



**New Britain Police Department**  
 10 Chestnut Street  
 860-826-3000

**Supplement Report**  
 IR21-019086-S25  
 21-019086

EAST ST/BELDEN ST, New Britain, CT, 06051  
 United States

Report Type: Other Crime  
 Incident Occurred from 06/29/2021 19:07 to 06/29/2021 19:07  
 Officer Assigned: Mendes, Jovaldo  
 Incident Classification: Homicide Negmanslau, Recovered Stolen MV - Outside Agency, Evading Crash-Unknown Vehicle  
 Date/Time Reported: 06/29/2021 19:07  
 Date of this Report: 07/28/2021 06:42  
 Division: New Britain Police  
 Clearance Code: (N) Not Applicable  
 Location: EAST ST/BELDEN ST, New Britain, CT, 06051 United States  
 Related Case:  
 Clearance Date: 07/28/2021 00:00

**Person**

Person 1: JONES, BEN  
 Address: 22 NORTON PL APT-2, PLAINVILLE, CT, 06062  
 Home Phone:  
 Race: Black  
 Hair: Black  
 SSN:  
 DOC Number:  
 Alias:  
 Physical Feature:  
 Charges: 53a-63 RECKLESS ENDANGERMENT 1ST DEG  
 14-222 RECKLESS DRIVING  
 Arrestee/Custodial, Suspect/Offender  
 6/16/1969 Sex: M  
 860-553-5134 Office Phone:  
 N/A Height: 510  
 Brown Eyes: [REDACTED]  
 StateID Number:  
 AFIS Number:  
 Cell Phone:  
 Ethnicity:  
 Eyes:  
 StateID Number:  
 AFIS Number:  
 Email:  
 Weight:  
 OLN State:  
 CJIS Number:  
 240 Connecticut  
 Body Location: Arm, right  
 Tattoo  
 Feature Type:  
 Description:  
 UAR Number : 2051870  
 UAR Number : 2051870  
 Count : 1  
 Count : 1

**Narrative**

On July 28, 2021, at approximately 0630 hours, I, Officer Mendes, was dispatched to 10 Chestnut Street (NBPD Headquarters) for a warrant service. BEN JONES (DOB 06/16/1969), who was positively identified by his DMV blowback photo, was turning himself in on the basis of an active, hardcopy arrest warrant out of GA-15 (See NBPD case #21-019086). The warrant was confirmed by Front Desk Officer Uccello. Officer Lotic responded to assist with booking.

Reporting Officer: Mendes, Jovaldo	Review/Approved By: SZTACHEL-SKI, RADEK	Date Approved: 7/28/2021
Reporting officer sworn signature _____ Date _____		
Subscribed and sworn before me this _____ Day of _____ 20 _____ Supervisor/Notary Signature _____		

New Britain Police

Number: IR21-019086-S25

JONES was booked and processed without incident. The arrest warrant was confirmed as served via [redacted] inquiry.  
Nothing further at this time.

Related Entities

Related	Entities
Primary	IR21-019086
Supplement	IR21-019086 -S1
Supplement	IR21-019086 -S2
Supplement	IR21-019086 -S3
Supplement	IR21-019086 -S4
Supplement	IR21-019086 -S5
Supplement	IR21-019086 -S6
Supplement	IR21-019086 -S7
Supplement	IR21-019086 -S8
Supplement	IR21-019086 -S9
Supplement	IR21-019086 -S10
Supplement	IR21-019086 -S11
Supplement	IR21-019086 -S12
Supplement	IR21-019086 -S13
Supplement	IR21-019086 -S14
Supplement	IR21-019086 -S15
Supplement	IR21-019086 -S16
Supplement	IR21-019086 -S17
Supplement	IR21-019086 -S18

Reporting Officer:	Mendes, Jovaldo	Review/Approved By:	SZTACHELSKI, RADEK	Date Approved:	7/28/2021
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Reporting officer sworn signature \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_ Supervisor/Notary Signature \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_

**New Britain Police**  
**Number: IR21-019086-S25**

Supplement	IR21-019086 -S19
Supplement	IR21-019086 -S20
Supplement	IR21-019086 -S21
Supplement	IR21-019086 -S22
Supplement	IR21-019086 -S23
Supplement	IR21-019086 -S24
Supplement	IR21-019086 -S26
CAD Record	21-019086 MVA-Evading
Crash	CR21-019086
Arrest/Booking	AB21-019086
Arrest Warrant	WA21-019086

Reporting Officer:	Mendes, Jovaldo	Review/Approved By:	SZTACHELSKI, RADEK	Date Approved:	7/28/2021
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Reporting officer sworn signature \_\_\_\_\_ Date \_\_\_\_\_  
 Subscribed and sworn before me this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_ Supervisor/Notary Signature \_\_\_\_\_

CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV June 2014.01

Number of Motor Vehicles:   
Automobiles, Motorcycles, etc.

Case Number:

Number of Non-Motorists:   
Pedestrians, Bicyclists, etc.

Crash Summary

DOT Identifier:

CRASH DATE, TIME, SEVERITY, AND LOCATION

Date of Crash (YYYYMMDD) <input type="text" value="2021/06/29"/>	Time (0000-2359) <input type="text" value="19:07"/>	Town Name <input type="text" value="New Britain"/>	Town # <input type="text" value="89"/>	Crash Severity <input checked="" type="radio"/> Fatal <input type="radio"/> Injury <input type="radio"/> PDO
Latitude <input type="text" value="41.666582"/>	Crash occurred on (street name or route #) at its intersection with (street name or route #) <input type="text" value="EAST ST"/> at <input type="text"/>			
Longitude <input type="text" value="-72.765516"/>	If not at an intersection: distance <input type="text" value="0"/> <input type="radio"/> Feet <input type="radio"/> Tenths of Mile <input type="text"/> N, S, E, W of <input type="text"/> name of nearest intersecting road, town line, or mile marker			

