Report ID 19273362

Agency St Paul Police Dept

MINNESOTA DEPARTMENT OF PUBLIC SAFETY MOTOR VEHICLE CRASH REPORT

County RAMSEY

Hit And Run?

ACN 193430114

12/9/2019

Day Of Week MONDAY

Time 9:29 AM

Vehicles 1

Injuries 0

Fatalities 0

City Saint Paul

Report Amended? Private Property Damage? Public Property Damage?

Road of Occurrence S SMITH AVE

Latitude 44,92089031

Longitude -93.10172022

UNIT 1 DRIVER	DROCKIVIANIN	First MAAYAN	Mid	dle
Male Femal		State Count	ov.	Zip
City SAINT PAUL		MN	,	551073534
Phone 917-855-6511	Email	Status		
DOB Age 11/3/1982 37	Driver's License No N000007988400	Valid		
Class D The Normal (Not C	ommercial) Driver License			
DL State Endo MN None	rsement	Res Non	striction le	
Jurisdiction State	Recommenda None	tions?		
Physical Conditio			✓ Address	Correct
Apparently Normal (I	ncluding No Drugs/Alcoho	1)	☐ Violatio	
	A A STATE VARIABLE			(V.U.)
CMV Vehicle	Year Vehicle Make SUBARU		VIN JF1SG65627G73	30441
Vehicle Model FORRESTER			Vehicle Col	or
# of Passengers	Tag # State 181MZB MINNES	Plate Count	Year Res	gistered
Parked Status		Insurance Co. UNK	Policy N	lo
	Fowed Not Towed	Towing Com	pany	
Pulling Unit				
Point of Initial Cont FRONT	act Most Harmful Eve OTHER - FIXED OBJ	ent JECT		
Vehicle Maneuver MOVING FORWARD		Sequence of Ever BUILDING	nts	
Vehicle Type PASSENGER CAR				
Vehicle Use NORMAL		Vahiala Eastara		
Emergency Use		Vehicle Factors UNKNOWN		
Contained = Foot	PitterSi	Distracted Driving		70 J. H
Contributing Factor SLIPPERY	8	UNKNOWN		
		Speeding UNKNOWN		
Ped Maneuver		[Alcohol Sus	pected
	_	[Drug Suspec	cted
Tested No, Test Not Given	Туре	1	Results	
Tested No, Test Not Given	Туре		Results	
Direction of Travel	Alignment	Roadway Grade	30	Posted
NORTHBOUND Traffic Design	STRAIGHT Traffic Ctrl Status	Traffic Ctrl	2	Speed Number
TWO-WAY, NOT DIVIDED		NO CONTROLS	_	of Lanes

Date Checked Checked By Submitted By **Created Date** Badge # Department Report By 12/9/2019 0 624 125350 PO Conney, Jon

