINE <input type="checkbox"/> BLOOD					STAPLE COPIES OF TEST RESULTS HERE OR SCAN IF TRANSMITTING ELECTRONICALLY
<input type="checkbox"/> TEST REFUSAL					
FIRST TEST	TYPE BR	TIME (Military) 19:20	DATE 04/10/2015	RESULT .2475	
SECOND TEST	TYPE BR	TIME (Military) 19:40	DATE 04/10/2015	RESULT .2410	
NAME OF TESTING OFFICER (Please print)			POLICE DEPARTMENT NAME		
[REDACTED]			CSP Troop G		

COPY OF TEST RESULTS PROVIDED TO OPERATOR. IF YES, DATE AND TIME PROVIDED TO OPERATOR.

YES  NO 04/10/2015 21:00

**SECTION G: CHEMICAL ALCOHOL TEST DATA (Blood or Urine Test)**

- COPY OF ANALYSIS OF BLOOD OR URINE SAMPLE BY STATE TOXICOLOGY LABORATORY ATTACHED.
- COPY OF ANALYSIS OF BLOOD OR URINE SAMPLE BY HOSPITAL ATTACHED. SAMPLE WAS TAKEN AND ANALYSIS OBTAINED IN ACCORDANCE WITH THE REQUIREMENTS OF SECTION 14-227a(k) OF THE CONNECTICUT GENERAL STATUTES.

**SECTION J: CHEMICAL ALCOHOL TEST REFUSAL (Must Complete if Refusal)**

The operator named above refused to submit to such test or analysis when requested to do so. The refusal occurred in my presence and my endorsement appears below.

NAME OF WITNESS TO REFUSAL (Please print)	SIGNATURE OF WITNESS TO REFUSAL	BADGE NUMBER (if applicable)
[REDACTED]	X	

**SECTION K: OATH (Must Complete)**

This report of chemical alcohol test or refusal and the attachments hereto, if any, are subscribed and sworn to by me, the arresting officer, under penalty of false statement as provided in Section 53a-157b of the Connecticut General Statutes, before the undersigned official duly authorized to administer oaths.

SIGNATURE OF ARRESTING OFFICER X / [REDACTED]	DATE SIGNED 04/13/2015
SIGNATURE OF PERSON ADMINISTERING OATH X / S [REDACTED]	TITLE SERGEANT
NAME OF PERSON ADMINISTERING OATH (Please print)	BADGE NUMBER (if applicable) 0123

STATE OF CONNECTICUT  
ALCOTEST 9510

SERIAL NO.: ARBD-0027  
TEST NO.: 01978  
DATE: 04/10/2015  
INITIAL CERT: 01/01/1900  
ACTIVE CERT: 01/01/1900  
LAST CALIB.: 04/03/2014

EVIDENTIARY SUBJECT TEST

SUBJECT INFORMATION:

LAST: [REDACTED]  
FIRST: R [REDACTED]  
MIDDLE: D  
D.O.B.: [REDACTED]  
GENDER: MALE  
TOWN: COLLEGE POINT  
ACCIDENT: YES  
TOWN OF ARREST: 93

BREATH ANALYSIS

	g/210L	TIME
DIAGNOSTIC	OK	19:14
AIR BLANK	0.0000	19:16
EXT STD IR	0.0806	19:16
EXT STD EC	OK	19:16
AIR BLANK	0.0000	19:17
INT STD IR	0.0804	19:19
AIR BLANK	0.0000	19:19
SUBJECT IR	0.2475	19:20
SUBJECT EC	OK	19:20
AIR BLANK	0.0000	19:22
EXT STD IR	0.0800	19:22
EXT STD EC	OK	19:22
AIR BLANK	0.0000	19:23
AIR BLANK	0.0000	19:39
SUBJECT IR	0.2410	19:40
SUBJECT EC	OK	19:40
AIR BLANK	0.0000	19:41
EXT STD IR	0.0793	19:41
EXT STD EC	OK	19:41
AIR BLANK	0.0000	19:42
DIAGNOSTIC	OK	19:43

TEST 1 VOLUME : 1.7 l  
TEST 1 BLOW TIME : 7.0 s  
TEST 2 VOLUME : 1.6 l  
TEST 2 BLOW TIME : 6.9 s

OPERATOR INFORMATION

LAST: [REDACTED]  
FIRST: [REDACTED]  
AGENCY: CSP G  
BADGE/ID: 1132  
CASE NO.: 1500199749  
SIGNATURE: [REDACTED]

STATE OF CONNECTICUT  
ALCOTEST 9510

SERIAL NO.: ARBD-0027  
TEST NO.: 01978  
DATE: 04/10/2015  
INITIAL CERT: 01/01/1900  
ACTIVE CERT: 01/01/1900  
LAST CALIB.: 04/03/2014

EVIDENTIARY SUBJECT TEST

SUBJECT INFORMATION:

LAST: [REDACTED]  
FIRST: [REDACTED]  
MIDDLE: [REDACTED]  
D.O.B.: [REDACTED] MALE  
GENDER: MALE  
TOWN: COLLEGE POINT  
ACCIDENT: YES  
TOWN OF ARREST: 93

BREATH ANALYSIS

	g/210L	TIME
DIAGNOSTIC	OK	19:14
AIR BLANK	0.0000	19:16
EXT STD IR	0.0806	19:16
EXT STD EC	OK	19:16
AIR BLANK	0.0000	19:17
INT STD IR	0.0804	19:19
AIR BLANK	0.0000	19:19
SUBJECT IR	0.2475	19:20
SUBJECT EC	OK	19:20
AIR BLANK	0.0000	19:22
EXT STD IR	0.0800	19:22
EXT STD EC	OK	19:22
AIR BLANK	0.0000	19:23
AIR BLANK	0.0000	19:39
SUBJECT IR	0.2410	19:40
SUBJECT EC	OK	19:40
AIR BLANK	0.0000	19:41
EXT STD IR	0.0793	19:41
EXT STD EC	OK	19:41
AIR BLANK	0.0000	19:42
DIAGNOSTIC	OK	19:43

TEST 1 VOLUME : 1.7 l  
TEST 1 BLOW TIME : 7.0 s  
TEST 2 VOLUME : 1.6 l  
TEST 2 BLOW TIME : 6.9 s

OPERATOR INFORMATION

LAST: [REDACTED]  
FIRST: [REDACTED]  
AGENCY: CSP G  
BADGE/ID: 1132  
CASE NO.: 1500199749  
SIGNATURE: [REDACTED]

1500199749  
CSP-G



**STATE OF CONNECTICUT, DEPARTMENT OF PUBLIC SAFETY-  
INVESTIGATION REPORT (DPS-683-E) (REVISED 2/3/06)**

Report Type: Report #: 1500199749 - 00087527

Initial Report:  Prosecutors Report:  Supplement:  Re-open:  Assist:  Closing:

Attachments:

Statements:  Teletype:  Photos:  Sketchmap:  Evidence:  Other:

CFS NO 1500199749	INCIDENT DATE 04/10/2015	TIME 17:40	INCIDENT DATE 04/10/2015	TIME	PRIMARY OFFICER [REDACTED]	BADGE NO 1132
INVESTIGATING OFFICER [REDACTED]		BADGE NO 1132	TYPE OF EXCEPTIONAL CLEARANCE Not Applicable		CASE STATUS Closed by Arrest	
INCIDENT ADDRESS 00000 Exit 51 I 95 S East Haven 06512				APARTMENT NO	TOWN CD T044	

OFFENSE Driving under the Influence	LOCAL X-REF CODE 90D	IBR CODE 90D	ATT/COMP Completed	OFFENSE DESC Highway/road/alley
--	-------------------------	-----------------	-----------------------	------------------------------------

STATUS CODE C=COMPLAINANT V=VICTIM A=ARRESTEE J=JUVENILE M=MISSING W=WITNESS O=OFFENDER/ACCUSED T=TOT

STATUS: [REDACTED]	NAME: [REDACTED]	SEX/RACE: [REDACTED]	D.O.B: [REDACTED]	TELEPHONE: [REDACTED]	OP STATE & NO: [REDACTED]
ADDRESS					
H: [REDACTED]	[REDACTED]	F	[REDACTED]	[REDACTED]	[REDACTED]
College Pt NY 11356					
DH: [REDACTED]	[REDACTED]	F	[REDACTED]	[REDACTED]	CT [REDACTED]
New Haven CT 06512					
A O H: [REDACTED]	[REDACTED]	M	A	[REDACTED]	NY [REDACTED]
College Point NY 11356					
H: [REDACTED]	[REDACTED]	M	[REDACTED]	[REDACTED]	CT [REDACTED]
New Haven CT 06513					
DH: [REDACTED]	[REDACTED]	M	[REDACTED]	[REDACTED]	CT [REDACTED]
Branford CT 06405					
H: [REDACTED]	[REDACTED]	F	[REDACTED]	[REDACTED]	[REDACTED]
E Haven CT					

ARRESTEE NAME	CHARGES	CNTS	COURT DATE	BOND
[REDACTED]	14-213B INSURANCE COVERAGE FAILS MINIMUM REQU	1	04/23/2015	\$
[REDACTED]	14-224(b)*	1		\$
[REDACTED]	14-227a Operating Under the Influence of Drugs/Alcohol	1		\$2,500
[REDACTED]	14-240 FLR TO DRIVE AT REASONABLE DISTANCE NOT	1		\$
[REDACTED]	14-243(B) UNSAFE BACKING	1		\$

PROPERTY 2=BURNED 3=COUNTERFEIT/FORGED 4=DAMAGED/DESTROYED 5=RECOVERED 6=SEIZED 7=STOLEN 8=UNKNOWN 9=FOUND E=EVIDENCE

QTY	DESCRIPTION	BRAND	MODEL	YEAR	STATE	REG	MAKE	MODEL	COLOR
E 1	Other								
one DVD copy of DUI									

YEAR	STATE	REGISTRATION	MAKE	MODEL	COLOR	VIN/SERIAL NO
2011	CT	[REDACTED]	VOLK	JETTA	WHT	3VWLZ7AJ8BM [REDACTED]
ALLSTATE			925261437			

THE UNDERSIGNED, AN INVESTIGATOR HAVING BEEN DULY SWORN DEPOSES AND SAYS THAT: I AM THE WRITER OF THE ATTACHED POLICE REPORT PERTAINING TO THIS INCIDENT NUMBER, THAT THE INFORMATION CONTAINED THEREIN WAS SECURED AS A RESULT OF (1) MY PERSONAL OBSERVATION AND KNOWLEDGE; OR (2) INFORMATION RELAYED TO ME BY OTHER MEMBERS OF MY POLICE DEPARTMENT OR OF ANOTHER POLICE DEPARTMENT; OR (3) INFORMATION SECURED BY MYSELF OR ANOTHER MEMBER OF A POLICE DEPARTMENT FROM THE PERSON OR PERSONS NAMED OR IDENTIFIED THEREIN, AS INDICATED IN THE ATTACHED REPORT. THAT THE REPORT IS AN ACCURATE STATEMENT OF THE INFORMATION SO RECEIVED BY ME.

INVESTIGATOR SIGNATURE: /TRP [REDACTED]	INVESTIGATOR I.D.#: 1132	REPORT DATE: 04/13/2015
SUPERVISOR SIGNATURE: /SGT M [REDACTED]	SUPERVISOR I.D.#: 0123	



**STATE OF CONNECTICUT, DEPARTMENT OF PUBLIC SAFETY-  
INVESTIGATION REPORT (DPS-683-E) (REVISED 2/3/06)**

1500199749 Cont.

Page 2 of 7

YEAR	STATE	REGISTRATION	MAKE	MODEL	COLOR	VIN/SERIAL NO
2004	CT	[REDACTED]	CHEV	TAHOE	GRY	1GNEK13T64F [REDACTED]
AMERICAN COMMERCE			ACPA-001453708			
2002	NY	[REDACTED]	HOND	ACC	GREEN	1HGCG16512 [REDACTED]
UTICA MUTUAL			43296651			

IN-CAR CAMERA SYSTEM: THE FOLLOWING DUI INCIDENT WAS RECORDED ON A CRUISER HARD DRIVE CAMERA SYSTEM (CONNECTICUT REGISTRATION 522 UTZ) AND A DVD COPY WAS LATER SECURED AT TROOP G

**ACTION TAKEN / ACCIDENT INVESTIGATION:**

Vehicles #1 and #2 were traveling on the I-95 southbound exit 51 off ramp in the left lane of two lanes in East Haven. Vehicle #3 was traveling in the left lane and rear-ended Vehicle #2. Vehicle #3 then pushed Vehicle #2 into Vehicle #1. Vehicles #1 and #2 came to a controlled final rest on the off ramp and Operator #3 evaded the scene and was later pulled over by New Haven Police on Chapel Street in New Haven.

SGT [REDACTED] #226 responded to the exit 51 off ramp accident scene, as I responded to Chapel Street in New Haven to make contact with Operator #3. SGT [REDACTED] spoke with Operator #1 who stated that she was stopped for traffic on the off ramp and that Vehicle #2 was rear ended by Vehicle #3, and then pushed into her rear end. Operator #1 reported minor shoulder pain and her passenger reported minor back pain, but both parties declined an EMS response on scene. SGT [REDACTED] observed minor rear end dent / scrape damage on Vehicle #1.