CRASH FACTORS AND CONDITIONS

<b>TRAFFICWAY OWNERSHIP</b> 01. Public Road <input type="text" value="01"/> 02. Private Road 88. Not Applicable	<b>LOCATION OF FIRST HARMFUL EVENT</b> 01. On Roadway 02. Shoulder <input type="text" value="02"/> 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	<b>FIRST HARMFUL EVENT</b> Non-Collision: <input type="text" value="36"/> 01. Overtum/Rollover 02. Fire / Explosion 03. Immersion, Full or Partial 04. Jackknife 05. Cargo/Equipment Loss or Shift 06. Fell/Jumped from Vehicle 07. Thrown or Falling Object 08. Other Non-Collision  Collision with Person, Vehicle, or Non-Fixed Object: 09. Pedestrian 10. Pedal cycle/Pedal-cyclist 11. Other Non-motorist 12. Railway Vehicle (train, engine) 40. Deer 13. Animal Other Than Deer (live) 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  Collision With Fixed Object: 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.)	<b>MANNER OF IMPACT</b> (Applies to: multi-vehicle crashes) <input type="text" value="03"/> 01. Front to Rear 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
<b>TRAFFICWAY CLASS</b> 01. Trafficway, On Road 02. Trafficway, Not on Road <input type="text" value="02"/> 03. Non-Trafficway 04. Parking Lot	<b>CRASH-SPECIFIC LOCATION</b> 01. Non-Junction 02. Intersection <input type="text" value="03"/> 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. Weigh Station 17. Other Location Not Listed Above Within an Interchange Area (median, shoulder and roadside) 97. Other		<b>CONTRIBUTING CIRCUMSTANCES, ENVIRONMENTAL</b> (choose up to 3) 00. None <input type="text" value="00"/> 01. Weather Conditions 02. Visual Obstruction(s) 03. Glare <input type="text" value="88"/> 04. Animal(s) in Roadway 88. Not Applicable <input type="text" value="88"/> 97. Other
<b>LIGHT CONDITIONS</b> 01. Daylight <input type="text" value="01"/> 02. Dawn 03. Dusk 04. Dark- Lighted 05. Dark- Not Lighted 06. Dark Unknown Lighting 97. Other			<b>CONTRIBUTING CIRCUMSTANCES, ROAD</b> (choose up to 3) 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 <input type="text" value="88"/> 04. Toll Booth/Plaza Related 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
<b>WEATHER CONDITIONS</b> (choose up to 2) 01. Clear <input type="text" value="01"/> 02. Cloudy 03. Fog, Smog, Smoke 04. Rain <input type="text" value="88"/> 05. Sleet or Hail 06. Freezing Rain/Drizzle 07. Snow 08. Blowing Snow 09. Severe Crosswinds 10. Blowing Sand, Soil, Dirt 88. Not Applicable 97. Other			
<b>TRAFFICWAY SURFACE CONDITIONS</b> 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	<b>TYPE OF INTERSECTION</b> 01. Not an Intersection 02. Four-Way Intersection <input type="text" value="03"/> 03. T-Intersection 04. Y-Intersection 05. L-Intersection 06. Traffic Circle 07. Roundabout 08. Five-Point, or More		
	<b>SCHOOL BUS RELATED</b> 01. No <input type="text" value="01"/> 02. Yes, a school bus was directly involved 03. Yes, a school bus was Indirectly involved		

WORK ZONE CRASH INFORMATION

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

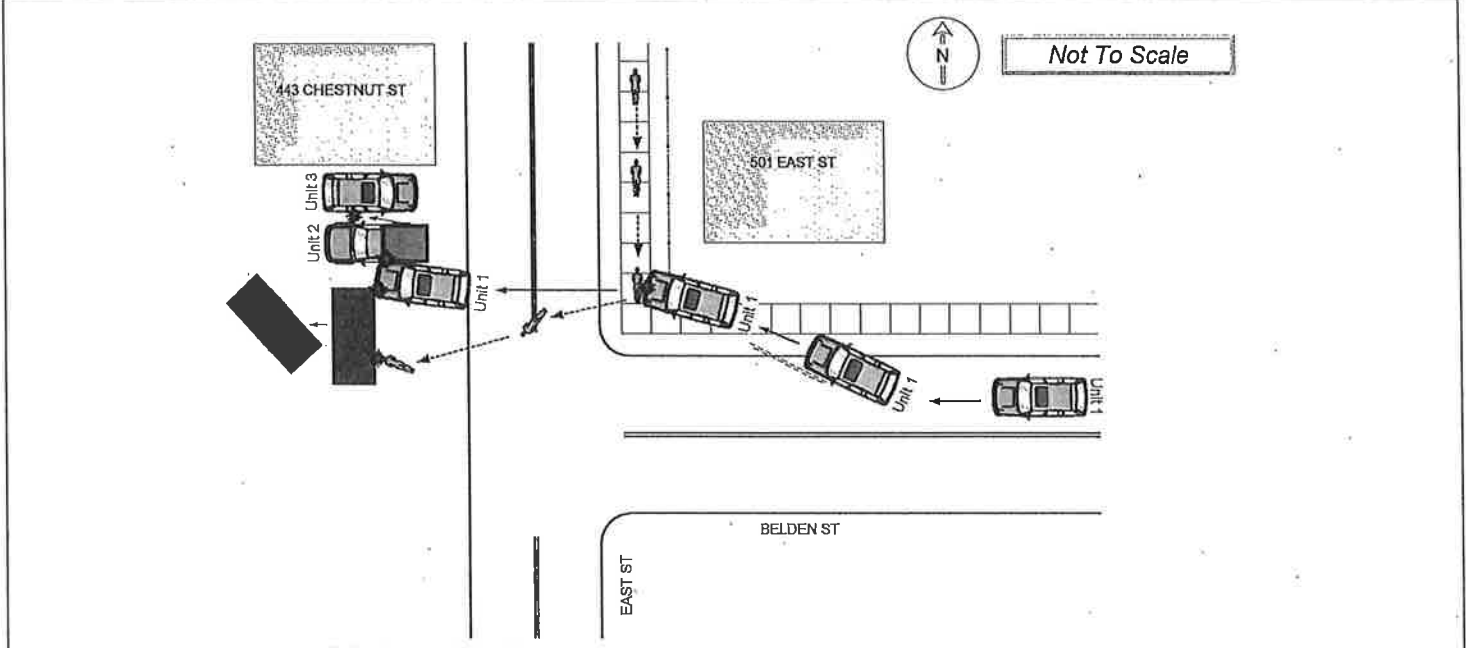
Form PR-1 REV June 2014.01

Case Number: 21-019086

Crash Summary

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

TU1 was traveling westbound on Belden St. and as it approached the intersection with East St., it lost control, began skidding over the north sidewalk before impacting a chain link fence on the northeast corner of the intersection (501 East St). TU1 then struck PEDESTRIAN, continued traveling westbound across East St., and then impacting TU2 and a metal commercial dumpster. TU1 was left on scene and both Operator and Passenger fled on foot. TU2 sustained heavy disabling damage to the front, driver side and passenger side, as well as all around airbag deployment. TU1 was found to be a File 01 Stolen Vehicle out of Hartford. TU1 was properly registered and insured. TU1 was towed from the scene to the NBPD evidence bay by Empire Motors. A Tow Form was completed.

TU2 was parked in the backyard of 443 Chestnut St., which is adjacent to East St., when it was struck by TU1. TU2 sustained moderate damage to the front end and passenger side. The impact from TU1 forced TU2 into TU3, which was parked next to it, causing damage to the driver side of TU2. TU2 was not towed from the scene as it was on private property.

TU3 was parked in the backyard of 443 Chestnut St. when it was struck by TU2 after it was forced by the impact from TU1. TU3 sustained moderate damage to the driver side front end. TU3 was not towed from the scene as it was on

Related Incident Number	Officer First Name	Officer Last Name	Badge Number	Police Agency Code
IR21-019086	NEIL	BEATY	481	089
Case Status O - Open C - Closed	Officer Signature: <b>BEATY, NEIL, W</b>	Supervisor: <b>TORRENTE, JOSEPH J</b>		
<input checked="" type="checkbox"/> C	Date & Time: 2021/07/09 10:32	Date & Time: 2021/07/14 09:10		

This report is a revision to a previously submitted report

## CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV June 2014.01

## Appendix A: Narrative Continued

*Complete this sheet if more space  
is needed for the narrative*

Case Number:

21-019086

DOT Identifier:

*For DOT use only*

## NARRATIVE CONTINUED (i)

private property.