Unit 1

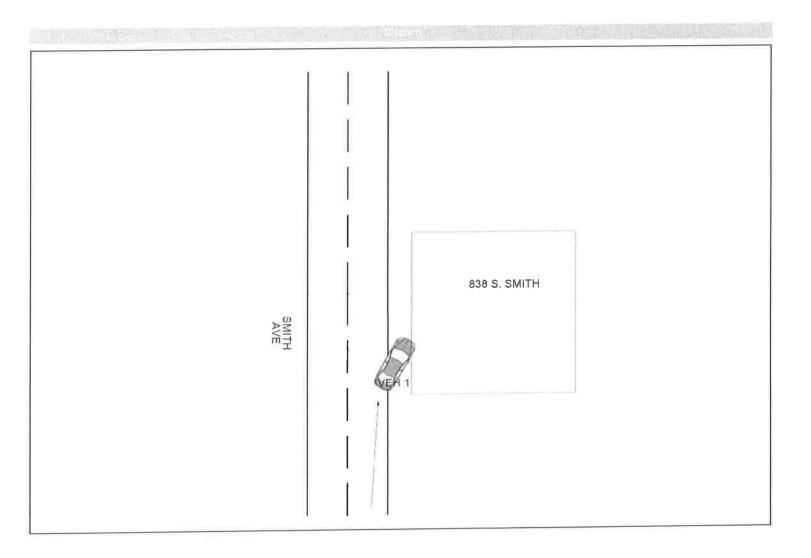
Top
Undercarriage
All Areas
Unknown

Extent of Damage
Minor

No Additional CMV or Damage Information

Road Circumstances \$1000+ In Damage Bus Inv. **Road Surface** Light Cond. **Crash Type** Weather Road Surface Condition (wet, Icy, snow, Snow Daylight No Other - Fixed Object Cloudy slush, etc.) **Location Relative to Trafficway** Ownership of Land **Roadway Direction On/Off Trafficway** On Bridge Photos Taken Manner of Collision On Roadway (Including alley, driveway, Trafficway, On Road No Private Property No Workers Present L.E. Present Location Relative to Work Zone Type of Work Zone Location Relative to Intersection Near/In Work Zone NOT APPLICABLE Not at Intersection, Interchange or Junction Position DOB Sex Last Name, First, Middle Person Type VEH# 11/3/1982 М Driver (Include Motorcycle Driver) DRUCKMANN, MAAYAN Driver **Restraint Type And Use** Run# Ambulance Service **Transported** Injury Lap and Shoulder Belt Used No Apparent Injury Airbag Use Eject Not Deployed Not Ejected or Trapped City State County Zlp Last Name, First, Middle Address VEH# 55105 MN ST PAUL 997 FAIRMONT AVE DRUCKMANN,, MAAYAN Phone No. Person Type Same as Driver 917-855-6511 OWNER Email DOB Sex Phone Witness Name Phone No. DOB Sex **Property Description** Property Type **Property Owner Name** BUILDING [838 S. SMITH] 6512902931 PRIVATE TRADEWINDS ARTS

Veh 1 N/B on Smith Ave, slid on ice/ snow and hit front of 838 S. Smith, causing damage to front of building. Unable to contact building owner. Fire responded and secured building.



ORIGINAL OFFENSE / INCIDENT REPORT

Complaint Number

Reference CN

Date and Time of Report

19273362

12/19/2019 02:41:00

Primary offense:

TRAFFIC ACCIDENT-PROPERTY DAMAGE ACCIDENT

Primary R	eporting Officer:	Bargander,	Sara Lynn		Name of loca	ation/bus	siness:			
Primary squad: 259					Location of incident: 838 SMITH AV S					
Secondary reporting officer:						,	ST PAUL,	, MN 55101		
	Approver:	Bargander, S	Sara							
	District:	Central		Da	ate & time of o	currenc	e: 12/09/2	2019 09:29:00 <i>to</i>		
	Site:						12/09/2	2019 09:29:00		
Arrest mad	de:									
Secondary	y offense:									
Police C	Officer Assaulted	or Injured:		-	Police Officer	Assisted	Suicide:			
Crime So	cene Processed:									
FFENS	E DETAILS									
CRAFFIC	ACCIDENT-F	PROPERTY I	DAMAGE ACC	CIDENT						
	empt Only:				ppears to be G	ang Rela	ated:			
IAMES										
ther			Drucl	kman, M	laayan					
			841 (OHIO ST						
	ST PAUL,				N 55107					
Ni	icknames or Alia	ses								
	ick Name:									
Ali	lias:									
AF	AKA First Name: AKA Last Name:									
De	etails									
Se	ex: Male	Race:	Unknown	DOB:	11/03/1982	2		Resident Status:		
		Hispanic:		Age:	37 from	7	to			
Ph	hones									
H	ome:		Cell: 917-855	5-6511	Cont	act:				
И	Vork:		Fax:		Pag	jer:				
En	nployment									
-	occupation:				E	mployer:				

ORIGINAL OFFENSE / INCIDENT REPORT

Complaint Number

Reference CN

Date and Time of Report

19273362

Phones

Home:

Work:

Primary offense:

12/19/2019 02:41:00

TRAFFIC ACCIDENT-PROPERTY DAMAGE ACCIDENT									
	Identification								
	SSN:		Lice	ense or ID#:			License State:		
Owner			Trad	lewinds Arts					
			ST F	PAUL, MN					
	Nicknames or Aliases								
	Nick Name:								
	Alias:								
	AKA First Name:			AKA L	ast Name:				
	Details								
	Sex: Unknown	Race:	Unknown	DOB:			Resident Status:		
		Hispanic:		Age:	from	to			
	Phones								
	Home:		Cell: 651-29	0-2931	Contact:				
	Work:		Fax:		Pager:				
	Employment								
	Occupation:				Employe	r:			
	Identification								
	SSN:		Lice	ense or ID#:		License State:			
Suspec	OWN		,						
	Nicknames or Aliases								
	Nick Name: Alias:								
	AKA First Name:	AKA Last Name:							
	Details	Race:		DOB:			Resident Status:		
	Sex:	Hispanic:		Age:	from	to			
		i iiapailio.		7,90.					

Contact:

Pager:

Cell:

Fax:

ORIGINAL OFFENSE / INCIDENT REPORT

Complaint Number

Reference CN

Date and Time of Report

19273362

Primary offense:

Suspect

12/19/2019 02:41:00

TRAFFIC ACCIDENT-PROPERTY DAMAGE ACCIDENT

Emp	oloyment				
Occ	cupation:			Employer:	
lden	tification				
SSA	l:		License or IE	D#:	License State:
Phys	sical Descrip	tion			
	US:		Metric:		
H	leight:	to	Build:	Hair Length:	Hair Color:
И	/eight:	to	Skin:	Facial Hair:	Hair Type:
	Teeth:		Eye Color:	Blood Type:	
Offe	nder Informa	ntion			
	Arrested:		Pursuit engaged:	Violated Re-	straining Order:
	DUI:		Resistance encountered:		
	Condition:				
Τ			Taken to health care facility:	release obtained:	
SOLVABIL	ITY FACT	ORS			
•••••				By:	
Suspect ca	an be Identifie	od:			
	Photos Taken:		S		
Evide	Evidence Turned In:				
R	elated Incider	nt:			
Lab				Fingerprints Taken:	
Biological Analysis:					
Narcotic Analysis:				Items Fingerprinted:	
Lab	Comments:				
Participan	ts:				
Person Type	e: N	ame:		Address:	Phone:
Other	Druckman, Maayan		aayan	841 OHIO ST	
				ST PAUL, MN 5510	7
O	т.	radewinds A	urte		
Owner	- 11	i aucwillus F	n to	ST PAUL, MN	

ORIGINAL OFFENSE / INCIDENT REPORT

Complaint Number

Reference CN

Date and Time of Report

19273362

12/19/2019 02:41:00

Primary offense:

TRAFFIC ACCIDENT-PROPERTY DAMAGE ACCIDENT

NARRATIVE

SEE STATE ACCIDENT REPORT

PUBLIC NARRATIVE

TRAFFIC ACCIDENT

Last page of the report

SUPPLEMENTAL OFFENSE / INCIDENT REPORT

Complaint Number

Reference CN

Date and Time of Report

19273362

Primary offense:

12/19/2019 07:57:00

TRAFFIC ACCIDENT-PROPERTY DAMAGE ACCIDENT

Primary Reporting Officer: Cottingham, Paul J

Name of location/business:

Primary squad:

Location of incident: 838 SMITH AV S

ST PAUL, MN 55101

Secondary reporting officer:

Approver: District: Central

Date & time of occurrence: 12/09/2019 09:29:00 to

Site:

12/09/2019 09:29:00

Arrest made:

Secondary offense:

Police Officer Assaulted or Injured:

Police Officer Assisted Suicide:

Crime Scene Processed:

NARRATIVE

Reviewed and noted

PUBLIC NARRATIVE

Last page of the report