Operator #2 provided SGT [REDACTED] with the following sworn written statement (SEE ATTACHED STATEMENT):

"On 4-10-15, at about 5:40 P.M. I was driving my Chevy Tahoe (CT REG [REDACTED]). I was stopped at a red light on the I-95 S/B X 51 off ramp behind a white Volkswagon Jetta. As we were already at a complete stop a small green car smashed into the back of my car pushing me into the Volkswagon. The small green car backed up the off ramp and got onto I-95 S/B and sped off. All I saw of the green car was a white and blue New York Registration. I had my seatbelt on and I was not hurt."

SGT [REDACTED] took the following photographs of the accident scene on the exit 51 off ramp (SEE ATTACHED PHOTOGRAPHS / CD COPIES):

PHOTOGRAPH #1: OVERALL SHOT OF VEHICLE #2'S REAR END DAMAGE

PHOTOGRAPH #2: OVERALL SHOT OF VEHICLE #2'S REAR END DAMAGE / PASSENGER SIDE

THE UNDERSIGNED, AN INVESTIGATOR HAVING BEEN DULY SWORN DEPOSES AND SAYS THAT: I AM THE WRITER OF THE ATTACHED POLICE REPORT PERTAINING TO THIS INCIDENT NUMBER. THAT THE INFORMATION CONTAINED THEREIN WAS SECURED AS A RESULT OF (1) MY PERSONAL OBSERVATION AND KNOWLEDGE; OR (2) INFORMATION RELAYED TO ME BY OTHER MEMBERS OF MY POLICE DEPARTMENT OR OF ANOTHER POLICE DEPARTMENT; OR (3) INFORMATION SECURED BY MYSELF OR ANOTHER MEMBER OF A POLICE DEPARTMENT FROM THE PERSON OR PERSONS NAMED OR IDENTIFIED THEREIN, AS INDICATED IN THE ATTACHED REPORT. THAT THE REPORT IS AN ACCURATE STATEMENT OF THE INFORMATION SO RECEIVED BY ME.			
INVESTIGATOR SIGNATURE: <b>/TRP</b> [REDACTED]	INVESTIGATOR I.D.#: 1132	REPORT DATE: 04/13/2015	
SUPERVISOR SIGNATURE: <b>/SGT M</b> [REDACTED]	SUPERVISOR I.D.#: 0123		



**STATE OF CONNECTICUT, DEPARTMENT OF PUBLIC SAFETY-  
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**PHOTOGRAPH #3: OVERALL SHOT OF VEHICLE #1'S REAR END / IMPACT WITH VEHICLE #2**

Upon my arrival at Chapel Street and Franklin St. in New Haven, I observed numerous New Haven Police Department officers on scene, and observed that Operator #3 (later positively identified as [REDACTED] by his New York photo ID driver license) was detained in handcuffs. Officers on scene advised me that [REDACTED] had caused an accident in their city streets, and that they were investigating that accident. I spoke with New Haven Officer [REDACTED] #553, who stated that he was off duty at the time of the accident and stopped at a traffic light on Route 1, adjacent to the exit 51 off ramp. I obtained a verbal statement from Officer [REDACTED] while on scene. Officer [REDACTED] stated that he observed the accident on the exit 51 off ramp, and observed Vehicle #3 back up on the ramp and continue driving southbound on I-95. Officer [REDACTED] stated that he then merged onto I-95 southbound from the exit 51 on ramp. Officer [REDACTED] stated that he observed Vehicle #3 fleeing the area on the highway and that it had heavy front end damage. Officer [REDACTED] followed Vehicle #3 as he communicated its location to the New Haven Police Department. Officer [REDACTED] stated that [REDACTED] sideswiped a vehicle as he fled off exit 2 on I-91 northbound into the City of New Haven streets, in the area of Chapel Street. Officer [REDACTED] said that on duty officers soon stopped [REDACTED] and detained him. Officer [REDACTED] said he could not believe that [REDACTED] was able to flee the scene as far as he did because Vehicle #3 had such heavy front end damage.

I parked my cruiser behind Vehicle #3 to protect the scene, as several other New Haven Police cruisers blocked nearby intersections. I stood by on scene for a short duration of time as SGT [REDACTED] verified that the accident occurred on the exit 51 off ramp, and not on Route 1 (which would have led to the East Haven Police Department investigating the incident). Once SGT [REDACTED] confirmed that the accident occurred on the exit 51 off ramp, I walked over to [REDACTED] and asked if he spoke English. [REDACTED] was sitting on a sidewalk with a lethargic and staring gaze on his face, and I had to ask him a second time if he spoke English, because he initially did not respond to me. [REDACTED] then said that he spoke English. I asked [REDACTED] if he was injured and he said no. I verbally Mirandized Mong and told him I was doing so because he had been detained in handcuffs by the New Haven Police and that I was arresting him for evading the accident scene. [REDACTED] stated that he understood his Rights.

I asked [REDACTED] what happened that day and he admitted he had been drinking. I asked [REDACTED] if he remembered being in an accident and he said he thought so. I asked why he fled the accident scene, and he immediately admitted that he fled because he drank a "few" beers. I asked [REDACTED] what a "few" beers was, and he said 10 beers. I smelled a very strong odor of an alcoholic beverage on [REDACTED] breath as he spoke to me. I observed that [REDACTED] had glassy and bloodshot eyes. [REDACTED] spoke with an Asian accent,

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INVESTIGATOR SIGNATURE: <b>/TRP</b> [REDACTED]	INVESTIGATOR I.D.#: 1132	REPORT DATE: 04/13/2015	
SUPERVISOR SIGNATURE: <b>/SGT M</b> [REDACTED]	SUPERVISOR I.D.#: 0123		



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which I later learned from him was a Chinese accent, but he appeared to slur his speech and stutter his words. I had asked [redacted] if he spoke English and he said yes, and he was able to have fluid conversations in English with me throughout our entire interaction. [redacted] later told me that he came to America when he was 12 years old and learned how to speak English many years ago. I escorted [redacted] to his feet from his sitting position and he was highly unbalanced as he swayed back and forth. I attempted to perform a Horizontal Gaze Nystagmus test on [redacted] but he did not follow my finger with his eyes as he stared at me and also followed my finger by moving his head from side to side. [redacted] later said on scene that he was driving home from spending the night at the Mohegan Sun casino.

Based on my probable cause of believing that [redacted] fled the accident scene because he was driving while intoxicated on alcoholic beverages, I searched [redacted] vehicle for alcoholic beverages. I located a black backpack behind the front passenger seat and found 5 full / unopened / cold to the touch Budweiser 12 ounce beer cans. I then located what appeared to be a nearly full 36 pack of cold Budweiser 12 ounce beer cans in the trunk. The beer box cardboard felt soft, as if the cans had been very cold but were forming condensation on them from being in warmer air in the trunk, and the box broke open as I lifted it out of the trunk. There appeared to be dozens of Budweiser beer cans in the box as they fell onto the ground. I also observed a grocery style plastic bag in the trunk which contained, by a visual estimate through the bag, 6 empty / opened Budweiser beer cans. I was not able to locate a valid insurance card in [redacted] vehicle. I later called [redacted] insurance company, but the representatives stated they could not confirm the policy's status at that time.

