																<u> </u>
SPECIA	L CONDITION	IS		NUMBER INJURED	HIT & R FELONY	UN	CITY				J	UDICIAL DISTRI	CT LOCAL REPO	ORT NUMBE	R	
				1			GARDEN (GROVE			WJC		240595	10		
				NUMBER KILL	.ED HIT & R MISDEM	UN IFANOR	COUNTY		REPORTING DIST	RICT		BEAT	DAY OF WEI		TOW AV	WAY
				o	Г		ORANGE		071		1-2		TUESDA	Y	✓ YE	ES ∏NO
	COLLISION	OCCURRE	D ON						MO. DA	Y YEAR	TIME (2400)		NCIC #		FFICER I	.D.
N	MAGNO	LIA ST							10/15/20	24	0904		3009	.	1282	
LOCATION	MILE POST							GPS COORDINATE			1		PHOTOGRA		NONE	E
Ą					OF			LATITUDE		LONGIT	LIDE					
Ö	AT INT	ERSECTIO	N WITH O	RANGEV		VE		LATITOPE		LONGIT	STATE HWY F	REL				
_	OR				OF						YES	⊠no				
PARTY	DRIVER'S L	CENSE NU	IMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP	VEH. YEAR	MAKE/MODEL	/COLOR		LICENSI	E NUMBER		STATE
1	F85678	03			CA	С	L	G	2017	NISS	SEN	BLK	7XQI	N267		CA
DRIVER																
\boxtimes	IRENE TERANMALDONADO									E	SAM	E AS DRIVER				
PEDES-	STREET ADI	DRESS							IRENE				TERANI	MALDO	NADO	
TRIAN	9362 D	EWEY I	DR; 081						OWNER'S ADDI	RESS	SAM	IE AS DRIVER				
PARKED	CITY/STATE		,						9362 DEV	VEY DR: 0	81	GARD	EN GROVE	: CA	928	341
VEHICLE	GARDE	N GRO	VE			CA	9284	11	DISPOSITION C				DRIV		□от	
BICY-		HAIR	EYES	HEIGHT	WEIGHT		BIRTH DATE	RACE	TOWED B	Y B&D						
CLIST	 -	BRN	BRN	5'01"	150		o. Day Yea 24/1966	н	PRIOR MECHAN		:	NONE APP	ARENT	REFE	R TO NAR	RATIVE
OTHER	HOME PHO			10 01	BUSINESS I		- 1, 2500		VEHICLE IDENT	IFICATION NU	MBER: 3N1	AB7APXH				
	(714)63	1-949	4						VEHIC	LE TYPE		/EHICLE DAMAG		SHAL	DE IN DAN	MAGED AREA
	(714)631-9494 INSURANCE CARRIER POLICY NUMBER							1		☐UNK.	NONE	MINOR				
	KEMPE	2 AUTO	INSUR	ANCE	5001	17011	901		01		 мор.		□ □roll-over			
	DIR OF		TREET OR HI			-,	SPEED I	LIMIT	1					745		
	TRAVEL N	МД	GNOLIA	ST			40		CA	TCD//	DOT	MC/MV		- 🗆 🗀		
PARTY	DRIVER'S L			<u>. </u>	STATE	CLASS	AIR BAG	SAFETY EQUIP		TCP/I		MC/MX	LICENSI	— I E NUMBER	9	STATE
2	Y40184	01			CA	С		G	2022	точт	COA	WT	9ANG	7498		CA
DRIVER	NAME (FIRS		E, LAST)		ĮCA		-		12022	1011	COA	••••	JAIN	2430		<u> </u>
\square										<u>l</u> E	SAM	E AS DRIVER				
PEDES-	STREET ADI	DRESS							HUNG				TRIEU			
TRIAN		4AGNC	DLIA ST;	071					OWNER'S ADDI	RESS	SAM	E AS DRIVER	TIKILO			
PARKED	CITY/STATE		LIA 31,	071					11161 MA	GNOLTA 9	ST: 071	GARD	EN GROVE	: CA	928	R 4 1
VEHICLE	GARDE	N GRO	VF			CA	9284	L 1	DISPOSITION C	OF VEHICLE ON	ORDERS OF:		DRIV		ОТ	
