

Report ID
17008938

Agency
Kandiyohi County Sheriff

MINNESOTA DEPARTMENT OF PUBLIC SAFETY
MOTOR VEHICLE CRASH REPORT

County
KANDIYOHI

Hit And Run?

ACN
171960111

Date
7/15/2017

Day Of Week
SATURDAY

Time
7:22 PM

Vehicles
1

Injuries
5

Fatalities
0

Township
Irving

Report Amended?

Private Property Damage?

Public Property Damage?

Road of Occurrence 141ST ST NE

Latitude 45.29046692

Longitude -94.85057438

UNIT 1 DRIVER

Last Name: CLARK First: DAVID Middle: LEE

Male Female

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] County: [REDACTED] Zip: [REDACTED]

DOB: [REDACTED] Age: 58 Driver's License No: [REDACTED] Status: Valid

Class: D The Normal (Not Commercial) Driver License

DL State: MN Endorsement: None Restriction: None

Jurisdiction: State Recommendations?: None

Physical Conditions: Has Been Drinking Alcohol: Unknown

Address Correct Violations

CMV Vehicle Year: 2016 Vehicle Make: TESLA VIN: [REDACTED]

Vehicle Model: EV Vehicle Color: BLACK

of Passengers: 4 Tag #: [REDACTED] State: MINNESOTA Plate County: [REDACTED] Year Registered: 2017

Parked Status: [REDACTED] Insurance Co.: WAREHOUSE INSURANCE INC Policy No: [REDACTED]

Vehicle Fire Towed: Towed Due to Disabling Damage Towing Company: HANSONS TOWING

Pulling Unit

Point of Initial Contact: TOP Most Harmful Event: DITCH

Vehicle Maneuver: NEGOTIATING A CURVE Sequence of Events: MOTOR VEHICLE IN TRANSPORT

Vehicle Type: PASSENGER CAR

Vehicle Use: NORMAL

Emergency Use: NO CLEAR CONTRIBUTING FACTOR

Contributing Factors

DRIVER DISTRACTED
RAN OFF ROAD

Distracted Driving
Switching between autopilot and driving

Speeding
NOT SPEEDING

Ped Maneuver

Alcohol Suspected Drug Suspected

Tested

Yes, Test Given Type: PBT (Breath) Results: .05 BAC

No, Test Not Given Type: Results:

Direction of Travel: EASTBOUND Alignment: CURVE LEFT Roadway Grade: LEVEL 45 Posted Speed:

Traffic Design: TWO-WAY, NOT DIVIDED Traffic Ctrl Status: Traffic Ctrl: NO CONTROLS 2 Number of Lanes:

Report By: DEPUTY Pomplun, Quinton Badge #: 3330 Department: SHERIFF'S OFFICE Created Date: 7/15/2017 Submitted By: 0 Checked By: Date Checked:

Crash Type Ditch	Weather Clear	Light Cond. Daylight	\$1000+ in Damage Yes	Bus Inv. No	Road Surface Dry	Road Circumstances None
Manner of Collision	Photos Taken Yes	On Bridge No	Ownership of Land Private Property	Roadway Direction Not Applicable	On/Off Trafficway Trafficway, Not on Road	Location Relative to Trafficway Other
Location Relative to Intersection Y Intersection		Near/In Work Zone No	Type of Work Zone NOT APPLICABLE	Location Relative to Work Zone	Workers Present	L.E. Present

VEH # 1	Last Name, First, Middle CLARK, DAVID LEE	Person Type Driver	Position Driver (Include Motorcycle Driver)	DOB [REDACTED]	Sex M	
Eject Not Ejected or Trapped	Airbag Use Deployed Combination	Injury Suspected Minor Injury (B)	Transported EMS Ground	Ambulance Service NEW LONDON AMBULANCE	Run# NA	Restraint Type And Use Lap and Shoulder Belt Used

VEH # 1	Last Name, First, Middle KOCH, MATTHEW TYLER	Person Type Passenger	Position Front Right (Include MC Sidecar)	DOB [REDACTED]	Sex M	
Eject Not Ejected or Trapped	Airbag Use Deployed-Front	Injury Suspected Minor Injury (B)	Transported Not Transported	Ambulance Service	Run#	Restraint Type And Use Lap and Shoulder Belt Used