New Haven Police towed [redacted] vehicle in relation to their accident, and it was totaled with heavy front end dent / scrape / broken radiator damage from the exit 51 accident. I observed a heavy flow of oil and antifreeze fluids leaking from Vehicle #3's engine compartment. New Haven Police issued [redacted] a misdemeanor summons for Evading Responsibility for the accident in their city. Once New Haven Police completed their investigation with [redacted] I arrested him for Evading Responsibility for the exit 51 off ramp accident and on suspicion of Driving Under the Influence of Alcohol. I did not administer the Standardized Field Sobriety Tests on scene because it was a busy intersection and it appeared to begin to rain. I believed that it would be safer to administer the sobriety tests once I arrived at Troop G.

I advised [redacted] that he was under arrest and I placed my handcuffs on him, which I double locked for his safety, and I returned the New Haven officer's handcuffs. I placed [redacted] into the front seat of my cruiser with a seat belt for his safety. I transported [redacted] to Troop G and Trooper [redacted] #1241 met me in the sally port. I escorted [redacted] from the front seat of my cruiser into the sally port, which had a dry / level concrete

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INVESTIGATOR SIGNATURE: <b>/TRP</b> [redacted]	INVESTIGATOR I.D.#: 1132	REPORT DATE: 04/13/2015	
SUPERVISOR SIGNATURE: <b>/SGT M</b> [redacted]	SUPERVISOR I.D.#: 0123		



STATE OF CONNECTICUT, DEPARTMENT OF PUBLIC SAFETY-  
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floor, was out of the weather elements, and well lit by overhead lighting. [REDACTED] stated that he was not a diabetic and did not take insulin. [REDACTED] stated that he did not have any medical conditions, except a past surgery on his left leg. [REDACTED] stated that he did not take any medications or illegal drugs. [REDACTED] stated though that he had no issues with his legs / knees / walking. [REDACTED] stated that he did not wear glasses or contacts and could see out of both his eyes. [REDACTED] admitted that he drank less than 10 Budweiser beers while at the Mohegan Sun casino that day from about 12:00 p.m to about 1:00 p.m. I removed the handcuffs from Mong and requested that he submit to a battery of Standardized Field Sobriety Tests and he agreed to take them. I noted that [REDACTED] had a pair of black slip on dress shoes that were properly secured to his feet. I administered the following Standardized Field Sobriety Tests and observed the following results:

HORIZONTAL GAZE NYSTAGMUS:

- LACK OF SMOOTH PURSUIT - BOTH EYES
- DISTINCT AND SUSTAINED NYSTAGMUS AT MAXIMUM DEVIATION - BOTH EYES
- ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES - BOTH EYES

Four or more clues are indicative of a Blood Alcohol Content (BAC) of .08 or greater. [REDACTED] showed 6 clues and thereby did not perform the test to standard. I observed that [REDACTED] eyes tracked equally together and that his pupils were equal in size.

WALK AND TURN

- LOSES BALANCE- [REDACTED] was unable to stand with his right foot heel to toe in front of his left foot as I demonstrated the test to him.
- RAISES ARMS- [REDACTED] raised his arms more than 6 inches from his sides during the test to keep his balance. [REDACTED] also walked his first 9 steps with his hands tightly clasped at the small of his back, and not at his sides as instructed.
- NO HEEL TO TOE- [REDACTED] did not walk in a heel to toe manner as instructed.
- STEPS OFF LINE- [REDACTED] did not walk in a straight line during the test.
- STOPS TO STEADY SELF- [REDACTED] stopped to steady himself during the test.

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SUPERVISOR SIGNATURE: /SGT [REDACTED]	SUPERVISOR I.D.#: 0123		





STATE OF CONNECTICUT, DEPARTMENT OF PUBLIC SAFETY-  
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-STARTS TOO SOON- [REDACTED] began walking during my demonstration, after I told him to watch my demonstration first, and Trooper [REDACTED] had to place his hand outward to stop [REDACTED] so he could finish watching my explanation of the test.

-TURNS INCORRECTLY- [REDACTED] did not turn around by taking a series of small steps around his front toes.

Two or more clues are indicative of a BAC of .08 or greater [REDACTED] showed 7 clues and thereby did not perform the test to standard.

ONE LEG STAND

-SWAYS WHILE BALANCING- [REDACTED] was highly unbalanced and swayed as he attempted to perform the test.

-HOPPING- [REDACTED] hopped on his grounded foot as he attempted to stay balanced and perform the test.

-USES ARMS FOR BALANCE, RAISING OVER SIX INCHES- [REDACTED] raised his arms away from his sides.

-PUTS FOOT DOWN- [REDACTED] put his foot down 3 times during the test. I allowed him to attempt the test again each time, but ultimately stopped the test for his safety after he dropped his foot the third time.

-CANNOT PERFORM TEST- [REDACTED] was ultimately unable to perform the test as instructed for a 30 second count.

Two or more clues are indicative of a BAC of .08 or greater [REDACTED] showed 4 clues and thereby did not perform the test to standard. [REDACTED] did not look at his toes during the test as instructed, as he counted in a "1,2,3,4, etc" manner, and did not count in the instructed "one thousand one, one thousand two, etc" manner.

At the conclusion of the Standardized Field Sobriety Tests, I escorted [REDACTED] into the Troop G processing room. I again Mirandized [REDACTED] and he stated that he understood his Rights as he signed the Notice of Rights form. During the A44 Post Arrest Interview, [REDACTED] admitted that he drank approximately a "6 pack" of Budweiser beers from about 12:00 p.m. to about 3:00 p.m. while at the Mohegan Sun casino. [REDACTED] estimated the time frame that he drank beer that day because he could not exactly remember the times. I

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INVESTIGATOR SIGNATURE: /TRP [REDACTED]	INVESTIGATOR I.D.#: 1132	REPORT DATE: 04/13/2015	
SUPERVISOR SIGNATURE: /SGT [REDACTED]	SUPERVISOR I.D.#: 0123		



**STATE OF CONNECTICUT, DEPARTMENT OF PUBLIC SAFETY-  
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read the Implied Consent Advisory, as I allowed him to follow along as he also read it, and he stated that he understood the advisory. [REDACTED] did not wish to contact an attorney at approximately 1910 hours. I requested that [REDACTED] submit two breath samples on a Drager Alcotest 9510 breath test machine and he agreed to provide them. I observed [REDACTED] for 15 minutes prior to the breath tests and he did not eat, drink, smoke, belch or vomit anything. I administered the breath tests and received the following results:

TEST #1- 04-10-2015, AT APPROXIMATELY 1920 HOURS, BAC .2475

TEST #2- 04-10-2015, AT APPROXIMATELY 1940 HOURS, BAC .2410

-SEE ATTACHED BREATH TEST PRINT OUTS

Based on the totality of the above facts and circumstances, I charged [REDACTED] with the following in violation of the CGS:

- DRIVING UNDER THE INFLUENCE OF ALCOHOL AND / OR DRUGS, CGS 14-227a
- EVADING RESPONSIBILITY, CGS 14-224b
- INSUFFICIENT INSURANCE, CGS 14-213b
- FOLLOWING TOO CLOSELY, CGS 14-240
- UNSAFE BACKING, CGS 14-243(b)

Mong was later released on a \$2,500 surety bond that was set by SGT [REDACTED] #144. I assisted [REDACTED] in contacting a bondsman and Aces Bonds later responded to Troop G and bonded him out. I provided [REDACTED] with his cell phone during processing so he could make his bond arrangements. I explained to [REDACTED] that his driving privilege was revoked for a 24 hour period following his first breath test failure, and he said he understood the revocation as he signed the DPS -52-C DWI 24 HOUR LICENSE REVOCATION & RETURN form (SEE ATTACHED FORM).