BICY-		HAIR	EYES	HEIGHT	WEIGHT		BIRTH DATE	RACE	TOWED B	Y 1-N TOW	VING AT	OWNER'S I	REQUEST			
CLIST	I M	BLK	BRN	5'00"	120		o. Day Yea L2/1961	A	PRIOR MECHAN			NONE APP		□REFE	R TO NAR	RATIVE
OTHER	HOME PHO			10.00	BUSINESS I				VEHICLE IDENT	TFICATION NU	MBER: JTDI	EAMDE4N				
	(714)79	7-196	1						VEHIC	LE TYPE		/EHICLE DAMAG		SHAL	DE IN DAN	MAGED AREA
	INSURANCE				POLICY	/ NUMBER	<u> </u>		1	ı	☐unk.	NONE	MINOR			
	MERCU	RY INS	URANCE	E GROUE	P CAA	P0009	90425		01		□мор.	_	ROLL-OVER			
	DIR OF		TREET OR HI				SPEED I	LIMIT						$\neg \forall \vdash$,
	TRAVEL S	MA	GNOLIA	ST			40		CAL-T	TCP/F	DOT	MC/MX		- 18		
PARTY	DRIVER'S L				STATE	CLASS	AIR BAG	SAFETY EQUIP		MAKE/MODEL		PIC/PIX	LICENSI	E NUMBER		STATE
3	D60171	14			CA	U	м	G	2021	NISS	ROGUE	GRY	9DY0	G255	Į,	CA
DRIVER	NAME (FIRS		E, LAST)		1	1-		1-	† <u>-</u>							
\boxtimes	метот	ISI		ANGEL	0 1	FALEL	AULII		OWNER'S NAM	E	SAM	IE AS DRIVER			l l	
PEDES-	STREET ADI			7					METOTIS:	T	ANG	FLO	FALELA	ULTT		
TRIAN	8063 C	MBRI	A CIRCL	E					OWNER'S ADDI			E AS DRIVER				
PARKED	CITY/STATE								8063 CAM	IBRIA CIR	RCLE	STAN'	TON	CA	906	580
VEHICLE	STANTO	N				CA	9068	80	DISPOSITION C				DRIV		ОТ	
BICY-		HAIR	EYES	HEIGHT	WEIGHT		BIRTH DATE o. Day Year	RACE	VEHICLE I	RETAINED	BY OWN	ER				
CLIST	М	BRN	BRN	6'00"	230		o. Day real L6/1959	o	PRIOR MECHAN			NONE APP	ARENT	REFE	R TO NAR	RATIVE
OTHER	HOME PHO		1	1	BUSINESS F				VEHICLE IDENT	TFICATION NU	MBER: 5N1	AT3BAXM				
	(714)46	7-173	1						VEHIC	LE TYPE		/EHICLE DAMAG		SHAD	DE IN DAN	MAGED AREA
	INSURANCE		-		POLICY	/ NUMBER			1	ı	UNK.	NONE	MINOR			
	MERCU	RY INS	URANCE	E GROUF	P CAA	P0001	028740		01		мод.	MAJOR	ROLL-OVER	H		
	DIR OF TRAVEL		TREET OR HI				SPEED I	LIMIT	CA	1	DOT	_		ユエニ	. — –	
	I I IV-IVLL	- 1														\square
	w	ORA	ANGEWO	OOD ST			35		CAL-T	TCP/I		MC/MX		_		
PREPAR	W ER'S NAME	ORA	ANGEWO	OOD ST		DISPATCH	35 NOTIFIED			TCP/I		MC/MX		DATE RE	VIEWED	

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL **TRAFFIC COLLISION CODING**CHP 555 Page 2 (Rev. 11-06) OPI 065

	•	_													, age	2 01 4	
DATE OF COLLISION ((MO. DAY YEAR)	TIME	(2400)	NCIC #				OFFICER I.D.				N	UMBE	R			
10/15/2024			0904 3009			4282								24059510			
OWNER'S NAME					OWNER'S	S ADD	RESS	1							NOTIFIED		
DDODEDTY									DDEN 61					.0.40	YES	Пио	
PROPERTY DAMAGE	DESCRIPTION OF DAMAGE				11222	ZAC	LACI	A PKWY; 12GA	KDEN GI	KOVE	CA		92	840	∐ ĭE3		
DAMAGE	CROSSWALK BUT		N POLE STRUC	K BY VEHICLE	AND D	AM.	AGE	D.									
