| Agen | су | | Officer Name | | Cas | se Number | | | Date of Cra | sh | Time | | |
|----------|------------------|---------|------------------|------------------------------------|-------------|------------------------------------|----------------|----------|-------------|--------------|------|--|--|
| BLC | OOMINGTON POLICE | DEPT | OFFICER | GARIBAY, JOHN | 24 | 4001176 | 02/04/ | 2024 | 04:15 | □ AM ■ PM | | | |
| Road | of Occurrence | | · | | | | | City | | County | | | |
| NIC | COLLET AVE S 50 | FEE | T South From Its | ERICAN BLVD W Bloomington H | | | | | HEN | NEPIN | | | |
| | | | | | | | | | | | | | |
| | Person Type | Name (l | Last,First,Mi) | | | Address (Street, City, State, Zip) | | | | | | | |
| L | DRIVER | MORA | AN BRAVO, BRIAN | | 8145 3RD AV | E S, BLO | OMINGTON, MN 5 | 54201217 | | | | | |
| \vdash | DOB | Sex | | Injury | | | uipment | | | | | | |
| Z | 3/14/1996 | м | | NO APPARENT INJURY | UNKNOWN | | | | | | | | |
| Π | Transported | A | Alcohol Test | | Alc | ohol Test Result | | | | | | | |
| | | ۱ ۱ | Yes, Test Given | | | BAC | | | | | | | |
| | | | | | | | | | | | | | |
| | Person Type | Name (I | Last,First,Mi) | Address (Street, City, State, Zip) | | | | | | | | | |
| | | | | | | | | | | | | | |

| V | DRIVER | FOR | TE, HAROLD, ROBERT | го | 2307 COLFA | X AVE S APT 4, MINNEAPOLIS, MN 554052876 |
|-----------|-------------|-----|--------------------|--------------------|---------------------|--|
| | DOB | Sex | | Injury | | Safety Equipment |
| Ζ | 4/15/1971 | м | | NO APPARENT INJURY | | LAP AND SHOULDER BELT USED |
| \supset | Transported | | Alcohol Test | | Alcohol Test Result | |
| | | | No, Test Not Given | | | |

VEH #1 (MN PLATE# FED716) WAS WAITING IN LINE BEHIND VEH #2 (MN PLATE#V64ALROY) AT THE HOLIDAY STATION (7911 NICOLLET AVE S) CAR WASH, WHEN VEH #1 REAR ENDED VEH #2 WHEN ATTEMPTING TO LEAVE THE CAR WASH LINE DUE TO BEING INTOXICATED VIA ALCOHOL. PRODUCED A BREATH SAMPLE INTO PBT WHICH SHOWED A VALUE OF .304. DRIVER OF VEH #2 WAS ARRESTED AND BOOKED AT THE BLOOMINGTON POLICE DEPARTMENT JAIL FOR DWI.

| Agency | | | | | | Case Number | | | Date of Crash | | Time | □ AM |
|----------|--------------------|----------------------|----------------|--------------------|--|----------------------------|---------------|-------------|---------------|--------|-------|------|
| BLOC | DMINGTON POLICE | DEPT | WITT, TYI | LER | 24 | 4001202 | | | 02/05/2024 | | 03:00 | ■ PM |
| Road of | Occurrence | | | | | | | City | | County | | |
| 1926 | 1926 E 86TH ST | | | | | | | Bloomingtor | ı | HENN | NEPIN | |
| | | | | | | | | | | | | |
| F | Person Type | Name (Last,First,Mi) | | | | Address (Street, Cit | ty, State, Zi | p) | | | | |
| - | DRIVER | MAHOWAL | D, ALLISON, SC | DUBA | 7144 13TH AVE S, RICHFIELD, MN 554233347 | | | | | | | |
| | ООВ | Sex | | Injury | | | Safety Eq | uipment | | | | |
| Z | 10/13/1988 | F | | NO APPARENT INJURY | | LAP AND SHOULDER BELT USED | | | | | | |
| | Fransported | Alcohol | Test | | Alc | ohol Test Result | | | | | | |
| | No, Test Not Given | | | | | | | | | | | |
| | | | | | | | | | | | | |