CASE STATUS: CLOSED BY DUI ARREST.

THE UNDERSIGNED, AN INVESTIGATOR HAVING BEEN DULY SWORN DEPOSES AND SAYS THAT: I AM THE WRITER OF THE ATTACHED POLICE REPORT PERTAINING TO THIS INCIDENT NUMBER. THAT THE INFORMATION CONTAINED THEREIN WAS SECURED AS A RESULT OF (1) MY PERSONAL OBSERVATION AND KNOWLEDGE; OR (2) INFORMATION RELAYED TO ME BY OTHER MEMBERS OF MY POLICE DEPARTMENT OR OF ANOTHER POLICE DEPARTMENT; OR (3) INFORMATION SECURED BY MYSELF OR ANOTHER MEMBER OF A POLICE DEPARTMENT FROM THE PERSON OR PERSONS NAMED OR IDENTIFIED THEREIN, AS INDICATED IN THE ATTACHED REPORT. THAT THE REPORT IS AN ACCURATE STATEMENT OF THE INFORMATION SO RECEIVED BY ME.			
INVESTIGATOR SIGNATURE: <i>TR</i> [REDACTED]	INVESTIGATOR I.D.#: 1132	REPORT DATE: 04/13/2015	
SUPERVISOR SIGNATURE: <i>SGT</i> [REDACTED]	SUPERVISOR I.D.#: 0123		

**CRIMINAL APPEARANCE BOND**

JD-CR-4 Rev 7-11  
 C.G.S. 53a-172, 53a-173, 54-2a, 54-63c,  
 54-63d, 54-63e, 54-64a, 54-64b, 54-64c, 54-66  
 P.B. Sec. 38-1, 2,3,6,7,8,9,21,43-2

**INSTRUCTIONS:**

Original to Clerk of Court and copy to Defendant

1500199749  
 CSP-G

STATE OF CONNECTICUT

SUPERIOR COURT

www.jud.state.ct.gov

TO: Any Proper Officer of the State of Connecticut

From (Name of Defendant)	Address of Defendant	Zip Code	Telephone Number (Defendant)
[REDACTED]	[REDACTED] College Point NY	11356	[REDACTED]
Judicial District or Geographic Area	Address of Court		
23 NEW HAVEN	21 ELM STREET, NEW HAVEN, CT 06510		
Crime(s) Charged Against Defendant	14-213B	14-224(b)	Amount of Bond
14-227a 14-240 14-243			\$ 2,500.00
Appearance Date and Time (less than 14 days from arrest date)		04/23/2015 09:00 A.M.	

I, the above-named Defendant, understand that I am being released from custody under the Amount of Bond set above.

I promise to appear before the above-named court on the Appearance Date and Time specified above and at any other place and time to which the charge(s) against me may be continued and in any other court to which the charge(s) against me may be transferred.

I also understand that if I fail to appear, in accordance with the foregoing promises, I will be liable for the full Amount of Bond including forfeiture of any amount deposited, and I will be committing the crime of Failure to Appear and be subject to the following penalties:

1. Immediate rearrest, or issuance of a capias.
2. One year in prison or \$2,000 fine or both, if I am charged with a Misdemeanor(s).  
 Five years in prison or \$5,000 fine or both, if I am charged with a Felony(ies).

I also promise to satisfy all the special conditions stated below which were ordered by the court or a bail commissioner as a condition of my release on an Appearance Bond. I also understand that if I fail to satisfy any of these conditions the court may modify or add additional conditions or revoke my release, and if I violate a condition of no contact or not to use or possess a dangerous weapon, I will be subject to arrest for violation of conditions of release.

I have read/have had read to me the notices on page 2 of this form and I understand the notices.

I also understand that I am being released on a

- NON-SURETY BOND       SURETY BOND
- CASH BOND               REAL ESTATE BOND
- 10% CASH BOND (Must be authorized by a judge (P.B. § 38-4, 38-8))
- 

in the above Amount of Bond, to insure my appearance as promised above, until final judgment is rendered.

<b>A. Special Conditions of Release 1.</b> Do not commit a federal, state or local crime.	<b>B. Modified Conditions of Release</b>
---	--

Signed (Defendant)	Date Signed	Signed (Parent or Guardian if minor)	Date Signed
[REDACTED]	04/10/2015		

The above information and statements were subscribed and sworn to before me.

Signed (Police Officer, Assistant Clerk)	Date and Time Signed	Job Title	Police Department (If Applicable)
[REDACTED]	04/10/2015 08:54 pm	TROOPER	CSP Troop G

**Complete the Appropriate Section Below if a Cash, 10% Cash or Surety Bond Is Required**

<b>CASH</b>	Amount of Bond	Type of Bond	Amount Deposited in Words	Amount in Numerals
	\$ .00	<input type="checkbox"/> CASH <input type="checkbox"/> 10% CASH		\$ .00
	Deposited By (Name)	Address of Depositor		Receipt Number
<b>BOND</b>	Cash Taken By (Signature of Police Off., Bail Comm., Asst Clerk)	Date and Time Bond Taken	Name of Judge Authorizing 10% Bond (If Applicable)	
		00/00/0000 00:00		

I, the Depositor, understand that if the above-named Defendant fails to appear in accordance with the foregoing promises, I will be liable for the full amount of bond, including forfeiture of any Amount Deposited. I also understand that upon discharge of the Bond, as specified above, the Amount Deposited will be returned to the above-named Depositor, less any fee that may be required by statute.

Signed (Depositor)	Date Signed

The above information and statements were subscribed and sworn to before me.

Signed (Police Officer, Assistant Clerk)	Date and Time Signed	Job Title	Police Department (If Applicable)

Name of Surety	Address of Surety	Telephone number
[REDACTED]	ACES BAIL BONDS INC, 1125 NORTH AVE, BRIDGEPORT	[REDACTED]

License Number	Total Amount of Bail Licensed to Give	Total Amount Now Surety To (Exclusive of this case)	For Court Use
[REDACTED]	\$ 2,500.00	\$ 5,000.00	File Date
Insurance Carrier ID	Insurance Carrier Name	Telephone number:	
005	AMERICAN SURETY COMPANY (005)	3178758700	

I, the above-named Surety, understand that if the above-named Defendant fails to appear, in accordance with the foregoing promises, I will be liable to the State of Connecticut for the above Amount of Bond.