The metal commercial dumpster was in the backyard of 443 East St. and as a result of the impact, was forced westbound through the yard and sustained damage consisting of a corner being dented and bent.

PEDESTRIAN was jogging southbound on the east sidewalk of East St. and as he approached the intersection with Belden St., he was struck by TU1. The impact forced PEDESTRIAN airborne and he traveled through the air westbound across both travel lanes of East St. PEDESTRIAN then landed in the rear yard of 443 Chestnut St. and impacted the metal commercial dumpster. PEDESTRIAN was unresponsive on scene and was transported to The Hospital of Central Connecticut by New Britain EMS where he was pronounced deceased at approximately 2006HRS.

Members of the New Britain Police Department Traffic Safety Bureau were recalled to the scene to further investigate. Video was obtained from the residents at 443 Chestnut St. which showed TU1 traveling at a high rate of speed westbound on Belden St., losing control and skidding sideways before impacting the chain link fence, PEDESTRIAN, TU2, and the metal dumpster. Both occupants of TU1 then exit through the driver side front window and flee on foot westbound through the backyard. Neither occupants were located at the time of the initial investigation. An Acura sedan was observed on video following closely behind TU1 and after the crash, the operator of the Acura got out of the vehicle and began yelling at the occupants of TU1 as they fled on foot.

Witness (P2) stated that he was outside on Belden St. when he observed TU1 traveling at a high rate of speed. Witness stated that TU1 lost control and struck PEDESTRIAN as he was traveling southbound on the sidewalk. Witness further stated that TU1 was being chased by an Acura (not directly involved in the crash) and that following the crash, two males fled from TU1. Witness stated that the operator of the Acura pulled over and began yelling at him to chase the occupants of TU1 because they had stolen his wallet. Witness provided a sworn written statement.

On 06/30/21 the Operator of TU1 was positively identified, interviewed and subsequently taken into custody. Operator of TU1 admitted that he was operating the vehicle at the time of the crash and that he was being chased by the operator of the Acura. Operator of TU1 stated that he was trying to get away from the operator of the Acura because he thought that he [operator of the Acura] might shoot him. Operator of TU1 was found at fault for the crash and subsequently charged with violations of CGS 53a-63 Reckless Endangerment in the First Degree, 53a-59(a)(3) Assault in the First Degree and 53a-124/53a-119(8) Larceny in the 3rd Degree by Possession via an arrest warrant. Passenger of TU1 was also identified and interviewed by members of the NBPD detective bureau.

No wants/warrants. Nothing further.

CONNECTICUT UNIFORM POLICE CRASH REPORT

Motor Vehicle ID:

Form PR-1 REV June 2014.01

Case Number:

Number of occupants in Vehicle:   
(including the driver)

Motor Vehicle Information  
Complete One Sheet Per Motor Vehicle

DOT Identifier:

MOTOR VEHICLE INFORMATION

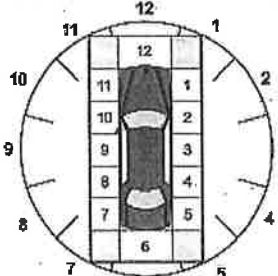
VIN:   VIN missing or removed Plate #:   Invalid Plate No Plate

Make:  Color:   Driver Evaded Responsibility Plate State:

Model:  Year:  Direction of Travel:   Vehicle was not in roadway Unknown direction Total lanes in roadway:

Road on which vehicle was traveling:   Bike lanes/sharrows present

MOTOR VEHICLE CRASH INFORMATION

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

INSURANCE INFORMATION

<p>INSURANCE COMPANY <b>PROGRESSIVE</b></p>	<p>INSURANCE POLICY NUMBER <b>945016959</b></p>	<p>INSURANCE EXPIRATION DATE (yyyymmdd)</p>
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CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV June 2014.01

Case Number:

21-019086

Motor Vehicle Information

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

GASPARD, SAPHIRE, MERCEDEZORLYANDA

Street Address or Post Office Box

777 MAIN ST APT 1407

City

HARTFORD

State/Prov

CT

Country

United States

Postal Code

06103

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

CHAIN LINK FENCE

NAME OF OWNER OF PROPERTY 1

NATURE AND EXTENT OF DAMAGE TO PROPERTY 2

METAL COMMERCIAL DUMPSTER IMPACTED BY AUDI

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

Motor Vehicle ID:

Form PR-1 REV June 2014.01

Case Number:

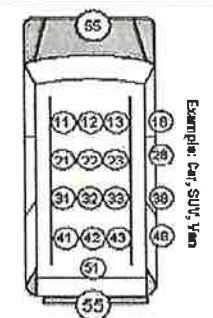
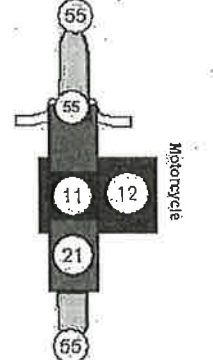
Person ID:

Motor Vehicle Driver Information  
Complete One Sheet Per Driver

DOT Identifier:

Name (Last, First, Middle, Suffix): <b>PAGAN-GONZALEZ, LUIS</b>	GENDER 01. Male <input type="text" value="01"/> 02. Female 99. Unknown	DATE OF BIRTH (YYYYMMDD) <input type="text" value="2003/10/04"/> <input type="checkbox"/> Date of Birth is unknown
Street Address or PO Box: <b>723 East Street</b>	Phone/Email (optional): <b>8605329265</b>	
City: <b>New Britain</b> State or Prov: <b>CT</b> Postal Code: <b>06051</b>		

**LICENSE INFO** For all numeric fields: 99 = Unknown **DRIVER INFORMATION**

<b>LICENSE NUMBER</b>	<b>EJECTION</b> 01. Not Ejected <input type="text" value="01"/> 02. Ejected, Partially 03. Ejected, Totally 88. Not Applicable	<b>SEATING POSITION FIRST DIGIT</b> 1. Front Row <input type="text" value="18"/>	<b>DRIVER ACTIONS (choose up to 4)</b> 01. No Contributing Action <input type="text" value="14"/> 02. Ran Off Roadway 03. Failed to Yield Right-of-Way <input type="text" value="88"/> 04. Ran Red Light 05. Ran Stop Sign 06. Disregarded Other Traffic Sign <input type="text" value="88"/> 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 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 <input type="text" value="88"/> 88. Not Applicable 97. Other Contributing Action
<b>STATE</b>	<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 <input type="text" value="99"/>	<b>SECOND DIGIT</b> 1. Left Seat (usually the motor vehicle or motorcycle driver except for postal vehicles and some foreign vehicles) 2. Middle Seat 3. Right Seat 8. Other Seat	<b>DRIVER DISTRACTED BY</b> 01. Not Distracted <input type="text" value="99"/> 02. Manually Operating an Electronic Communication Device (Texting, etc) 03. Talking 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
<b>DRIVER LICENSE JURISDICTION</b> 01. Not Licensed <input type="text" value="88"/> 02. State 03. Tribal Nation 04. U.S. Government 05. Canadian Province 06. Mexican State 07. International License (other than Mexico and Canada) 08. Valid License (other country) 88. Not Applicable	<b>HELMET USE</b> 01. No Helmet <input type="text" value="01"/> 02. DOT-Compliant Motorcycle Helmet 03. Helmet, Other Than DOT-Compliant Motorcycle Helmet 04. Helmet, Unknown If DOT-Compliant 88. Not Applicable		<b>CONDITION AT TIME OF CRASH (choose up to 2)</b> 01. Apparently Normal <input type="text" value="99"/> 02. Physically Impaired 03. Emotional (depressed, angry, etc.) <input type="text" value="88"/> 04. Ill (sick), Fainted 05. Asleep or Fatigued 06. Under the Influence (Medications/Drugs/Alcohol) 97. Other 99. Unknown
<b>LICENSE CLASS</b> 00. None <input type="text"/> 01. Class A 02. Class B 03. Class C 04. Class D 05. Class M 88. Not Applicable	<b>AIRBAG</b> 01. Not Deployed <input type="text" value="02"/> 02. Deployed-Front 03. Deployed-Side 04. Deployed-Curtain 05. Deployed-Other 06. Deployed-Combination 88. Not Applicable		
<b>COMMERCIAL LICENSE</b> 01. No <input type="text"/> 02. Yes	<b>SPEED RELATED</b> 01. No <input type="text" value="03"/> 02. Racing 03. Exceeded Speed Limit 04. Too Fast for Conditions		
<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			