| | Person Type | Name | e (Last,First,Mi) | | | Address (Street, C | ity, State, Zip) |
|--------|-------------|------|-------------------|--------------------|------|--------------------|------------------|
| 2 | | | | | | | |
| | DOB | Sex | | Injury | | | Safety Equipment |
| Ζ | | | | NO APPARENT INJURY | | | |
| \cap | Transported | | Alcohol Test | | Alco | ohol Test Result | |
| | | | | | | | |

UNIT 2 (USPS VEHICLE) WAS UNOCCUPIED AND LEGALLY PARKED ALONG THE CURB IN FRONT OF 1926 E 86TH ST. UNIT 1 WAS PASSING BY UNIT 2 TRAVELING N/B AND TURNING SLIGHTLY LEFT TO PULL ALONG THE LEFT (WEST) CURB IN FRONT OF THE 1920 E 86TH ST BUILDING. AS THE BUS TURNED TO THE LEFT THE REAR END OF THE BUS SWUNG OUT TO THE RIGHT AND STRUCK THE FRONT DRIVER'S QUARTER OF UNIT 2. MINOR DAMAGE OCCURRED TO BOTH. NO INJURIES. PICTURES TAKEN AND UPLOADED.

| Agen | cy | | Case | Number | | | Date of Crash | | Time | | | | |
|----------|--------------------------|------------|--------------|-----------------|--------------------|------------------------------------|---------------|--|------------|-------|-------|--------------|--|
| - | DOMINGTON POLICE | DEPT | OFFICER K | OMENDANT, MARKO | BP | 24001203 | | | 02/05/2024 | | 02:20 | □ AM ∎ PM | |
| | 10 | | | | | | | | | | | PM | |
| Road | of Occurrence | | | | | | City | | County | | | | |
| NIC | COLLET AVE S 30 | 0 FEET | South From I | OLLE | DLLET AVE Blooming | | | | HENN | NEPIN | | | |
| | | | | | | | | | | | | | |
| | Person Type | Name (Last | t,First,Mi) | | | Address (Street, City, State, Zip) | | | | | | | |
| Γ | | | | | | | | | | | | | |
| \vdash | DOB | Sex | | Injury | Safety Equipment | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | Transported Alcohol Test | | | | | ol Test Result | | | | | | | |
| | | | | | | | | | | | | | |

| | Person Type | Name | e (Last,First,Mi) | | | Address (Street, City, State, Zip) | | |
|----------|-------------|------|--------------------|--------------------|---------------------|------------------------------------|------------------|--|
| 2 | DRIVER | HOL | _M, MARK | | 0, 0, | | | |
| \vdash | DOB | Sex | | Injury | | | Safety Equipment | |
| Ζ | 1/1/1960 | М | | NO APPARENT INJURY | | | UNKNOWN | |
| Π | Transported | | Alcohol Test | | Alcohol Test Result | | | |
| | | | No, Test Not Given | | | | | |

1SE376 was parked at the School Parking lot. She reviewed a video of a school bus backing into her car. Occurred sometime between 14:15-14:20 hours. Bus #246. Damage to the driver side rear quarter panel and taillight.