Signed	Date Signed (month, day, year)
X [REDACTED]	04/10/2015

The above information and statements were subscribed and sworn to before me.

Signed (Police Officer, Assistant Clerk)	Date and Time Signed
/TRP [REDACTED]	04/10/2015 08:54 pm

Job Title	Police Department (If Applicable)	Superior Court Docket Number
TROOPER	CSP Troop G	

**NOTICE OF RIGHTS - BAIL**

JD-CR-5 REV. 3-11  
 PB. Sec. 37-3, 38-1, 38-2  
 C.G.S. § 54-1b, 54-2a, 54-63c, 54-64b

STATE OF CONNECTICUT  
 JUDICIAL BRANCH

**SUPERIOR COURT**

**INSTRUCTIONS**



www.jud.ct.us

To clerk of court

1. Prepare in duplicate.
2. Give Copy to Defendant.
3. Keep the original for file.

To other agencies

1. Prepare in triplicate.
2. Give a copy to Defendant.
3. Send original to Clerk of Court.
4. Keep a copy for your files.

Name of Defendant [REDACTED]	Judicial District or Geographical Area number 23 NEW HAVEN
Location of court (Number, street, town) 21 ELM STREET, NEW HAVEN, CT 06510	Telephone number of court (203) 789-7461
Offenses charged (Also specify statute number)	
14-227a Operating Under the Influence of Drugs/Alcohol    14-224(b) EVADING: PHYS INJ OR PROPERTY DAMAGE    14-240 FLR TO DRIVE AT REASONABLE DISTANCE IN	
14-243 UNSAFE BACKING/ MOVEMENT OF STOPPED    14-213B INSURANCE COVERAGE FAILS MINIMUM RE	

**NOTICE OF RIGHTS**

1. You have the right to not say anything about this offense you are charged with; you may remain silent.
2. Anything you say or any statements you make may be used against you.
3. You have the right to talk with an attorney before being questioned, you may have an attorney with you and you cannot be questioned without your consent.
4. If you are unable to pay for an attorney you will be referred to a Public Defender Office where you may ask for an attorney to represent you.
5. (This does not apply if you were arrested on a Superior Court Warrant which specified that bail should be denied or which ordered that you be brought before a clerk or assistant clerk of the Superior Court.)

You have a right to be promptly interviewed about the terms and conditions of your release pending further proceedings, and if you ask, you may have an attorney with you during this interview.

**ADVERTENCIA DE DERECHOS**

1. Tiene derecho de no decir nada acerca del delito del que se le acusa; puede guardar silencio.
  2. Cualquier cosa que diga o toda declaración que usted haga se puede usar en su contra.
  3. Usted tiene derecho de hablar con un abogado antes de ser interrogado. Puede tener un abogado con usted cuando lo estén interrogando y no lo pueden interrogar sin su consentimiento.
  4. Si no está en condiciones de pagar un abogado, se le remitirá a la Oficina del Defensor Público, donde puede pedir que lo represente un abogado.
  5. (Esto no aplica si lo detuvieron con una orden de detención del Tribunal de Primera Instancia que especificaba que se le negara fianza u ordenaba que a usted se le presentara ante el secretario o el ayudante del secretario del Tribunal de Primera Instancia.)
- Usted tiene derecho de ser entrevistado con prontitud acerca de las condiciones de su libertad, mientras estén pendientes otros procedimientos, y si usted lo pide, puede tener a un abogado con usted durante esta entrevista.

I, the undersigned, have advised the Defendant of the Defendant's rights as stated above:

Signed (Authorized person) [REDACTED]	Title TROOPER	Date and time advised 04/10/2015 19:05
I have been advised of my rights as stated above and have received a copy of this notice. Se me han advertido mis derechos tal como se indica anteriormente y he recibido una copia de dicha notificación.		For Court Use Only
Signed (Defendant) [REDACTED]		File date
<p>The Judicial Branch complies with the Americans With Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, please contact the clerk of court at the address noted above.</p> <p>La Rama Judicial actúa de acuerdo con la Ley de Norteamericanos con Discapacidades (ADA). Si usted necesita adaptaciones razonables de conformidad con la ADA, tenga la bondad de comunicarse con el secretario del tribunal en la dirección antes mencionada.</p>		Docket number

**NOTICE OF RIGHTS - BAIL**

JD-CR-5 Rev. 1-04  
P.B. Sec. 37-3, 38-1, 38-2  
C.G.S. §§ 54-1b, 54-2a, 54-63c, 54-64b

**STATE OF CONNECTICUT  
JUDICIAL BRANCH  
SUPERIOR COURT**



www.jud.state.ct.us

**INSTRUCTIONS**

TO CLERK OF COURT

1. Prepare in duplicate.
2. Give copy to Defendant.
3. Retain original for file.

TO OTHER AGENCIES

1. Prepare in triplicate.
2. Give a copy to Defendant.
3. Send original to Clerk of Court.
4. Retain a copy for your files.

NAME OF DEFENDANT [REDACTED]		JUDICIAL DISTRICT OR G.A. 23
LOCATION OF COURT (No., street, town) 101 Elm St. New Haven		TELEPHONE NO. OF COURT 789-7655
OFFENSES CHARGED (Also specify statute number) 14-227a, 14-224(b), 14-210, 14-217(h), 14-213b		

**NOTICE OF RIGHTS**

1. You are not obligated to say anything, in regard to this offense you are charged with but may remain silent.
2. Anything you may say or any statements you make may be used against you.
3. You are entitled to the services of an attorney.
4. If you are unable to pay for the services of an attorney you will be referred to a Public Defender Office where you may request the appointment of an attorney to represent you.
5. You may consult with an attorney before being questioned, you may have an attorney present during questioning and you can not be questioned without your consent.
6. (Not applicable if you were arrested on a Superior Court Warrant which specified that bail should be denied or which ordered that you be brought before a clerk or assistant clerk of the Superior Court.) You have a right to be promptly interviewed concerning the terms and conditions of your release pending further proceedings, and upon request, counsel may be present during this interview.