**INJURY AND EMS INFORMATION**

<b>INJURY STATUS</b> K. Fatal Injury A. Suspected Serious Injury B. Suspected Minor Injury C. Possible Injury O. No Apparent Injury <input type="text" value="O"/>	<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> _____
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**ENFORCEMENT ACTIONS TAKEN** **DRUG/ALCOHOL INFORMATION**

<b>ACTION BY OFFICER</b> 00. None Taken 01. Verbal Warning 02. Written Warning 03. Infraction 04. Arrest/Summons <input type="text" value="04"/>	<b>VIOLATION STATUTES</b> [53a-59]53a-59 ASSAULT 1ST DEG 01/01/1969 - 12/31/2199 53a-63 RECKLESS ENDANGERMENT 1ST DEG 10/01/1992 - 12/31/2199 53a-124 LARCENY 3RD DEG 10/01/1982 - 12/31/2199	<b>ALCOHOL TEST STATUS</b> 01. Test Not Given <input type="text" value="01"/> 02. Test Refused 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>DRUG TEST STATUS</b> 01. Test Not Given <input type="text" value="01"/> 02. Test Refused 03. Test Given 99. Unknown if Tested	<b>TYPE OF DRUG TEST</b> 01. Blood <input type="text" value="88"/> 02. Urine 88. Not Applicable 97. Other

CONNECTICUT UNIFORM POLICE CRASH REPORT

Motor Vehicle ID:

Form PR-1 REV June 2014.01

Case Number:

Motor Vehicle Passenger Information  
Complete this sheet for Passengers in this Motor Vehicle

DOT Identifier:

<b>PERSON ID</b> <input type="text" value="4"/>		<b>PASSENGER INFORMATION</b>		<i>For all numeric fields: 99 = 'Unknown'</i>	
NAME: <input type="text"/>		PERSON TYPE: <input type="text" value="02"/>	SEATING POSITION: <input type="text" value="13"/>		
ADDRESS: <input type="text"/>		RESTRAINT SYSTEM: <input type="text" value="99"/>			
CITY: <input type="text"/>		STATE or PROV: <input type="text"/>	POSTAL CODE: <input type="text"/>		
DATE OF BIRTH (YYYYMMDD): <input type="text" value="2005"/> <input type="text"/>		GENDER: 01. Male 02. Female 99. Unknown <input type="text" value="01"/>		INTENDED RECEIVING FACILITY: <input type="text"/>	
<input type="checkbox"/> Date of Birth is unknown		EJECTION: <input type="text" value="01"/>		AIR BAG: <input type="text" value="02"/>	
EMS COMPANY NAME: <input type="text"/>		EMS RUN NUMBER: <input type="text"/>		INJURY STATUS: <input type="text" value="0"/>	
				TRANSPORTED TO 1st MEDICAL FACILITY BY: <input type="text" value="01"/>	

Use additional sheets if more than 4 passengers occupied this motor vehicle

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

**SEATING POSITION**  
Example: Car, SUV, Van

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

- 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

- 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  
99. Unknown If Helmet Worn

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

- 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

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

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

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

CONNECTICUT UNIFORM POLICE CRASH REPORT

Motor Vehicle ID:

Form PR-1 REV June 2014.01

Case Number:

Number of occupants in Vehicle :   
(including the driver)

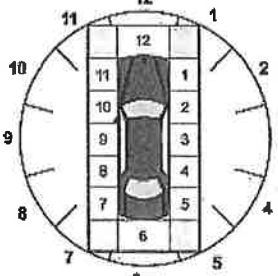
Motor Vehicle Information  
Complete One Sheet Per Motor Vehicle

DOT Identifier:

MOTOR VEHICLE INFORMATION

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

MOTOR VEHICLE CRASH INFORMATION

<p><b>SEQUENCE OF EVENTS</b> (choose up to four, in chronological order)</p> <p><b>Non-Collision</b></p> <ol style="list-style-type: none"> <li>Overturn/Rollover</li> <li>Fire / Explosion</li> <li>Immersion, Full or Partial</li> <li>Jackknife</li> <li>Cargo/Equipment Loss or Shift</li> <li>Equipment Failure (blown tire, brake failure, etc)</li> <li>Separation of Units</li> <li>Ran Off Roadway Right</li> <li>Ran Off Roadway Left</li> <li>Cross Median</li> <li>Cross Center Line</li> <li>Downhill Runaway</li> <li>Fell/Jumped From Motor Vehicle</li> <li>Reentering Roadway</li> <li>Thrown or Falling Object</li> <li>Other Non-Collision</li> </ol> <p><b>Collision With Person, Motor Vehicle, or Non-Fixed Object</b></p> <ol style="list-style-type: none"> <li>Pedestrian</li> <li>Pedal Cycle/Pedal-cyclist</li> <li>Other Non-motorist</li> <li>Railway Vehicle (train, engine)</li> <li>Animal (live)</li> <li>Motor Vehicle In Motion</li> <li>Parked Motor Vehicle</li> <li>Struck By Falling, Shifting Cargo or Anything Set in Motion By Motor Vehicle</li> <li>Work Zone/Maintenance Equipment</li> <li>Other Non-Fixed Object</li> </ol> <p><b>Collision With Fixed Object</b></p> <ol style="list-style-type: none"> <li>Impact Attenuator/Crash Cushion</li> <li>Bridge Overhead Structure</li> <li>Bridge Pier or Support</li> <li>1st <input type="text" value="22"/></li> <li>Bridge Rail</li> <li>Cable Barrier</li> <li>Culvert</li> <li>2nd <input type="text" value="88"/></li> <li>Curb</li> <li>3rd <input type="text" value="88"/></li> <li>Ditch</li> <li>4th <input type="text" value="88"/></li> <li>Embankment</li> <li>Guardrail Face</li> <li>Guardrail End</li> <li>Concrete Traffic Barrier</li> </ol>	<p><b>MOTOR VEHICLE ACTION</b></p> <ol style="list-style-type: none"> <li>Straight Ahead</li> <li>Negotiating a Curve</li> <li>Backing</li> <li>Changing Lanes</li> <li>Overtaking/Passing Motor Vehicle</li> <li>Turning Right</li> <li>Turning Left</li> <li>Making U-Turn</li> <li>Leaving Traffic Lane</li> <li>Entering Traffic Lane</li> <li>Slowing</li> <li>Parked</li> <li>Stopped in Traffic</li> <li>Overtaking/Passing Cyclist</li> <li>Wrong Way or Wrong Side</li> <li>Traveling in Bike Lane</li> <li>Other</li> </ol> <p><input type="text" value="12"/></p>	<p><b>BODY TYPE</b></p> <ol style="list-style-type: none"> <li>Passenger Car</li> <li>(Sport) Utility Vehicle</li> <li>Passenger Van</li> <li>Cargo Van (&lt;10,000 lbs GVWR)</li> <li>Pickup</li> <li>Motor Home</li> <li>School Bus</li> <li>Transit Bus</li> <li>Motor Coach</li> <li>Other Bus</li> <li>Motorcycle</li> <li>Moped</li> <li>Low Speed Vehicle</li> <li>Golf Cart</li> <li>All Terrain Vehicle (ATV)</li> <li>Snowmobile</li> <li>Other Light Trucks (10,000 lbs GVWR or less)</li> <li>Medium/Heavy Trucks (more than 10,000 lbs GVWR)</li> <li>Other</li> </ol> <p><input type="text" value="05"/></p>	<p><b>MOTOR VEHICLE TYPE</b></p> <ol style="list-style-type: none"> <li>Motor Vehicle in Operation</li> <li>Parked Motor Vehicle</li> <li>Working Vehicle/Equipment</li> <li>Non-Collision Vehicle</li> </ol> <p><input type="text" value="02"/></p>
<p><b>Most Harmful Event</b></p> <ol style="list-style-type: none"> <li>Other Traffic Barrier</li> <li>Tree (standing)</li> <li>Utility Pole</li> <li>Traffic Sign Support</li> <li>Traffic Signal Support</li> <li>Other Post, Pole, or Support</li> <li>Fence</li> <li>Mailbox</li> <li>Other Fixed Object (wall, building, tunnel, etc.)</li> <li>Light Support</li> <li>Not Applicable</li> </ol> <p><input type="text" value="22"/></p>	<p><b>CONTRIBUTING CIRCUMSTANCES</b> MOTOR VEHICLE (choose up to 2)</p> <ol style="list-style-type: none"> <li>None</li> <li>Brakes</li> <li>Exhaust System</li> <li>Body, Doors</li> <li>Steering</li> <li>Power Train</li> <li>Suspension</li> <li>Tires</li> <li>Wheels</li> <li>Lights (head, signal, tail)</li> <li>Windows/Windshield</li> <li>Mirrors</li> <li>Wipers</li> <li>Truck Coupling / Trailer Hitch / Safety Chains</li> <li>Not Applicable</li> <li>Other</li> </ol> <p><input type="text" value="00"/> <input type="text" value="88"/></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> <ol style="list-style-type: none"> <li>Non-Collision</li> <li>Top</li> <li>Undercarriage</li> <li>Cargo loss</li> </ol> <p><input type="text" value="01"/></p> <p><b>Damaged Areas (choose up to 3)</b></p> <ol style="list-style-type: none"> <li>None</li> <li>Top</li> <li>Undercarriage</li> <li>All Areas</li> <li>Not Applicable</li> </ol> <p><input type="text" value="01"/> <input type="text" value="10"/></p>	<p><b>TRAFFICWAY DESCRIPTION</b></p> <ol style="list-style-type: none"> <li>Two-Way, Not Divided</li> <li>Two-Way, Not Divided w/ a Continuous Left Turn Lane</li> <li>Two-Way, Divided, Unprotected (Painted &gt;4 Feet) Median</li> <li>Two-Way, Divided, Positive Median Barrier</li> <li>One-Way Trafficway</li> <li>Not Applicable</li> </ol> <p><input type="text" value="88"/></p>
<p><b>INSURANCE INFORMATION</b></p>			
<p>INSURANCE COMPANY CSAA AFFINITY INSURANCE CO</p>	<p>INSURANCE POLICY NUMBER CTSS107071549</p>	<p>INSURANCE EXPIRATION DATE (yyyymmdd)</p>	

CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV June 2014.01

Case Number:

21-019086

Motor Vehicle Information

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

GARCIA, WANDA

Street Address or Post Office Box

443 CHESTNUT ST

City

NEW BRITAIN

State/Prov

CT

Country

United States

Postal Code

06051

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

Motor Vehicle ID:

Form PR-1 REV June 2014.01

Case Number:

Number of occupants in Vehicle:   
(including the driver)

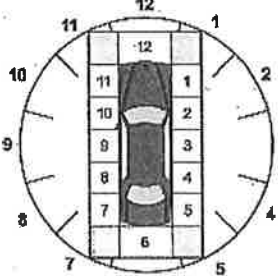
Motor Vehicle Information  
Complete One Sheet Per Motor Vehicle

DOT Identifier:

MOTOR VEHICLE INFORMATION

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

MOTOR VEHICLE CRASH INFORMATION

<p><b>SEQUENCE OF EVENTS</b> (choose up to four, in chronological order)</p> <p><b>Non-Collision</b></p> <p>01. Overtum/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 Center Line 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. Travelling 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;4 Feet) 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. Hill Crest 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 CSAA AFFINITY ASSURANCE CO	INSURANCE POLICY NUMBER CTSS107071549	INSURANCE EXPIRATION DATE (yyyymmdd)
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CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV June 2014.01

Case Number:

21-019086

Motor Vehicle Information

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

GARCIA, JULIO, OSVALDO

Street Address or Post Office Box

443 CHESTNUT ST

City

State/Prov

Country

Postal Code

NEW BRITAIN

CT

United States

06051

Email Address (optional)

Phone (optional)

8608390398

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

Bicycle ID: [ ]

Person ID: 3

Form PR-1 REV June 2014.01

Case Number: 21-019086

Striking Motor Vehicle ID: 1

Non-Motorist Information

Complete one sheet for each non-motorist involved in crash

DOT Identifier: [ ] For DOT use only

Road on which non-motorist was traveling/located:

JOGGING SOUTHBOUND ON THE EAST SIDEWALK OF EAST ST JUST NORTH OF BELDEN ST

Non-motorist was not in roadway [ ] Unknown direction

Direction of travel (N, S, E, W): S

NON-MOTORIST INFORMATION

Name (Last, First, Middle, Suffix): GUDELSKI, HENRYK
Street Address or P.O. Box: 30 JEFFERSON ST
City: New Britain State: CT Postal Code: 06051
GENDER: 01 DATE OF BIRTH (YYYYMMDD): 1967/12/11

NON-MOTORIST PERSON TYPE: 03
NON-MOTORIST ACTION/CIRCUMSTANCE PRIOR TO CRASH: 05
NON-MOTORIST LOCATION AT TIME OF CRASH: 08
NON-MOTORIST DISTRACTED BY: 01