Partial bus and driver info collected from Bloomington Bus Company. Company is working with owner of U1 and insurance company to handle claim.

| Ager | ncy | | Officer Name | | Cas | se Number | | | Date of Crash | | Time | _ |
|----------|--------------------|----------------|--------------|--------------------|-------------------------------------|-----------------------|---------------|------|---------------|--------|-------|--------------|
| BLO | DOMINGTON POLICE | DEPT | OFFICER | TRUONG, KEVIN | B | P24001221 | | | 02/06/2024 | | 08:39 | ■ AM □ PM |
| Road | l of Occurrence | | | | • | | | City | | County | | |
| NC | ORTHLAND DR | | Bloomington | | | | | | NEPIN | | | |
| | | | | | | | | | | | | |
| | Person Type | Name (Last,Fin | rst,Mi) | | | Address (Street, City | y, State, Zij | p) | | | | |
| Γ | DRIVER | KRAUTKR | EMER, MATTHE | W, ALVIN | 1101 LINDEN LN, FARIBAULT, MN 55021 | | | | | | | |
| \vdash | DOB | Sex | | Injury | Safety Equipment | | | | | | | |
| UNIT | 9/7/1974 | м | | NO APPARENT INJURY | LAP AND SHOULDER BELT USED | | | | | | | |
| Π | Transported | Alcoho | Test | Alco | ohol Test Result | | | | | | | |
| | No, Test Not Given | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | Person Type | Name (Last Fi | est Mi) | | Address (Street City State Zin) | | | | | | | |

| | Person Type | Name | e (Last,First,Mi) | Addre | | Address (Street, City, State, Zip) | | | | |
|--------|-------------|------|-------------------|--------------------|------|------------------------------------|------------------|--|--|--|
| 2 | | | | | | | | | | |
| | DOB | Sex | | Injury | | | Safety Equipment | | | |
| Ζ | | | | NO APPARENT INJURY | | | | | | |
| \cap | Transported | | Alcohol Test | | Alco | hol Test Result | | | | |
| | | | | | | | | | | |

VEHICLE 1 WAS BACKING OUT OF A PARKING SPOT INSIDE THE PARKING RAMP OF 8100 NORTHLAND DR WHEN IT ACCIDENTALLY BACKED INTO ANOTHER UNOCCUPIED VEHICLE THAT WAS IN A DIFFERENT PARKING SPOT. THERE WAS NO INJURIES. THERE WAS VERY MINOR DAMAGE TO THE REAR BUMPER OF BOTH VEHICLES. PHOTOS WERE TAKEN AND UPLOADED TO EVIDENCE.COM. OFFICERS WERE ABLE TO LOCATE THE OWNER OF VEHICLE 2. INFORMATION AND INSURANCE INFORMATION WAS COLLECTED FROM BOTH PARTIES AND ATTACHED TO THE STATE CRASH REPORT. BOTH VEHICLES WERE OPERABLE.

| | | | | | | | | | | _ | | | |
|------------------------------------|----------------------|-----------------|--------------|-------------|----------------------------|---------------------|--------------------|----------------|-------------|---------------|--------|-------|------|
| gency | | | Officer Name | | | Cas | se Number | | | Date of C | rash | Time | □ AM |
| LOOMINGTON POL | ICE DEP | т | OFFICER | DURAN, F | RYAN | 24 | 4001238 | | | 02/06 | 6/2024 | 05:20 | □ AM |
| oad of Occurrence | | | | | | | | | City | County | | | |
| At the Intersection | of PEN | IN AVE | S And AM | ERICAN B | LVD E | | | | Bloomingt | on | HEN | NEPIN | |
| Person Type | Nan | ne (Last,First, | ,Mi) | | | | Address (Street, C | ity, State, Zi | p) | | | | |
| DRIVER FOGELSTROM, LAURA, MICHELLE | | | | | | | 741 SOUTHGI | LEN DR, I | BLOOMINGTON | I, MN 55420 | 4762 | | |
| DOB Sex Injury | | | | | | | | Safety Equ | ipment | | | | |
| 6/30/1975 | 6/30/1975 F POSSIBLE | | | | NJURY (C) LAP AND SHOULDER | | | | R BELT USED | | | | |
| Transported | | Alcohol Te | est | | | Alcohol Test Result | | | | | | | |
| Not Transported | | No, Tes | t Not Given | | | | | | | | | | |
| Passenger Name | | | | | Passenger Injury | | | | I | Passenger DOB | | | |
| FOGELSTROM, E | ZRA, LEVI | | | | NO APPARENT | INJU | JRY | | 1 | 1/8/2005 | | | |
| Passenger Safety Equipr | nent | | | | Transported | | | | I | assenger Age | | | |
| LAP AND SHOULDER BELT USED | | | | | | | | | 1 | 8 | | | |
| Passenger Name | | | | | Passenger Injury | | | | I | assenger DOB | | | |
| HASSAN, AZIZA, EMAN | | | | | NO APPARENT | INJU | JRY | | 1 | 12/25/2006 | | | |
| Passenger Safety Equipment | | | | Transported | ansported | | | Passenger Age | | | | | |
| LAP AND SHOULDER BELT USED | | | | | | | | 1 | 7 | | | | |
| | | | | | | | | | | | | | |