SEATING	G POSITION		CUPANTS					IPMENT EPLOYED	M / CBI	CYCLE -	HELK	4FT			NTION C ONE HANDH		
		A -	NONE IN VEHICLE		M -	AIR E	BAG N	IOT DEPLOYED	DRIVER	PAS	SENG			B - CELLPH	ONE HANDS	FREE	
(\land)			UNKNOWN LAP BELT USED			OTHE	er Requ	IRED	V - NO W - YES	1 - X ' - Y				C - ELECTR D - RADIO	ONIC EQUIP	MENT	
123		D-	LAP BELT NOT USE				ric QO	INCO	** 123	•				E - SMOKIN			
	RIVER 6 - PASSENGERS	1	SHOULDER HARNES SHOULDER HARNES		CH	CLD F	REST	RAINT	EJECTED	FROM V	EHIC	CLE		F - EATING G - CHILDR	FN		
	TATION WAGON REAR	G-	LAP/SHOULDER HAF	RNESS USED	Q -	IN V	EHICL	E USED	0 - NOT E	JECTED				H - ANIMAL	S		
	EAR OCC. TRK. OR VAN OSITION UNKNOWN		LAP/SHOULDER HAF PASSIVE RESTRAINT					E NOT USED E USE UNKNOWN	1 - FULLY 2 - PARTI					I - PERSON K - OTHER	AL HYGIENE		
	THER		PASSIVE RESTRAINT		T -	IN VE	HICL	E IMPROPER USE	3 - UNKNO								
								/EHICLE	VDI 47315								
		KKI	ED BELOW FO	LLOWED BY AN	ASTE	KIS	K(*)	SHOULD BE E	XPLAINE	DINI	HEI	NAK	KKA				
	LLISION FACTOR) OF PARTY AT FAULT		TRAFFIC CON	TROL DEVICES	1	2	3	SPECIAL IN	FORMATI	ON	1	2	3		ENT PRECI OLLISION	EDING	
A VC SECTION	V VIOLATED CITED	\times	A CONTROLS FUI	NCTIONING				A HAZARDOUS MA	ATERIAL				\times	A STOPPED			
2 21801 (A)			B CONTROLS NO	T FUNCTIONING			-	B CELL PHONE HA	B CELL PHONE HANDHELD IN USE					B PROCEEDING STRAIGHT			
B OTHER IMP	ROPER DRIVING*:		C CONTROLS OB	SCURED		L.		C CELL PHONE HA	NDSFREE I	N USE				C RAN OFF ROAD			
_		D NO CONTROLS PRESENT/FACTOR*				$\mathbf{r} \times \mathbf{r} \times \mathbf{r}$			D CELL PHONE NOT IN USE					D MAKING RIGHT TURN			
C OTHER THA			TYPE OF C	OLLISION	-		1	E SCHOOL BUS RE			_	X		E MAKING L			
D UNKNOWN	*		A HEAD - ON B SIDE SWIPE					G 32 FT TRAILER		O				F MAKING U TURN			
			C REAR END					H	COMBO					G BACKING H SLOWING	/ STOPPIN	G	
WEATHER (MA	RK 1 TO 2 ITEMS)	\times	D BROAD SIDE					I						I PASSING			
A CLEAR	•		E HIT OBJECT					J						J CHANGING	LANES		
B CLOUDY	B CLOUDY		F OVERTURNED					K						K PARKING MANEUVER			
C RAINING		G VEHICLE / PEDESTRIAN						L						L ENTERING			
D SNOWING			H OTHER*:				-	M						MOTHER UN			
E FOG / VISI	IBILITY FT.		OTOD VELITOLE	TNIVOLVED WITT		_	-	N O				_		N XING INTO	OPPOSIN	G LANE	
F OTHER*:		M	A NON - COLLISI	INVOLVED WIT	-			0						O PARKED P MERGING			
_	HTING		B PEDESTRIAN	ON										Q TRAVELIN	G WRONG	WAY	
A DAYLIGHT		$\overline{\times}$	C OTHER MOTOR	VEHICLE				OTHER ASSOCI	ATED FACTO	R(S)				R OTHER*:		,	
B DUSK - DAN	WN		D MOTOR VEHICLE	ON OTHER ROADWA	Y 1	2	3		O 2 ITEMS	(-,							
C DARK - STR			E PARKED MOTO	R VEHICLE				A VC SECTION VIOLATED CITED ☐ YES									
	STREET LIGHTS		F TRAIN							□NO							
E DARK - ST FUNCTION	REET LIGHTS NOT JING*		G BICYCLE H ANIMAL:		_			B VC SECTION VI	VC SECTION VIOLATED CITED ☐ YES								