IDENTIFICATION INFO
IDENTIFICATION NUMBER: [ ]
ISSUED BY: CT
DRIVER LICENSE JURISDICTION: 88
NON-MOTORIST ACTION/CIRCUMSTANCES AT TIME OF CRASH: 01
NON-MOTORIST SAFETY EQUIPMENT: 00
NON-MOTORIST CONDITION AT TIME OF CRASH: 99, 88
GOING TO / FROM SCHOOL: 01

INJURY AND EMS INFORMATION

INJURY STATUS: K
TRANSPORTED TO FIRST MEDICAL FACILITY BY: 03
EMS COMPANY NAME: NEW BRITAIN EMS
EMS RUN NUMBER: [ ]
INTENDED RECEIVING FACILITY: THE HOSPITAL OF CENTRAL CONNECTICUT

ENFORCEMENT ACTIONS TAKEN

ACTION BY OFFICER: 00
VIOLATION STATUTES: [ ]

DRUG/ALCOHOL INFORMATION

ALCOHOL TEST STATUS: 01
TYPE OF ALCOHOL TEST: 88
DRUG TEST STATUS: 01
TYPE OF DRUG TEST: 88

**CONNECTICUT UNIFORM POLICE CRASH REPORT**

Form PR-1 REV June 2014.01

Number of Witnesses:

Case Number:

**Appendix E: Witness**  
Complete this sheet for all witnesses to the crash

DOT Identifier:

For DOT use only

Please complete this Appendix form for witnesses to a crash. Each Appendix form can document information for up to three witnesses. Multiple forms can be used if necessary. Actual witness statements should be collected on department statement sheets and witnesses should be identified using unique Person ID numbers.

PERSON ID <input type="text" value="2"/>		WITNESS INFORMATION	
NAME: <input type="text" value="Ramirez, Joshua"/>		WITNESS STATEMENT TYPE <i>(choose all that apply; max 2)</i>	
ADDRESS: <input type="text" value="501 EAST ST"/>		01. No Statement Taken <input type="text" value="02"/>	
CITY: <input type="text" value="New Britain"/>	STATE or PROV: <input type="text" value="CT"/>	POSTAL CODE: <input type="text" value="06051"/>	02. Provided Written Statement <input type="text" value="88"/>
DATE OF BIRTH (YYYYMMDD): <input type="text" value="1997/08/14"/>		03. Willing to Provide a Written Statement <input type="text" value="88"/>	
<input type="checkbox"/> Date of Birth is unknown		04. Oral Statement Only <input type="text" value="88"/>	
WITNESS STATEMENT SOURCE <i>(choose all that apply; max 4)</i>		WITNESS OBSERVATION VERIFICATION <i>(choose all that apply; max 3)</i>	
01. Observed Crash Occur <input type="text" value="01"/>		01. Sight Lines Verified By Reporting Officer <input type="text" value="05"/>	
02. Overheard Statements by Person Involved <input type="text" value="88"/>		02. Sight Lines Verified By Other Officer <input type="text" value="88"/>	
03. Observed illegal activities by persons involved in the crash prior to police arrival <input type="text" value="88"/>		03. Sight Lines Confirmed by Other Witness <input type="text" value="88"/>	
04. Observed other illegal behavior by a vehicle involved in the crash or resulting in the crash occurring <input type="text" value="88"/>		04. Verification Not Possible <input type="text" value="88"/>	
88. Not Applicable		05. Verification Not Undertaken <input type="text" value="88"/>	

PERSON ID <input type="text"/>		WITNESS INFORMATION	
NAME: <input type="text"/>		WITNESS STATEMENT TYPE <i>(choose all that apply; max 2)</i>	
ADDRESS: <input type="text"/>		01. No Statement Taken <input type="text"/>	
CITY: <input type="text"/>	STATE or PROV: <input type="text"/>	POSTAL CODE: <input type="text"/>	02. Provided Written Statement <input type="text"/>
DATE OF BIRTH (YYYYMMDD): <input type="text"/>		03. Willing to Provide a Written Statement <input type="text"/>	
<input type="checkbox"/> Date of Birth is unknown		04. Oral Statement Only <input type="text"/>	
WITNESS STATEMENT SOURCE <i>(choose all that apply; max 4)</i>		WITNESS OBSERVATION VERIFICATION <i>(choose all that apply; max 3)</i>	
01. Observed Crash Occur <input type="text"/>		01. Sight Lines Verified By Reporting Officer <input type="text"/>	
02. Overheard Statements by Person Involved <input type="text"/>		02. Sight Lines Verified By Other Officer <input type="text"/>	
03. Observed illegal activities by persons involved in the crash prior to police arrival <input type="text"/>		03. Sight Lines Confirmed by Other Witness <input type="text"/>	
04. Observed other illegal behavior by a vehicle involved in the crash or resulting in the crash occurring <input type="text"/>		04. Verification Not Possible <input type="text"/>	
88. Not Applicable		05. Verification Not Undertaken <input type="text"/>	

PERSON ID <input type="text"/>		WITNESS INFORMATION	
NAME: <input type="text"/>		WITNESS STATEMENT TYPE <i>(choose all that apply; max 2)</i>	
ADDRESS: <input type="text"/>		01. No Statement Taken <input type="text"/>	
CITY: <input type="text"/>	STATE or PROV: <input type="text"/>	POSTAL CODE: <input type="text"/>	02. Provided Written Statement <input type="text"/>
DATE OF BIRTH (YYYYMMDD): <input type="text"/>		03. Willing to Provide a Written Statement <input type="text"/>	
<input type="checkbox"/> Date of Birth is unknown		04. Oral Statement Only <input type="text"/>	
WITNESS STATEMENT SOURCE <i>(choose all that apply; max 4)</i>		WITNESS OBSERVATION VERIFICATION <i>(choose all that apply; max 3)</i>	
01. Observed Crash Occur <input type="text"/>		01. Sight Lines Verified By Reporting Officer <input type="text"/>	
02. Overheard Statements by Person Involved <input type="text"/>		02. Sight Lines Verified By Other Officer <input type="text"/>	
03. Observed illegal activities by persons involved in the crash prior to police arrival <input type="text"/>		03. Sight Lines Confirmed by Other Witness <input type="text"/>	
04. Observed other illegal behavior by a vehicle involved in the crash or resulting in the crash occurring <input type="text"/>		04. Verification Not Possible <input type="text"/>	
88. Not Applicable		05. Verification Not Undertaken <input type="text"/>	



**INFORMATION**

JD-CR-71, Rev. 3-11

STATE OF CONNECTICUT  
SUPERIOR COURT

Disposition date

Police Case number  
IR21-019086

Agency name  
New Britain Police

Agency number  
CT0008900

**Title, Allegation and Counts**

State of Connecticut vs. (Name of accused) <b>Ben Jones</b>		Residence (Town) of accused <b>Plainville</b>	Docket number
Address: <b>22 Norton Place, Apartment 2</b>		Date of birth <b>6/16/1969</b>	The undersigned Prosecuting Authority of the Superior Court of the State of Connecticut charges that:
To be held at (Town) <b>New Britain</b>		Geographical area number <b>15</b>	
Count One - Did commit the offense of: <b>Reckless Endangerment First Degree</b>		Continued to	Purpose
At (Town) <b>New Britain</b>	On or about (Date) <b>6/29/2021</b>	In violation of General Statute number <b>53a-63</b>	Reason
Count Two - Did commit the offense of: <b>Reckless Driving</b>			
At (Town) <b>New Britain</b>	On or about (Date) <b>6/29/2021</b>	In violation of General Statute number <b>14-222</b>	
Count Three - Did commit the offense of:			
At (Town)	On or about (Date)	In violation of General Statute number	
<input type="checkbox"/> See other sheet for additional counts		Date <b>7/27/21</b>	Signed (Prosecuting Authority) <i>[Signature]</i>