| | Person Type | Name | e (Last,First,Mi) | | | Address (Street, City, State, Zip) | | |
|---|-------------|------|--------------------|--------------------|------|------------------------------------|----------------------------|--|
| 2 | DRIVER | BEN | SON, RANDALL, JOHN | HN 4 | | 4775 OAK WA | AY, EAGAN, MN 551222334 | |
| F | DOB | Sex | | Injury | | | Safety Equipment | |
| Ν | 12/2/1969 | М | | NO APPARENT INJURY | | | LAP AND SHOULDER BELT USED | |
| Π | Transported | | Alcohol Test | | Alco | ohol Test Result | | |
| | | | No, Test Not Given | | | | | |

Witness Information:

| Name | Sex |
|-----------------------|-----|
| HASSAN, AZIZA EMAN | F |
| Name | Sex |
| FOGELSTROM, EZRA LEVI | Μ |

Driver of Unit #2 stated that he was turning southbound onto Penn Ave S from Westbound American Blvd W in the Northern most turn lane. Driver of Unit #2 states that as he was turning Southbound onto Penn Ave S, at a green light, he noticed Unit #1 running through the red light heading Southbound on Penn Ave S. Driver of Unit #2 states that he was unable to swerve out of the way, due to a different vehicle also turning next to him from the Southern most turn lane, onto Southbound Penn Ave S from American Blvd W. Driver of Unit #2 states that Unit #1 struck his vehicle at the right front quarter panel with their front left quarter panel.

Driver of Unit #1 stated that she was traveling Southbound on Penn Ave S approaching the intersection at American Blvd W. Driver of Unit #1 states that as she was approaching the intersection at American Blvd W. the traffic light turned yellow, so she proceeded through the intersection to continue onto Southbound Penn Ave s. Driver of Unit #1 states that the Driver of Unit #2 came into the intersection and both vehicles met simultaneously colliding into each other.

There were no independent witnesses outside of either vehicles to determine the cause of the accident, but the Driver of Unit #2 stated that there is video camera footage in the vehicle that possibly caught the incident on camera. Driver of Unit #2 states that the company would need to be contacted in order to obtain the video footage.

The driver of Unit #1 stated that she was sore from the crash and had minor pain, but declined an ambulance at this time. Unit #1 was able to be driven away from the scene.

The driver of Unit #2 stated that he did not have any injuries sustained from the crash and was able to drive the vehicle away from the scene, but stated that the company would be providing a tow truck due to the latch holding the hood down was broken.

