## Bloomington Police Dept Incident Report Minnesota Statute 13.82 subdivision 6

| Agency                  | ency Officer Name                                      |  |             |  | Date of Crash |       |      |
|-------------------------|--|--|-------------|--|---------------|-------|------|
| BLOOMINGTON POLICE DEPT | OOMINGTON POLICE DEPT OFFICER MERSETH, DANIEL 24012723 |  |             |  | 12/30/2024    |       | ■ AM |
| Road of Occurrence      |  |  | City        |  | County        | •     |      |
| E 88TH ST               |  |  | Bloomington |  | HENN          | NEPIN |      |

|   | Person Type                | Name                    | e (Last,First,Mi) |        |                              | Address (Street, City, State, Zip) |  |                 |                |  |  |  |
|---|----------------------------|-------------------------|-------------------|--------|------------------------------|------------------------------------|--|-----------------|----------------|--|--|--|
| 7 | DRIVER                     | PET                     | ERSON, ALEXANDRA, | MAE    | 3424 W 110TH ST, BLOOMINGTON |                                    |  | I, MN 554313870 |                |  |  |  |
|   | DOB                        | Sex                     |                   | Injury | Safety Equipment             |                                    |  |                 |                |  |  |  |
| Z | 1/10/1998                  | F NO APPAR              |                   |        |                              |                                    |  | LAP AND SHOULDE | LDER BELT USED |  |  |  |
|   | Transported                | ransported Alcohol Test |                   |        | Alcohol Test Result          |                                    |  |                 |                |  |  |  |
|   |                            | No, Test Not Given      |                   |        |                              |                                    |  |                 |                |  |  |  |
|   | Passenger Name             | Passenger Injury        |                   |        | Passenger DOB                |                                    |  |                 |                |  |  |  |
|   | SWANSON, VICTOR            | NO APPARENT INJURY      |                   |        |                              | 10/6/1999                          |  |                 |                |  |  |  |
|   | Passenger Safety Equipment | Transported             |                   |        | Passenger Age                |                                    |  |                 |                |  |  |  |
|   | LAP AND SHOULDER I         |                         |                   |        |                              | 25                                 |  |                 |                |  |  |  |

|   | Person Type              | Name | e (Last,First,Mi)    |                            | Address (Street, City, State, Zip) |   |  |  |  |
|---|--------------------------|------|----------------------|----------------------------|------------------------------------|---|--|--|--|
| 2 | DRIVER                   | CHA  | AVEZ, DANIELLA, MARI | IE 1501 AMER               |                                    | CAN BLVD E APT 203, BLOOMINGTON, MN 554251190 |  |  |  |
|   | DOB                      | Sex  |                      | Injury                     |                                    | Safety Equipment                              |  |  |  |
| Z | 3/21/1988                | F    |                      | SUSPECTED MINOR INJURY (B) |                                    | LAP AND SHOULDER BELT USED                    |  |  |  |
|   | Transported Alcohol Test |      |                      | Alcohol Test Result        |                                    |   |  |  |  |
|   | EMS Ground No, Tes       |      | No, Test Not Given   |                            |                                    |   |  |  |  |

Date of Print: 01/13/2025 10:55 AM Version 1.1.1.0 Page 1 of 2 Unit 1 was driving east on 88th Street at 12th Ave S. Unit 2 was driving north on 12th Ave S at 88th Street. Unit 1 had a stop sign at the intersection. Driver said she stopped and then started across the intersection. She

claimed she didn't see unit 2 due to fog and a lack of headlights.

Driver of unit 2 did not have a stop at the intersection and thought unit 1 didn't stop.

Both drivers checked by paramedics.

Driver of unit 2 transported for possible dislocated shoulder.