	AY SURFACE		ANIMAL.					C VC SECTION VI	OLATED	☐ NO CITED	1	2	3		RIETY DR	UG	
A DRY	AT SURFACE	1	I FIXED OBJECT	:				C ve seemen vi	OBVIED	☐YES ☐NO	•	_			OLLISION (1 TO 2 ITE	MS)	
B WET			_					D		LINO	\supset	\forall	\times	A HAD NOT			
C SNOWY - IO	CY	J OTHER OBJECT:						E VISION OBSCU	REMENT:					B HBD - UNDER THE INFLUENCE			
D SLIPPERY (MUDDY, OILY, ETC.)							F INATTENTION:						C HBD - NOT UNDER INFLUENCE			
	CONDITIONS	DEDECTRIANIC ACTIONS						G STOP & GO TRA						D HBD - IMP			
	TO 2 ITEMS)		1	N'S ACTIONS			-	H ENTERING / LEA		P				E UNDER DE			
A HOLES, DE			A NO PEDESTRIA B CROSSING IN (-	I PREVIOUS COLL J UNFAMILIAR WI			\vdash			F IMPAIRME			
	TERIAL ON ROADWAY* ION ON ROADWAY*	1	AT INTERSECT				\vdash	K DEFECTIVE VEH			\vdash			G IMPAIRME H NOT APPL		NOVIN	
	TION - REPAIR ZONE			CROSSWALK - NOT	1				_		\vdash			I SLEEPY / I			
	ROADWAY WIDTH	Ĺ	AT INTERSECT						□YES □NO								
F FLOODED*		D CROSSING - NOT IN CROSSWALK			L UNINVOLVED												
G OTHER*:			E IN ROAD - INCLUDES SHOULDER					M OTHER*:									
M NO UNUSU	UNUSUAL CONDITIONS F NOT IN ROAD		\times	$ \boxtimes$	$ \swarrow $	N NONE APPAREN											
			G APPROACHING/	LEAVING SCHOOL BU	JS			O RUNAWAY VEHI	MISCELLANE	OUS							
									AOI #1	: 11' W							
										15' N	I/SC	L O	rang	gewood A	re		
								Click in	AOI #2	: 22' W	//E0	CL M	1agr	nolia St			
							e SKE DICA	TCH and TE						gewood A	/e		
								fields to	AOT #3	. 12' E	/EC			alia Ch			
								a graphic.	AOI #3					olia St gewood A	ve .		
								erate used,			,			J = 5 5 4 A	-		
						ind	dicate	the the									
							catior etch l	n of the									
						Jak.	CICIT	ici c.									

Page **3** of **4**

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL INJURED / WITNESS / PASSENGERS CHP 555 Page 3 (Rev. 11-06) OPI 065

DATE OF COL	LISION (MO. [AY YEAR)		TIME (2400	0)	NCIC #			OFFICE	R ID.				NUMBER				
10/15/2024 0904				904 3009									24059510					
WITNESS	PASSENGE	AGE	SEX				IURY ("X" ONE			JUREI) WAS	s ("X" O	NE)	PARTY	SEAT	AIR	SAFETY EQUIP.	EJECTED
ONLY	ONLY	102	JLA	FATAL INJURY	SUSPECTED	SERIOUS RY	SUSPECTED MINOR INJURY	POSSIBLE INJURY	DRIVE	R PASS.	PED.	BICYCLIST	OTHER	NUMBER	POS.	BAG	EQUIP.	2320125
#		58	F]		\boxtimes						1	1	L	G	0
NAME/D.O.B., IRENE	ADDRESS	-	TERAN	MALDOI	NADO	05/	24/1966 936	2 DEWEY	DR: 0	81	GA	RDEN GI	RO'CA	92	2841	(714))631-9	494
(INJURED ON		RTED BY					EMS Run Number		Т	AKEN TO						` ,		
DESCRIBE IN:	JURIES									NEST A	ANAHI	EIM MED	ICAL (CENTER				
COMPLA	INT OF P	AIN																
														_				
		T				1							Т		TIM OF V	TOLENT	CRIME NO	TIFIED
MAME/D.O.B.	/ADDRESS			Ц						Ш	Ш		Ш			TELEPHO	ONE	
(INJURED ON	LY) TRANSPOI	RTED BY					EMS Run Number	•	Т	AKEN TO								