LAP AND SHOULDER BELT USED

| Agen | cy | | Officer Name | | | Cas | se Number | | | Date of | of Crash | Time | |
|--------|----------------------------|---------|---------------------|--------------------|------------------|------|--------------------|-----------------|---------------|---------------|-----------|-------|--------------|
| BLC | DOMINGTON POLICE | DEPT | OFFICER KC | OMENDANT | , MARKO | B | P24001240 |) | | 02/ | /06/2024 | 05:30 | □ AM ■ PM |
| Road | of Occurrence | | i | | | | | | City | | County | | |
| BL | AISDELL AVE S | | | | | | | | Bloomingt | on | HEN | NEPIN | |
| | | | | | | | | | | | | | |
| | Person Type | Name (I | (Last,First,Mi) | | | | Address (Street, C | lity, State, Zi | p) | | | | |
| - | DRIVER | HUSS | SEIN, AHMED, ISSA | | | | 503 15TH AV | E SE APT | 304, SAINT CL | OUD, MN | 563044595 | | |
| | DOB | Sex | | Injury | | | Safety Eq | uipment | | | | | |
| UNIT | 10/10/1982 | м | | NO APPARENT INJURY | | | | UNKNC | WN | | | | |
| \cap | Transported | | Alcohol Test Result | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | Person Type | Name (| (Last,First,Mi) | | | | Address (Street, C | City, State, Zi | p) | | | | |
| 2 | DRIVER | LAVE | RON, CANIZARES, OS | SMANY | | | 255 W 96TH S | ST, BLOC | MINGTON, MN | 55420 | | | |
| | DOB | Sex | | Injury | | | | Safety Eq | uipment | | | | |
| UNIT 2 | 11/10/1974 | м | | NO APPARE | ENT INJURY | | | LAP AN | ND SHOULDER | BELT US | ED | | |
| Π | Transported Alcohol Test | | | | | Alco | ohol Test Result | | | | | | |
| | | | | | | | | | | | | | |
| | Passenger Name | | | | Passenger Injury | | | | I | Passenger DOB | | | |
| | SCHULTZ, TYREE, MIC | | POSSIBLE INJURY (C) | | | | 12/29/1995 | | | | | | |
| | Passenger Safety Equipment | | | Transported | | | | I | Passenger Age | | | | |

EMS Ground

28

MN:JFH935 was travelling north on Blaisdell. MN: EAN345 was backing out of his driveway. Stated that he did not see JFH935. Resulted in him backing into the vehicle. No visible damage to EAN345. JFH935 sustained damage to the driver side quarter panel.

| Agency | | | Officer Name | | Car | Case Number | | | Date of Crash | | Time | — AM | |
|--------------------|--------------------|---------------|----------------------|--------------------|------------------------------------|---|------------------------------------|--------------|---------------|------------|------|--------------|--|
| BLC | DOMINGTON POLICE | DEPT | OFFICER | STYLE, AUSTIN | B | P24001295 | 24001295 | | | 02/08/2024 | | ■ AM □ PM | |
| Road | Road of Occurrence | | | | | | | City | | County | | | |
| 1 | NOT ON ROADWA | | Bloomingtor | | | n HENNEPIN | | VEPIN | | | | | |
| | | | | | | | | | | | | | |
| | Person Type | Name (Last,Fi | Name (Last,First,Mi) | | | | Address (Street, City, State, Zip) | | | | | | |
| Γ | DRIVER | REMAKEL | L, MARY, JEAN | | | 10739 LYNDALE BLUFFS TRL, BLOOMINGTON, MN 554205652 | | | | | | | |
| | DOB | Sex | | Injury | | Safety Equipment | | | | | | | |
| UNIT | 3/31/1946 | F | ļ | NO APPARENT INJURY | | UNKNOWN | | | | | | | |
| | Transported | Alcohol | ol Test | | Alcohol Test Result | | | | | | | | |
| No, Test Not Given | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | Person Type | Name (Last,Fi | irst,Mi) | | Address (Street, City, State, Zip) | | | | | | | | |
| <u> </u> | | 1 | | | 1 | 1 | | | | | | 1 | |

| 2 | | | | | | | |
|--------|-------------|-----|--------------|--------------------|----------------|--------|------------------|
| | DOB | Sex | | Injury | | | Safety Equipment |
| Ζ | | | | NO APPARENT INJURY | | | |
| \cap | Transported | | Alcohol Test | | Alcohol Test R | Result | |
| | | | | | | | |

On 02/08/2024 at approximately 1025 hours, I Officer Style was dispatched to a hit and run accident at Countryside Shopping Center at (7700 Old Shakopee Road W).