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| Agency                     |                                  |               |            |                              | Case Number   |                                    |                                    |                            | Date of Crash Tim   |  | Time  | □ AM |
|----------------------------|----------------------------------|---------------|------------|------------------------------|---------------|------------------------------------|------------------------------------|----------------------------|---------------------|--|-------|------|
| BLOOMINGTON POLICE         | LANUI                            | BP25000097    |            |                              |               | 01/03                              | 01/03/2025 05:                     |                            | ■ PM                |  |       |      |
| Road of Occurrence         |                                  |               |            |                              | City          | County                             |                                    |                            |                     |  |       |      |
| At the Intersection of     | AMERICA                          | N BLVD W      | And PENN   | AVE S                        | AVE S Bloomin |                                    |                                    | Bloomingt                  | gton HENN           |  | NEPIN |      |
| Person Type                | Person Type Name (Last,First,Mi) |               |            |                              |               |                                    | Address (Street, City, State, Zip) |                            |                     |  |       |      |
| DRIVER                     | SMITH, ALI                       | EXANDER, MAT  | THEW       |                              |               | 712 LINCOLN                        | ST, ANC                            | KA, MN 553031              | 721                 |  |       |      |
| DOB                        | Sex                              |               | Injury     |                              |               |                                    | Safety Equ                         | uipment                    |                     |  |       |      |
| 7/22/1985                  | М                                | NO APPARI     | ENT INJURY |                              |               | LAP AN                             | ID SHOULDER                        | BELT USED                  |                     |  |       |      |
| Transported                | Transported Alcohol Test         |               |            |                              |               | Alcohol Test Result                |                                    |                            |                     |  |       |      |
|                            | No, Test Not Given               |               |            |                              |               |                                    |                                    |                            |                     |  |       |      |
|                            |                                  |               |            |                              |               |                                    |                                    |                            |                     |  |       |      |
| Person Type                | Name (Last,Fir                   | st,Mi)        |            |                              |               | Address (Street, City, State, Zip) |                                    |                            |                     |  |       |      |
| DRIVER                     | ALONSO M                         | IEDEL, MARIA, | GUADALUPE  | 5932 WASHBURN AVE S, MINNEAP |               |                                    |                                    | S, MINNEAPO                | POLIS, MN 554102847 |  |       |      |
| DOB                        | Sex                              |               | Injury     | Safety Equ                   |               |                                    | 3quipment                          |                            |                     |  |       |      |
| 11/5/1998                  | F                                |               | NO APPARI  | ENT INJURY LAF               |               |                                    | LAP AN                             | LAP AND SHOULDER BELT USED |                     |  |       |      |
| Transported                | Alcohol                          | Test          |            |                              | Alco          | ohol Test Result                   | ·                                  |                            |                     |  |       |      |
|                            | No, Te                           | est Not Given |            |                              |               |                                    |                                    |                            |                     |  |       |      |
| Passenger Name             | '                                |               |            | Passenger Injury             |               |                                    | I                                  | Passenger DOB              |                     |  |       |      |
| ALONZO MEDEL, MA           | ALONZO MEDEL, MARIA DE JESUS     |               |            |                              |               | NO APPARENT INJURY                 |                                    |                            | 2/28/2005           |  |       |      |
| Passenger Safety Equipment | Transported                      |               |            | I                            | Passenger Age |                                    |                                    |                            |                     |  |       |      |
| LAP AND SHOULDER           | LAP AND SHOULDER BELT USED       |               |            |                              |               |                                    |                                    |                            | 19                  |  |       |      |
| Passenger Name             | Passenger Name                   |               |            |                              |               | Passenger Injury                   |                                    |                            | Passenger DOB       |  |       |      |
|                            | NO APPARENT INJURY               |               |            |                              | 12/9/2012     |                                    |                                    |                            |                     |  |       |      |
| ALONSO MEDEL, OS           | CAR                              |               |            | NO APPARENT                  | INJU          | JRY                                |                                    | 1                          | 2/9/2012            |  |       |      |

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LAP AND SHOULDER BELT USED

Driver of Unit one stated he was driving westbound on American and in the turning lane to go northbound on Penn. He stated Unit 2 vehicle was in front of him turning northbound onto Penn. According to Unit 1 driver there was no cars driving from the south and believed Unit 2 was moving to make the turn and Unit 1 driver continued forward while looking south on Penn to check for oncoming traffic. Unit 1 driver continued driving and collided with Unit 2 on the left rear side of the vehicle shattering the left brake light.