**ADVERTENCIA DE DERECHOS**

1. Usted no está obligado a decir nada en cuanto a esta ofensa por la cual se le acusa, pero puede permanecer en silencio.
2. Cualquier cosa que usted diga o alguna declaración que usted haga puede ser usada contra usted.
3. Usted tiene derecho a los servicios de un Abogado.
4. Si usted no puede pagar por los servicios de un Abogado, usted será referido a la Oficina del Defensor Publico donde puede usted solicitar el asignamiento de un Abogado para representarlo.
5. Usted puede consultar con un Abogado antes de ser interrogado. Puede tener un Abogado presente durante el interrogatorio y no puede ser interrogado sin su consentimiento.
6. (Esto no aplica si a usted lo arrestaron con una orden de arresto de la Corte Superior que especificaba que se le negara fianza u ordenaba que a usted se le presentara ante el secretario o el ayudante a secretario de la Corte Superior.) Usted tiene el derecho de ser entrevistado prontamente acerca de los términos y condiciones de su libertad, pendiente a procedimientos adicionales y sobre solicitud el Abogado Consultar puede estar presente durante esta entrevista.

I, the undersigned, have advised the Defendant of the Defendant's rights as stated above:

SIGNED (Authorized person) [Signature]	TITLE Judge	DATE AND TIME ADVISED 4-10-15 1905 P.M.
---	----------------	--

I have been advised of my rights as stated above and have received a copy of this notice.  
He sido instruido acerca de los derechos que aparecen en esta notificación, de la cual he recibido copia.

SIGNED (Defendant) [Signature]	FOR COURT USE ONLY FILE DATE
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The Judicial Branch complies with the Americans With Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, please contact the clerk of court at the address noted above.

La Rama Judicial actúa de acuerdo con la ley de Americanos con Incapacidades (ADA). Si usted necesita arreglos especiales en conformidad con esta ley de ADA, haga el favor de ponerse en contacto con las secretaria del Tribunal de Connecticut en la dirección arriba mencionada.

DOCKET NO.
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THE FACE OF THIS DOCUMENT HAS A COLORED SECURITY BACKGROUND AND MICRO-PRINTING. THE REVERSE SIDE OF THIS DOCUMENT HAS A WATERMARK. THIS DOCUMENT IS VOID IF THE PINK HEAT SENSITIVE INK BOX IN THE LOWER RIGHT HAND CORNER DOES NOT DISAPPEAR WHEN RUBBED WITH WARM HANDS.

POWER AMOUNT VOID IF NOT EXECUTED BY:  
\$5,000

POWER OF ATTORNEY

AUG 10 2015

American Surety Company

AS5 1026634

P.O. Box 68932, Indianapolis, IN 46268

KNOW ALL MEN BY THESE PRESENTS: that AMERICAN SURETY COMPANY, a corporation duly authorized and existing under the laws of the State of Indiana, does constitute and appoint the below named agent its true and lawful Attorney-in-Fact for it and in its name, place and stead, to execute, and deliver for and on its behalf, as surety, a bail bond only.

Authority of such Attorney-in-Fact is limited to appearance bonds. No authority is provided herein for the execution of surety immigration bonds or to guarantee alimony payments, fines, wage law claims or other payments of any kind on behalf of below named defendant. The named agent is appointed only to execute the bond consistent with the terms of this power of attorney. The agent is not authorized to act as agent for receipt of service of process in any criminal or civil action.

This power is void if altered or erased or used in any combination with other powers of attorney of this company or any other company to obtain the release of the defendant named below or to satisfy any bond requirement in excess of the stated face amount of this power. This power can only be used once. No authority is provided for a copy or facsimile of this power of attorney without the prior written consent of American Surety Company. The obligation of the company shall not exceed the sum of

FIVE THOUSAND (\$5,000.00) DOLLARS

and provided this Power-Of-Attorney is filed with the bond and retained as a part of the court records. The said Attorney-in-Fact is hereby authorized to insert in this Power-Of-Attorney the name of the person on whose behalf this bond was given.

IN WITNESS WHEREOF, AMERICAN SURETY COMPANY has caused these presents to be signed by its duly authorized officer, proper for the purpose and its corporate seal to be hereunto affixed this

10 day of April, 2015

Bond Amount \$ 2,500 Appearance Date 4-23-15 14-240-14-2436

Defendant: [Redacted]

AMERICAN SURETY COMPANY

Court GA-03 Case #

County KRID City B.P.T St. CT Zip 06604

Offense 14-2279, 14-2246, 14-2136 MP

Executing Agent [Redacted] MP



[Redacted Signature]

President ASC-9B

Instructions To Preparer: 1. Type or print with ball point pen. 2. Remove last copy for your records. 3. Forward remaining copies intact to clerk of court.  
 Instructions To Clerk: 1. Enter Docket Number and Inventory Number. 2. Remove carbons by snapping off this top stub. 3. Read instructions on the back of the bottom stub.

# INVENTORY OF PROPERTY SEIZED WITHOUT A SEARCH WARRANT

JD-CR-18 Rev. 10-12  
 C.G.S. §§ 21a-262, 26-85, 26-90, 42-472a, 46b-121, 54-38a,g,h,c, and p; P.A. 12-55, Sec. 7

Part A  
 Court Docket Number

Part B  
 Court Docket Number

Juvenile  
 Court Docket Number

FOR P.D. USE ONLY  
 WARRANT APPLIED FOR  
 TO COURT

To Court  
 Destroy - No Value  
 Case Pending  
 Return to Owner  
 Prisoner's  
 Juvenile

Police case/receipt number  
 1500199749

### Instructions

1. Do not use this form if a search warrant is used.
2. Original must be filed with the Clerk of Court.
3. In the case of an arrest or referral, file with a uniform arrest report or Juvenile Summons/Complaint.
4. Last copy for Police Department use.

### Asset Forfeiture

Court Docket Number

To the Superior Court at (Address of court)  
 Juvenile Matters  Geographical Area Number 03 121 Elm St. New Haven  
 Court Appearance Date 4-23-15 Arrest/Referral  Made  Pending Police case/receipt number 1500199749  
 Uniform Arrest Report/Juvenile Summons Number 9497438  
 Companion case number

Name, address and telephone number of defendant(s)/subject(s)	Name, address and telephone number of complainant(s)/owner(s)
1. [Redacted] Village Pt., NY 11356	1. CSP-G 149 Prospect St. Bridgeport, CT 06604
2.	2.
3.	3.

Type of incident

Town of seizure Bridgeport Date of seizure 4-13-15 Type of property  Stolen  Evidence  Lost/found  Investigation

The following property was seized, in connection with a criminal/delinquency case: (Describe quantity, type, color, serial number, etc.)