Prior to my arrival the reporting party advised that a vehicle bearing Minnesota registration (CUB-579) had backed into her vehicle in the parking lot of the shopping center.

Upon my arrival in the area, I checked the area and I was unable to locate the vehicle.

I made contact with the reporting party UNIT 2 and she stated the following:

UNIT 2 had parked her vehicle outside of Don Ho restaurant on the southside of the parking lot.

As UNIT 2 was exiting her vehicle she observed the black Volvo XC60 bearing Minnesota registration (CUB-579) reversing in the parking lot towards her vehicle.

UNIT 2 thought the Volvo would stop, but it continued to reverse towards her vehicle and made impact with the bumper of UNIT 2'S vehicle.

UNIT 2 was driving her boyfriends vehicle that is bearing Minnesota registration (MBY-782).

UNIT 2 vehicle had a paint scratch on it with no structural damage to it.

UNIT 2 advised me that she observed a female driving the Volvo.

This concludes UNIT 2 statement.

Dispatch provided me with a phone number to contact the registered owner of the Volvo.

I was able to get in contact with UNIT 1 and she stated that she knew that she backed into UNIT 2'S vehicle, but didn't think she need to stop and exchange information.

UNIT 1 provided me with her insurance information over the phone and I made contact with her insurance agent and verified with her insurance agent that she had valid insurance.

This concludes UNIT 1'S statement.

Photographs of UNIT 2'S vehicle were taken on scene and uploaded under this case number.

UNIT 2 was provided the full information for UNIT 1 and also provided the case number for her records.

Disposition:

Minnesota State Crash Report Completed.

A citation was written and mailed to UNIT 2.

No further information.

No follow-up necessary.

End of Report.

| Agency Officer Name | | | | Case Number | | | Date of C | Date of Crash | | | | | |
|---|--------------------------|-----------------------|------------------------------|--------------------|------------------|---------------------|----------------------------------|----------------|------------------------|---------------------|--------------|---|--|
| BLOOMINGTON POLICE DEPT OFFICER BARLAND, DO | | | | DUGLAS | BP24001306 | | | 02/08 | 02/08/2024 06 | | □ AM ■ PM | | |
| Road | l of Occurrence | | | | | | | | City | | County | • | |
| LY | NDALE AVE S 250 | ion With 92NE | ith 92ND STREET W Bloomingto | | | ton HENNEPIN | | | | | | | |
| | | | | | | | | | | | | | |
| | Person Type | Name (Last,Fir | st,Mi) | | | | Address (Street, C | ity, State, Zi | | | | | |
| - | DRIVER | MOHAMED, MALYUN, RAGE | | | | | 1916 E 86TH ST APT B101, MINNEAF | | | POLIS, MN 554252248 | | | |
| ⊢ | DOB | Sex | | Injury | Safety Equ | | | quipment | | | | | |
| N | 1/1/1989 | F | F NO APPAR | | | ENT INJURY LAP AN | | | AND SHOULDER BELT USED | | | | |
| Π | Transported Alcohol Test | | | | | Alcohol Test Result | | | | | | | |
| No, Test Not Given | | | | | | | | | | | | | |
| | Passenger Name | | | | Passenger Injury | | | Passenger DOB | | | | | |
| | ABDI, KHALIIL | | | NO APPARENT INJURY | | | | 9/8/2015 | | | | | |
| Passenger Safety Equipment | | | | Transported P | | | Passenger Age | | | | | | |
| | CHILD RESTRAINT TY | PE UNKNOW | N | | | | | | | 8 | | | |
| | | | | | | | | | | | | | |

| | Person Type | Name | Name (Last,First,Mi) | | | Address (Street, City, State, Zip) | | | |
|---|-------------|------|----------------------|--------------------|------|--|----------------------------|--|--|
| 2 | DRIVER | TAY | TAYLOR, LEO | | | 8218 COLFAX AVE S, BLOOMINGTON, MN 554202108 | | | |
| L | DOB | Sex | | Injury | | | Safety Equipment | | |
| Ν | 8/9/2005 | М | | NO APPARENT INJURY | | | LAP AND SHOULDER BELT USED | | |
| Π | Transported | | Alcohol Test | | Alco | ohol Test Result | | | |
| | No, Test N | | | Not Given | | | | | |