Unit 2 stated she was driving westbound on American Blvd when she merged into the turn lane to go northbound on Penn. She stated Unit 1 driver allowed her to merge into the turn lane. Unit 2 said she was about to turn northbound on Penn but noticed a speeding vehicle approaching causing her to stop. Unit 1 driver stated the collision happened shortly after she came to a stop.

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No, Test Not Given

| Agency Officer Name BLOOMINGTON POLICE DEPT OFFICER A |                                  |                                  |                   | NDERSON, JOSHUA | Case Number BP25000165 |   |                                    | Date of Crash 01/05/2025 |  | Time 07:15 | □ AM |  |  |
|---|----------------------------------|----------------------------------|-------------------|-----------------|------------------------|---|------------------------------------|--------------------------|--|------------|------|--|--|
| Road  | of Occurrence                    |                                  | •                 |                 | City                   |   |                                    | County                   |  |            |      |  |  |
| At the Intersection of LINDAU LN And 24TH             |                                  |                                  |                   |                 |                        |   | Bloomingto                         |                          |  | n HENNEPIN |      |  |  |
|   | Person Type Name (Last,First,Mi) |                                  |                   |                 |                        |   | Address (Street, City, State, Zip) |                          |  |            |      |  |  |
| $\overline{}$   | DRIVER                           | LENCO                            | WSKI, MIKAILA, MA | ARY             |                        | 1383 RAINIER LN, EAGAN, MN 551211320                |                                    |                          |  |            |      |  |  |
| $\vdash$  | DOB                              | Sex Injury F POSSIBLE INJURY (C) |                   |                 |                        | Safety Equipment                                    |                                    |                          |  |            |      |  |  |
| Z   | 12/9/1998                        |                                  |                   |                 |                        |   | LT USED                            |                          |  |            |      |  |  |
|   | Transported                      | Al                               | cohol Test        |                 | Alco                   | Alcohol Test Result                                 |                                    |                          |  |            |      |  |  |
|   | Not Transported                  | N                                | o, Test Not Given |                 |                        |   |                                    |                          |  |            |      |  |  |
|   |                                  |                                  |                   |                 |                        |   |                                    |                          |  |            |      |  |  |
|   | Person Type                      | Name (La                         | st,First,Mi)      |                 |                        | Address (Street, City, State, Zip)                  |                                    |                          |  |            |      |  |  |
| 2   | DRIVER                           | BROW                             | NE, JONATHAN, TY  | REESE           |                        | 1706 STEVENS AVE APT 101, MINNEAPOLIS, MN 554033856 |                                    |                          |  |            | 66   |  |  |
|   | DOB                              | Sex Injury                       |                   |                 |                        | Safety Equipment                                    |                                    |                          |  |            |      |  |  |
| Z   | 4/21/2001                        | M SUSPECTED MINOR INJURY (B)     |                   |                 |                        | B) LAP AND SHOULDER BELT USED                       |                                    |                          |  |            |      |  |  |
|   | Transported Alcohol Test         |                                  |                   |                 | Alco                   | Alcohol Test Result                                 |                                    |                          |  |            |      |  |  |

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Not Transported

Unit 1 was traveling southbound on 24th Avenue towards Lindau Lane in Bloomington. Unit 1 approached the intersection with a flashing yellow arrow and attempted to turn (left) eastbound onto Lindau from 24th. Unit 2 was traveling north on 24th, approaching Lindau lane, approaching the intersection with a green light. Unit 2 continued through the intersection and was struck by unit 1.