VEH # 1	Last Name, First, Middle WAGGONER, PETER PAUL	Person Type Passenger	Position Second Seat Left (Include MC Passenger)	DOB [REDACTED]	Sex M	
Eject Not Ejected or Trapped	Airbag Use Deployed-Side	Injury Possible Injury (C)	Transported Not Transported	Ambulance Service	Run#	Restraint Type And Use Lap and Shoulder Belt Used

VEH # 1	Last Name, First, Middle KOCH, JONATHAN KYLE	Person Type Passenger	Position Second Seat Right	DOB [REDACTED]	Sex M	
Eject Not Ejected or Trapped	Airbag Use Deployed-Side	Injury Possible Injury (C)	Transported Not Transported	Ambulance Service	Run#	Restraint Type And Use Lap and Shoulder Belt Used

VEH # 1	Last Name, First, Middle WERNER, INGRID ELIZABETH	Person Type Passenger	Position Second Seat Center	DOB [REDACTED]	Sex F	
Eject Not Ejected or Trapped	Airbag Use Not Applicable	Injury Suspected Minor Injury (B)	Transported EMS Ground	Ambulance Service NEW LONDON AMBULANCE	Run# NA	Restraint Type And Use Lap and Shoulder Belt Used

VEH # 1	Last Name, First, Middle USB LST LT	Address [REDACTED]	City [REDACTED]	State [REDACTED]	County	Zip [REDACTED]
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Person Type Same as Driver **Phone No.**
OWNER

VEH # 1	Last Name, First, Middle CLARK, DAVID LEE	Address [REDACTED]	City [REDACTED]	State [REDACTED]	County	Zip [REDACTED]
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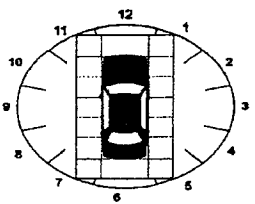
Person Type Same as Driver **Phone No.**
OWNER

Witness Name	DOB	Sex	Phone No.
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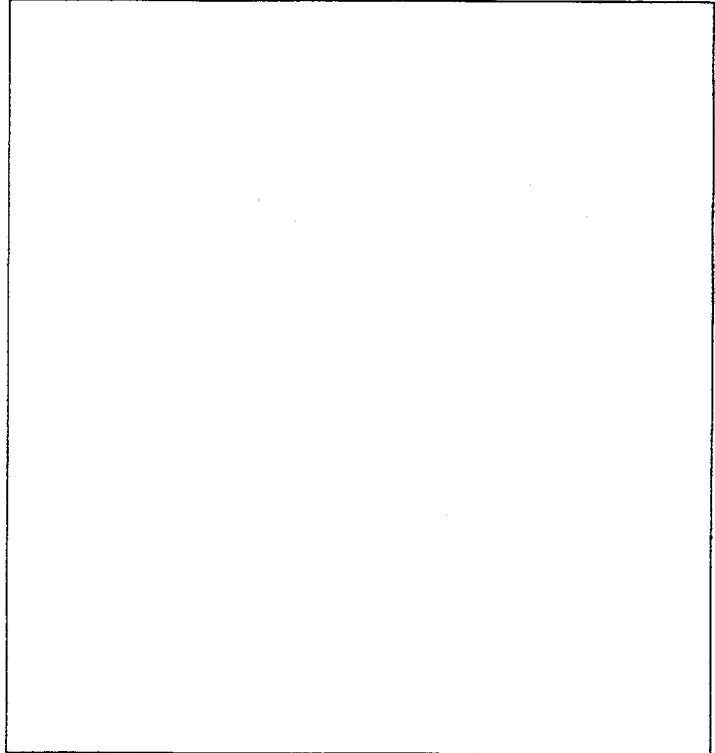
110

Unit 1

Top
 Undercarriage
 All Areas
 Unknown



Extent of Damage
Moderate - Disabling



#19