**Court Action**

Defendant advised of rights before plea		Bond	Surety	<input type="checkbox"/> 10 % Election (Date)
(Judge)	(Date)			<input type="checkbox"/> Cash <input type="checkbox"/> CT <input type="checkbox"/> JY
<input type="checkbox"/> Attorney <input type="checkbox"/> Public defender	Guardian	Bond change	Seized property inventory number	

Count	Plea date	Plea	Plea withdrawn		Verdict finding	Fine	Remit	Additional disposition
			Date	New plea				
1						\$	\$	
						\$	\$	
2						\$	\$	
						\$	\$	
3						\$	\$	
						\$	\$	

Date	Other Court Action	Judge

Receipt number	Cost <input type="checkbox"/> IMP <input type="checkbox"/> NCI	Bond Information <input type="checkbox"/> Bond forfeited <input type="checkbox"/> Forfeiture vacated <input type="checkbox"/> Forfeiture vacated and bond reinstated		
Application fee - receipt number if paid	Circle one W I Q	Program fee - receipt number if paid	Circle one W I Q	Probation fee - receipt number if paid
Prosecutor on original disposition	Reporter/monitor on original disposition	Signed (Clerk)	Signed (Judge)	



Check here if you will be printing on a black and white printer

**ARREST WARRANT APPLICATION**

JD-CR-64b Rev. 1-11  
C.G.S. § 54-2a  
Pr. Bk. Sec. 36-1, 36-2, 36-3

STATE OF CONNECTICUT  
SUPERIOR COURT  
www.jud.ct.gov

For Court Use Only
Supporting Affidavits sealed
<input type="checkbox"/> Yes <input type="checkbox"/> No

Police Case Number IR21-019086	Agency name New Britain Police	Agency number CT0008900	
Name (Last, First, Middle Initial) JONES, BEN	Residence (Town) of accused PLAINVILLE	Court to be held at (Town) New Britain	Geographical Area number 15

**Application For Arrest Warrant**

To: A Judge of the Superior Court

The undersigned hereby applies for a warrant for the arrest of the above-named accused on the basis of the facts set forth in the:  Affidavit Below.  Affidavit(s) Attached.

Date 7/27/21	Signed (Prosecuting authority) <i>[Signature]</i>	Type/print name of prosecuting authority B. P. Relesky
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**Affidavit**

The undersigned affiant, being duly sworn, deposes and says:

THAT, the undersigned Affiant, Officer Neil Beaty, being duly sworn, does depose and state that he is a member of the New Britain Police Department and has been a member since May 22, 2015. At all times mentioned herein he was acting as a member of said department. The following facts and circumstances are stated from personal knowledge and observations as well as information received from other police officers acting in their official capacity and from official police reports and statements made by prudent and credible witnesses.

THAT, your Affiant is currently assigned to the Professional Standards Division in the Traffic Safety Bureau at the New Britain Police Department. Your Affiant is a Motor Vehicle Accident Reconstructionist and one of the primary responsibilities as being a part of the Traffic Safety Bureau is to respond to and investigate serious and fatal motor vehicle accidents.

THAT, on June 29, 2021, your Affiant along with other members of the Traffic Safety Bureau were recalled to duty to investigate a motor vehicle crash that occurred on East Street at the intersection with

(This is page 1 of 11 page Affidavit.)

Date 07/01/2021	Signed (Affiant) BEATY, NEIL, W
Jurat Subscribed and sworn to before me on (Date) 07/01/2021	Signed (Judge/Clerk, Commissioner of Superior Court, Notary Public) TORRENTE, JOSEPH J

**Finding**

The foregoing Application for an arrest warrant, and affidavit(s) attached to said Application, having been submitted to and considered by the undersigned, the undersigned finds from said affidavit(s) that there is probable cause to believe that an offense has been committed and that the accused committed it and, therefore, that probable cause exists for the issuance of a warrant for the arrest of the above-named accused.

Date and Signature New Britain <i>[Signature]</i>	Signed at (City or town) New Britain	On (Date) July 27, 2021	Signed (Judge/Judge Trial Referee) <i>[Signature]</i>	Name of Judge/Judge Trial Referee <i>[Signature]</i>
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**ARREST WARRANT APPLICATION**

JD-CR-64a Rev. 1-11  
 O.G.S. § 54-2a  
 Pr. Bk. Sec. 36-1, 36-2, 36-3

**STATE OF CONNECTICUT  
 SUPERIOR COURT**

www.jud.ct.gov

Name (Last, First, Middle Initial) JONES, BEN	Residence (Town) of accused PLAINVILLE	Court to be held at (Town) New Britain	Geographic (US) Area number 15
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**Affidavit - Continued**

Belden Street in the City of New Britain, Connecticut. Upon arrival your Affiant observed that the scene had been secured by New Britain Police Officers. Your Affiant observed that there was a white Audi SUV that had crashed through a chain link fence on the northeast corner of the intersection and subsequently into a parked pickup truck, van and dumpster. The occupants of the Audi had fled on foot following the crash. Your Affiant was further advised that a pedestrian, identified as Henryk Gudelski DOB 12/11/67, had also been struck by the Audi and was killed. Gudelski's sneakers were still on scene where he was struck by the Audi. The details of the incident are as follows.

THAT, June 29, 2021 at approximately 7:11 PM, Officer Lagasse from the New Britain Police Department responded to the area of East Street and Ellis Street in the City of New Britain, Connecticut, for a report of a party following a white Audi SUV. Dispatch advised that that the party, later positively identified by his valid State of Connecticut driver's license as BEN JONES DOB 06/16/1969, called 911 to report that he observed a suspect in the Audi committing a larceny from his unoccupied vehicle (Acura TL) in the Town of Plainville and was currently following it in New Britain.

THAT, Officer Lagasse reported that JONES followed the Audi throughout the City of New Britain providing a partial registration, at which time Dispatch provided an update that the Audi matched a File 01 Stolen Vehicle bearing CT registration BA29334 which was a confirmed stolen vehicle out of the City of Hartford.

THAT, Officer Lagasse reported that he was traveling northbound on

(This is page 2 of 11 page Affidavit.)

