BEST COPY

REPORT OF DEATH, SICKNESS, INJURY OR DAMAGE

(See Reverse side for Privacy Act Information)

(Original and 1st copy to be forwarded to AGO within 48 hrs. after incident).

STATE OF CONNECTICUT
Military Department

FROM (UNIT): CO A 242 ENGR CBT BN, STRATFORD, CT 06497-1702

TO: The Adjutant General
State Armory, Hartford, Conn. 06105-3795
ATTN: Claims Officer

13 MARCH 1993
(Date)

1. *NAME: PINTO, ANTONIO P. RANK SPC SSN: 048-72-6809
HOME ADDRESS: 64 PIEDMONT ST., WATERBURY, CT 06706
2. Inclusive dates of this: MILITARY DUTY: 12-14 MARCH 1993
3. **Date and hour of: DEATH, DISEASE CONTRACTED, INJURIES SUFFERED OR DAMAGE RECEIVED
0635 HRS., 13 MARCH 1993
4. Place: ROUTE 8 SOUTH, STRATFORD, CT
5. Attending Circumstances (Be Specific): SOLDIER WAS DRIVING IN VEHICLE TO THE ARMORY FOR DRILL. THE VEHICLE WAS IN AN ACCIDENT AFTER SOLDIER LOST CONTROL OF CAR IN THE SNOW. SOLDIER RECEIVED CUTS TO LEFT SIDE OF FACE, AND WAS EXPERIENCING PAIN IN HEAD, LEFT LEG, AND RIGHT SIDE.
6. Duty being performed at time of accident and/or damage: DRIVING TO DRILL.
7. Diagnosis (including extent of disease or damage): CUTS AND ABRASIONS TO LEFT SIDE OF FACE; BRUISE TO LEFT LEG; BRUISE TO RIGHT SIDE
   a. By Whom Made: DR. NUNES
   b. Name and Address of Doctor: DR. NUNES, BRIDGEPORT HOSPITAL, BRIDGEPORT, CT
   c. Date of First Diagnosis: 13 MARCH 1993
   d. Date of First Treatment: 13 MARCH 1993
   e. Place of Treatment: BRIDGEPORT HOSPITAL, BRIDGEPORT, CT
   f. Estimated Time and/or Date of Recovery: 15 MARCH 1993
8. Name and Address of Witnesses: SPC DANIEL R. FERRUCCI, 69 OAK LEAF DR., WATERBURY, CT 06708
9. If motor transportation was involved, attach copy of "Investigating Officer's Report - Accident Motor Transportation," Standard Form 91
10. Name and Address of Civilian Employer: DISCAS INC., 56 EAGLE ST., WATERBURY, CT 06708
11. PEBD: 870429 12. MOS: 11C10 13. Marital Status: SINGLE
14. Phys Profile:

P	U	L	H	E	S	CAT	Date of Last Physical
1	1	1	1	2	1	B	9102

15. A claim may exist against the Government: Yes XX No
16. a. Incapacitation Pay Est: $ 0.00
    b. Medical Care Est: $ 500.00

SIGNATURE OF UNIT COMMANDER

WILLIAM J. NOONAN JR.,CPT MI CTARNG,Commanding
RANK BRANCH

* Pertains to personnel injured, deceased, diseased or for civilian personnel making claim for personal injury or property damage.
** Cross out words not applicable.
NOTE: See SR 40-3 and SR 40-4 for Preparation and Disposition.

MDCT 1-6 REV. 3/85

CAMP EDWARDS GRAPHIC SECTION