Property Seized	Part A Inventory number	Part B Inventory number
1. One DVD copy of DUI		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

If cash money was seized, enter total amount here (List each denomination separately on the numbered lines above.) Total amount of cash \$ None

Signed (Police officer) [Redacted] (Title) Trooper Badge number 1132 Date 4-13-15 Department CSP-G

Property Room Use Only

Evidence photographed	Date	Remarks
<input type="checkbox"/> No <input type="checkbox"/> Yes		

Date out	Reason	By	Date returned

Juvenile Inventory number

*COPY*

Division of State Police

**DWI 24-Hour License Revocation & Return**

<b>CFS No.</b> 1500199749	<b>Date:</b> 04/10/2015	<b>Time:</b> 18:15	<b>Agency:</b> TROOP G	<b>Arresting Officer/I.D.:</b> [REDACTED] 1132
<b>Agency Address:</b> 149 PROSPECT ST. BRIDGEPORT, CT 06604			<b>Agency Phone Number:</b> (203) 696-2500	
<b>Subject Name:</b> [REDACTED]			<b>Subject Address:</b> [REDACTED] College Point NY 11356	
<b>Subject's Operator License Number:</b> [REDACTED]			<b>Subject Phone Number:</b> [REDACTED]	
<input type="checkbox"/> Connecticut : <input type="checkbox"/> Valid <input type="checkbox"/> Suspended <input checked="" type="checkbox"/> Out-Of-State: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Suspended <input type="checkbox"/> No License			<b>Issuing State if other than Connecticut:</b> <u>NY</u> <b>Issuing Country if other than United States:</b> _____ (Seize CT License Only)	
<b>FOR OPERATOR WITH VALID CONNECTICUT MOTOR VEHICLE OPERATOR'S LICENSE:</b>				
<p>You have been arrested for the offense of Driving Under the Influence of Alcohol and/or Drugs under Connecticut General Statute 14-227a, and have <input type="checkbox"/> Refused or <input checked="" type="checkbox"/> Failed the required chemical testing of your breath, blood or urine. As required by Connecticut State Law, your motor vehicle operator's license will be seized and your privilege to operate a motor vehicle has been revoked for a period of 24-hours as indicated below. If you operate a motor vehicle during this revocation period you will subsequently be charged with the offense of Operating While License is Revoked / Suspended in accordance with Connecticut General Statute 14-215. You may retrieve your license from <u>TROOP G</u> at the conclusion of the 24-hour revocation period.</p> <p>Your signature (below) acknowledges that you have been apprised of the above notice of revocation.</p>				
_____ Signature of Accused			_____ 04/10/2015 08:41 pm Date & Time	
_____ 04-10-2015 1920 HOURS Date & Time of Start of Revocation			_____ 04-11-2015 1920 HOURS Date & Time of End of Revocation	
_____ Signature / I.D.# of Arresting Trooper			_____ 04/10/2015 08:41 pm Date & Time	
<b>RETURN OF VALID CONNECTICUT MOTOR VEHICLE OPERATOR'S LICENSE:</b>				
_____ Signature of Licensee			_____ Date & Time of Return	
_____ Signature / I.D. # of Trooper Returning License			_____ Date & Time of Return	
<p>The valid Connecticut Motor Vehicle Operator's license was not retrieved by the accused within three (3) days of the conclusion of the revocation and was thus sent via certified mail on _____ date) to the licensed operator from whom it was seized, at the address indicated above.</p>				
<b>FOR OPERATOR WITH VALID OUT-OF-STATE MOTOR VEHICLE OPERATOR'S LICENSE:</b>				
<p>You have been arrested for the offense of Driving Under the Influence of Alcohol and/or Drugs under Connecticut General Statute 14-227a, and have <input type="checkbox"/> Refused or <input type="checkbox"/> Failed the required chemical testing of your breath, blood or urine. As required by Connecticut State Law, your privilege to operate a motor vehicle in the State of Connecticut has been revoked for a period of 24-hours as indicated below. If you operate a motor vehicle during this revocation you will subsequently be charged with the offense of Operating While License is Revoked / Suspended in accordance with Connecticut General Statute 14-215.</p> <p>Your signature (below) acknowledges that you have been apprised of the above notice of revocation.</p>				
_____ Signature of Accused			_____ Date & Time	
_____ Date & Time of Start of Revocation			_____ Date & Time of End of Revocation	
_____ Signature / I.D.# of Arresting Trooper			_____ Date & Time	



UNIFORM ARREST REPORT JD-CR-21(1)										FOR SPBI USE ONLY		
NAME OF ACCUSED (LAST, FIRST MIDDLE) [REDACTED]							SPBI USE ONLY			UAR: 9497438		
NO. STREET CITY STATE AND ZIP COLLEGE POINT, NY 11356										COMPANION U.A.R. NO.		
SEX M	RACE A	HISP. <input type="checkbox"/> YES	DATE OF BIRTH [REDACTED]	PLACE OF BIRTH VM	SSN [REDACTED]	HT. 508	WT. 130	HAIR BLK	EYES BRO	DOCKET NO.		
PHYSICAL CHARACTERISTICS (SMT)												
PHYSICAL DISABILITIES NONE				RIGHT OR LEFT HANDED RIGHT			TEETH ALL OWN					
EMPLOYER NYC MTA				OCCUPATION BUS DRIVER								
MARITAL STATUS MARRIED				NUMBER OF CHILDREN 2			EDUCATION 12					
NATIONALITY UNITED STATES						SKIN COMPLEXION LIG						
ACCOMPLICES						PLACE ARRESTED EXIT 51 I 95 S/RAMP 51 I 95 N						
PHOTO AVAILABLE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			NAME AND ADDRESS OF RELATIVE OR PERSON TO BE NOTIFIED IN CASE OF EMERGENCY SAA [REDACTED]									
PALM PRINTS AVAILABLE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO												
ALIAS/MAIDEN NAME			ALIEN REG. NO.			OPERATOR'S LICENSE NO. (MV) [REDACTED]		STATE NY		DATE AND TIME ARRESTED 04-10-2015 1815		
<input checked="" type="checkbox"/> SURETY	AMOUNT OF BOND 2500		<input type="checkbox"/> CASH	<input type="checkbox"/> COMMERCIAL/HAZ. MAT.		TOWN OF ARREST 093		TOWN OF OFFENSE 044				
<input checked="" type="checkbox"/> DETAINED			<input type="checkbox"/> OTHER	<input type="checkbox"/> CDL	<input type="checkbox"/> CV	<input type="checkbox"/> HM						
ARRESTING OFFICER [REDACTED]			SHIELD NO. 1132		SIGNATURE OF ACCUSED X [REDACTED]			SIGNED - OFFICIAL TAKING PRINTS [REDACTED]				
DEPARTMENT OR TROOP/ORI C1CSP0800		MOT. VEH. REG. #		P.D. ID NO. 591490		P.D. CASE NO. 1500199749		NOTE AMP.				
REMARKS				F.V.		ALC.		NAR.		COURT DATE 04-23-2015		
				G.A. NO. GA-23		DATE FINGERPRINTED 04-10-2015		S.P.B.I. NO.		F.B.I. NO.		
CHARGE(S) AND STATUTE NO.						DATE OF OFFENSE						
14-227a OP UN INFLUENCE						04-10-2015						
14-240 DRIVE TOO CLOSE						04-10-2015						
14-243(b) UNSAFE BACKING						04-10-2015						
14-224(b)* EVADE-INJ/PROP						04-10-2015						
14-213b MINIMUM INSRNCE						04-10-2015						

15C0199749

CSP-G



#1



#2