Date 07/01/2021	Signed (Affiant) BEATY, NEIL, W
Jurat Subscribed and sworn to before me on (Date) 07/01/2021	Signed (Judge/Clerk, Commissioner of Superior Court, Notary Public) TORRENTE, JOSEPH
Reviewed (Prosecutorial Official) [Signature]	Date 7/27/21
Reviewed (Judge/Judge Trial Referee) [Signature]	Date July 27, 2021

**ARREST WARRANT APPLICATION**

JD-CR-64a Rev. 1-11  
C.G.S. § 54-2a  
Pr. Bk. Sec. 38-1, 38-2, 38-3

**STATE OF CONNECTICUT  
SUPERIOR COURT**

www.jud.ct.gov

Name (Last, First, Middle Initial) <b>JONES, BEN</b>	Residence (Town) of accused <b>PLAINVILLE</b>	Court to be held at (Town) <b>New Britain</b>	Geographic Area number <b>15</b>
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**Affidavit - Continued**

East Street and as he was approaching the intersection of East Street and Belden Street, he was able to observe a white Audi SUV travel westbound on Belden Street. Officer Lagasse stated that the Audi failed to reduce speed and crossed both lanes of traffic, striking a fence post at 501 East Street and a pedestrian, later identified as Henryk Gudelski DOB 12/11/67, who was believed to be on the east side of the sidewalk. Officer Lagasse reported that the Audi continued to travel westbound across both lanes of traffic on East Street where it collided into two additional vehicles and a large dumpster before coming to final rest. Officer Lagasse reported that two males fled from the Audi on foot were subsequently not located.

THAT, Sergeant Strzalka from the New Britain Police Department also responded to the area in response to the complaint. Sergeant Strzalka reported that as he was traveling northbound on East Street he observed the Audi traveling westbound on Belden Street at a high rate of speed. Sergeant Strzalka reported that he observed the Audi collide with a fence along the west of 501 East Street, continue to travel striking Gudelski, then continue to travel westbound across both lanes of East Street finally coming to rest in the rear of 443 Chestnut Sreet. Sergeant Strzalka reported that he observed two males exit the Audi and flee on foot.

THAT, Sergeant Strzalka reported that he exited his marked police cruiser to check on Gudelski and as he did so he observed that JONES had exited his vehicle, an Acura TL bearing CT registration BB64499. Sergeant Strzalka reported that JONES told him that the suspect(s) had thrown his [JONES'] wallet out the window of the Audi. As JONES was talking to Sergeant Strzalka, other Officers converged on the

(This is page 3 of 11 page Affidavit)

Date <b>07/01/2021</b>	Signed (Affiant) <b>BEATY, NEIL, W</b>
Jurat Subscribed and sworn to before me on (Date) <b>07/01/2021</b>	Signed (Judge/Clerk, Commissioner of Superior Court, Notary Public) <b>TORRENTE, JOSEPH</b>
Reviewed (Prosecutorial Officer) <b>J Strzalka</b>	Reviewed (Judge/Judge Trial Referee) <b>J. Lagasse</b>
Date <b>7/27/21</b>	Date <b>July 27, 2021</b>

**ARREST WARRANT APPLICATION**

JD-CR-64a Rev. 1-11  
C.G.S. § 54-2a  
Pr. Bk. Sec. 36-1, 36-2, 36-3

**STATE OF CONNECTICUT  
SUPERIOR COURT**

www.jud.ct.gov

Name (Last, First, Middle Initial) <b>JONES, BEN</b>	Residence (Town) of accused <b>PLAINVILLE</b>	Court to be held at (Town) <b>New Britain</b>	Geographic Area number <b>15</b>
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**Affidavit - Continued**

scene and as a result, JONES' car was boxed in. Sergeant Strzalka reported that JONES demanded that he [Sergeant Strzalka] move the cruiser so that he [JONES] could leave to retrieve the wallet. Sergeant Strzalka reported that he declined and continued to make his way towards Gudelski. JONES continued to request that Sergeant Strzalka move the cruiser while Sergeant Strzalka was tending to Gudelski.

THAT, Officer Mantiglia of the New Britain Police Department also responded to the area in response to the complaint. Officer Mantiglia reported that he observed both the Audi and JONES' Acura TL traveling at a high rate of speed on Dwight Street. Officer Mantiglia reported that he lost sight of both vehicles but then observed them again on Belden Street, both traveling at a high rate of speed. Officer Mantiglia reported that he lost sight of them again however a short time later heard the motor vehicle crash being reported over the police radio.

THAT, Officer R. McColgan of the New Britain Police Department also responded to the area in response to the motor vehicle crash. Officer R. McColgan reported that she spoke with a witness, Joshua Ramirez DOB 08/14/97, who stated that he was waiting outside of his house located on Belden Street for his girlfriend. Ramirez stated that he saw an Audi SUV traveling westbound on Belden Street at a high rate of speed. Ramirez stated that the Audi lost control and struck a person traveling southbound on the sidewalk. Ramirez stated that the Audi was being chased by a gray Acura. Ramirez stated that following the crash, two males fled from the Audi. Ramirez further stated that the driver of the Acura pulled over and began yelling at

(This is page 4 of 11 page Affidavit.)

Date <b>07/01/2021</b>	Signed (Affiant) <b>BEATY, NEIL, W</b>
Jurat Subscribed and sworn to before me on (Date) <b>07/01/2021</b>	Signed (Judge/Clerk, Commissioner of Superior Court, Notary Public) <b>TORRENTE, JOSEPH J</b>
Reviewed (Prosecutorial Official) <b>T Strzalka</b>	Reviewed (Judge/Judge Trial Referee) <b>J. Delgado</b>
Date <b>7/29/21</b>	Date <b>July 27, 2021</b>

Name (Last, First, Middle Initial) <b>JONES, BEN</b>	Residence (Town) of accused <b>PLAINVILLE</b>	Court to be held at (Town) <b>New Britain</b>	Geographical Area number <b>15</b>
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**Affidavit - Continued**

him to chase the two males from the Audi because they stole his wallet at a store. Ramirez stated that the Police arrived on scene at this time. Ramirez provided a sworn written statement.

THAT, JONES voluntarily came to the New Britain Police Department where he was brought up to the Detective Bureau to be interviewed. JONES was advised of his Miranda Rights, which he waived and agreed to speak with me about the incident. JONES provided a sworn written statement of the following:

"On 06/29/21 around 5:30PM - 6:00PM, I was at the Mobil Gas Station in Plainville. I was sitting in my girlfriend's car in a parking spot because she was at work there. My car, a gray Acura TL, was parked next to hers. While I was sitting in her car I saw someone next to mine. His car was parked at an angle next to the side of my car. I saw a silhouette of a person inside of my car. I jumped out of my girlfriend's car and the male got into his car and drove off like nothing was going on. I opened my car and saw that my glasses had fallen down. I realized the male had been inside my car. I got into my car and drove off after the other car. Once the other car got onto the highway they realized I was following them and they tried to get away from me. They got off the Columbus Blvd. exit in New Britain off RT 72. At this point the passenger pointed something back at me out of the window. I did not know if it was a gun or not but I wasn't going to find out so I backed off. I continued following him until he got to the area of Guida's Dairy, then he accelerated fast. He was going around 60-65 MPH at this point. They kept on slowing and stopping thinking that they were going to jump out. They finally went down Kelsey St. and threw my wallet out of

(This is page 5 of 11 page Affidavit.)

Date <b>07/01/2021</b>	Signed (Affiant) <b>BEATY, NEIL, W</b>
Jurat Subscribed and sworn to before me on (Date) <b>07/01/2021</b>	Signed (Judge/Clerk, Commissioner of Superior Court, Notary Public) <b>TORRENTE, JOSEPH</b>
Reviewed (Prosecuting Official) <b>[Signature]</b>	Reviewed (Judge/Judge Trial Referee) <b>[Signature]</b>
Date <b>7/27/21</b>	Date <b>July 27, 2021</b>