DESCRIBE IN:	JURIES																	
														□vic	TIM OF W	IOLENT (CRIME NO	TIFIED
#				Ιп		1				Τп								
NAME/D.O.B.,	/ADDRESS					J			<u> U</u>	1			<u> </u>			TELEPHO	ONE	
(INJURED ON	LY) TRANSPO	RTED BY					EMS Run Number		Т	AKEN TO								
DESCRIBE IN:	JURIES																	
														□VIC	TIM OF V	IOLENT (CRIME NO	TIFIED
#]												
NAME/D.O.B.,	/ADDRESS															TELEPHO	ONE	
(INJURED ON	LY) TRANSPOI	RTED BY					EMS Run Number	•	Т	AKEN TO								
DESCRIBE IN:	IIIRTES																	
DESCRIBE IN	50.425																	
														_				
		_	1		_					1	т		Т		TIM OF V	IOLENT (CRIME NO	TIFIED
# NAME/D.O.B.,	/ADDRESS															TELEPHO	ONE	
(INJURED ON	LY) TRANSPOI	RTED BY					EMS Run Number		Т	AKEN TO								
DESCRIBE IN.	JURIES																	
														□vic	TIM OF V	TOLENT (CRIME NO	TIEIED
#				Ιп		1			Ιп	ТП			ТП					
NAME/D.O.B.,	/ADDRESS			<u> </u>		J			1 —		<u> </u>		1 —			TELEPHO	ONE	
(INTURED ON	LY) TRANSPOI	TED BY					EMS Run Number		т	AKEN TO								
, I SONED ON	,						E IS Kull Nullbel		'	, 1 O								
DESCRIBE IN:	JURIES																	
														VIC	TIM OF V	IOLENT (CRIME NO	TIFIED
PREPARER'S	NAME				I.D. NUM	BER		MO. DAY	YEAR	REVIEW	ER'S NAM	IE				М	O. DAY	YEAR
C. SHELG	REN				4282			10/15/2	024	WREI	1 #47	62				1:	1-11-2	024

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL NARRATIVE / SUPPLEMENTAL CHP 556 (Rev. 7-90) OPI 065

C. SHELGREN	4282	10/1	.5/2024	WREN #	4762		1	11-11-2024
PREPARER'S NAME and I.D. NUMBER		DATE	F	EVIEWER'S N	AME		[0	DATE
under this case number	dashcam footage of the d	Lonsion	mom the dashCa	iocate	a iii vzi for lurtner det	ans refer to	Juncer	noward's report
-	-					aile refer t	Off:	Howard's resert
D1 had complaint of pai	in and was transported to	West 4	Anaheim Medical	Center fo	or evaluation.			
	igewood Ave waiting at t					_ Salack VS	V	ias in the
	urn as the traffic signal p ast corner of the sidewal							
and preparing to make a	oound Magnolia St approa an unprotected left turn t	to trave	l eastbound on O	rangewo	od Ave. As V1 was app	roaching th	e interse	ection, V2 made
MAGNOLIA ST/ORAN			AFFIC COLLISI			Yes		No
LOCATION / SUBJECT						STATE HIGHWA	Y RELATED	
GARDEN GROVE	ORANGE		w	JC		71	1-2	
CITY / COUNTY / JUDICIAL DISTRICT						REPORTING DI	STRICT/BEAT	CITATION NUMBER
Supplemental	Other:		□ BA Opdate □ Hazardous M	aterials	School Bus	Other:	Kun Ope	iate
"X" ONE Narrative	"X" ONE Collision Report		TYPE SUPPLEMENTAI	L ("X" APPL	ICABLE) Fatal	□ Hit and	Run Upd	late
10/15/2024	,	3009	TABLE CLUBBLES SEE	4282		24059510)	
DATE OF INCIDENCE / OCCURRENCE		NCIC #		OFFICE	ER I.D. NUMBER	NUMBER		rage + or +
Cili 330 (itcvi / 30) (011 005							Page 4 or 4