



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

FATAL

ACCIDENT INFORMATION SUMMARY

State Police Troop: D

Case Number: DPS-06-001070

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

Investigating Trooper: P. Dragon # 705

Date: 01/07/06

Time: 1416HRS

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

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

Town / City: Sterling

Location of Accident: RT-14A East of Porter Pond Rd.

Utility Pole Name & Number (If Applicable): \_\_\_\_\_

Other (Specify): \_\_\_\_\_

Oper #1: Bowie, Benjamin P.

Oper #2: \_\_\_\_\_

DOB: 07/07/88 Gender:  M  F

DOB: \_\_\_\_\_ Gender:  M  F

Address: 21 Prentice St.

Address: \_\_\_\_\_

Town: Taftville State: CT Zip: 06360

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Oper. Lic. # 198154937 Type: 2 State: CT

Oper. Lic. # \_\_\_\_\_ Type: \_\_\_\_\_ State: \_\_\_\_\_

Owner #1: Kirkham, Celeste M.

Owner #2: \_\_\_\_\_

Address: 303 Mohegan Prk Rd. L4 Norwich, CT.

Address: \_\_\_\_\_

Registration Plate: 434-SLF State: CT

Registration Plate: \_\_\_\_\_ State: \_\_\_\_\_

Make: Ford Model: Tempo Year: 1989

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

VIN: 1FAPP36X5KK120566

VIN: \_\_\_\_\_

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

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

Insurance Company: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_

Injuries: Fatal

Injuries: \_\_\_\_\_

Vehicle Damage: Heavy Front End/Rear End

Vehicle Damage: \_\_\_\_\_

Vehicle Towed:  No  Yes, T&S Oil Co. Moosup, CT.

Vehicle Towed:  No  Yes, \_\_\_\_\_

Occupant(s): [Name / DOB / Address / Position in Veh]

Occupant(s): [Name / DOB / Address / Position in Veh]

Edh, Edward W. Jr. 242B Beach Pond Rd. Voluntown, CT. R/F Passenger 08/12/88

Bowie, Jacob S. 21 Prentice St. Taftville, CT. R/R Passenger 12/11/90

Shaw, Travis J. 263 Newport Rd. Sterling, CT. L/R Passenger 07/23/92

Oper #3: \_\_\_\_\_

Oper #4: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender:  M  F

DOB: \_\_\_\_\_ Gender:  M  F

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Oper. Lic. # \_\_\_\_\_ Type: \_\_\_\_\_ State: \_\_\_\_\_

Oper. Lic. # \_\_\_\_\_ Type: \_\_\_\_\_ State: \_\_\_\_\_

Owner #3: \_\_\_\_\_

Owner #4: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Registration Plate: \_\_\_\_\_ State: \_\_\_\_\_

Registration Plate: \_\_\_\_\_ State: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

VIN: \_\_\_\_\_

VIN: \_\_\_\_\_

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

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

Insurance Company: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_

Injuries: \_\_\_\_\_

Injuries: \_\_\_\_\_

Vehicle Damage: \_\_\_\_\_

Vehicle Damage: \_\_\_\_\_

Vehicle Towed:  No  Yes, \_\_\_\_\_

Vehicle Towed:  No  Yes, \_\_\_\_\_

Occupant(s): [Name / DOB / Address / Position in Veh]

Occupant(s): [Name / DOB / Address / Position in Veh]

### Brief Description of Accident

MV#1 trav westbound on Rt-14A east of Porter Pond Rd. MV#1 traverses off to the right shoulder of the roadway where it rolls over several times subsequently coming to rest against a tree. That as a result of this the left rear passenger was ejected from the vehicle causing him to receive fatal injuries. This accident remains under investigation. The remaining 3 occupants of the vehicle were transported to Backus Hospital where they were treated and released for non life threatening injuries.

This investigation is:  Open / Continuing  Closed

#### MEDICAL ATTENTION:

#1 Ambulance  Yes, Company Moosup Amb  No

Patient Name: Welch, Edward W. Jr.  
Hospital: Backus Hospital

Injuries: Minor arm and face  
Bowie, Jacob S.  
Backus Hospital Minor arm injury

#3 Ambulance  Yes, Company \_\_\_\_\_  No

Patient Name: \_\_\_\_\_

Hospital: \_\_\_\_\_

Injuries: \_\_\_\_\_

#2 Ambulance  Yes, Company Voluntown Amb  No

Patient Name: Bowie, Benjamin P.  
Hospital: Backus Hospital

Injuries: Minor Head

#4 Ambulance  Yes, Company \_\_\_\_\_  No

Patient Name: \_\_\_\_\_

Hospital: \_\_\_\_\_

Injuries: \_\_\_\_\_

#### FATALITIES: Do Not Release Unless Next of Kin Notified

Name Shaw, Travis J. 07/23/92

Next of Kin Notified?  Yes  No

Name Shaw, Tony A. (Father)

Next of Kin Notified?  Yes  No

Name \_\_\_\_\_

Next of Kin Notified?  Yes  No

Name \_\_\_\_\_

Next of Kin Notified?  Yes  No

#### ENFORCEMENT ACTION:

Arrested \_\_\_\_\_

Warned \_\_\_\_\_

Arrested \_\_\_\_\_

Warned \_\_\_\_\_

Supervisor's Approval Required: Signature [Signature] # 203 Date 1/7/06