- V1 in the north parking lot of Taco Bell (9230 Lyndale Ave S).
- V1 wanted to turn right from the parking lot driveway onto southbound Lyndale Ave.
- V1 said she saw V2 but V2 was in the inside #1 lane of southbound Lyndale.
- V1 made a right turn into the curbside #2 lane of southbound Lyndale.
- Front of V1 struck the passenger side of V2.
- V2 said he was in the #2 lane of southbound Lyndale when he saw V1 pull out of Taco Bell into his lane.
- V2 said he didn't have time or space to avoid the crash.

Vehicles positioned as found by Police (estimated). Diagram not drawn to scale. Background image from Google Maps.

V2 driver admitted he had no vehicle insurance, so he was cited.

| Agency Officer Name | | | | | Case Number | | | | Date of Crash | | Time | □ AM | | |
|---|---------------------------------|------------------|--------------------|------------|------------------------|--|--|-------------|-----------------|----------|-------|--------|--|--|
| BLOOMINGTON POLICE DEPT OFFICER ANDERSON, JC | | | JOSHUA | В | BP24001342 | | | | 02/09/2024 | | 09:06 | ∎ PM | | |
| Road | of Occurrence | | | | | | | | City | | | County | | |
| ABBOTT AVE S 500 FEET South From Its Intersection | | | | | on With 98TH | H STREET Bloomingto | | | gton | ton HENN | | NEPIN | | |
| | | | | | | | | | | | | | | |
| Person Type Name (Last,First,Mi) | | | | | Address (Street, C | eet, City, State, Zip) | | | | | | | | |
| <u>, </u> | DRIVER BIERMAIER, RONALD, HENRY | | | | | 7326 13TH AVE S, RICHFIELD, MN 554233351 | | | | | | | | |
| | DOB | Sex | | Injury | Safety Equipment | | | | | | | | | |
| Ζ | 8/13/1949 | М | | POSSIBLE I | NJURY (C) LAP AND SHOL | | | ID SHOULDEI | ULDER BELT USED | | | | | |
| \cap | Transported | | Alcohol Test | | Alcohol Test Result | | | | | | | | | |
| EMS Ground No, Test Not Given | | | | | | | | | | | | | | |
| Passenger Name | | Passenger Injury | | | | Passenger DOB | | | | | | | | |
| BIERMAIER, SHERYL, ANN | | | NO APPARENT INJURY | | | 7/13/1949 | | | | | | | | |
| Passenger Safety Equipment | | | Transported | | | Passenger Age | | | | | | | | |
| | LAP AND SHOULDER | BELT | USED | | | | | | 74 | | | | | |

Property Damage Information:

| Property Owner Name | Property Description | Property Type | DOB | Sex |
|---------------------|-----------------------|---------------|-----------|-----|
| FIGI, JOHN | BROKEN MAIL BOX | PRIVATE | 6/23/1984 | M |
| Property Owner Name | Property Description | Property Type | DOB | Sex |
| SHOBE, JULIE | RETAINING WALL DAMAGE | PRIVATE | 8/15/1953 | F |

Witness Information:

| Name | Sex |
|-----------------------|-----|
| BIERMAIER, SHERYL ANN | F |

Unit 1 was traveling eastbound on 98th Street approaching Abbott Avenue South. While driving the driver of Unit 1 had a medical event that caused him to slump over at the wheel. Unit 1 then traveled southbound on Abbott Avenue South from 98th street, where it struck a mailbox, and eventually struck a retaining wall.