

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
TRAFFIC COLLISION REPORT
CHP 555 Page 1 (Rev. 11-06) OPI 065

SPECIAL CONDITIONS		NUMBER INJURED 1	HIT & RUN FELONY <input type="checkbox"/>	CITY GARDEN GROVE	JUDICIAL DISTRICT WJC	LOCAL REPORT NUMBER 24059510		
		NUMBER KILLED 0	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY ORANGE	REPORTING DISTRICT 071	BEAT 1-2	DAY OF WEEK TUESDAY	
				TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
LOCATION	COLLISION OCCURRED ON		MO.	DAY	YEAR	TIME (2400)	NCIC #	
	MAGNOLIA ST		10	15	2024	0904	3009	
	MILE POST INFORMATION		GPS COORDINATES		LONGITUDE		OFFICER I.D. 4282	
	OF		LATITUDE		LONGITUDE		PHOTOGRAPHS BY <input checked="" type="checkbox"/> NONE	
		<input checked="" type="checkbox"/> AT INTERSECTION WITH ORANGEWOOD AVE		STATE HWY REL				
		<input type="checkbox"/> OR		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
PARTY 1	DRIVER'S LICENSE NUMBER F8567803	STATE CA	CLASS C	AIR BAG L	SAFETY EQUIP. G	VEH. YEAR 2017	MAKE/MODEL/COLOR NISS SEN BLK	
DRIVER	NAME (FIRST, MIDDLE, LAST) IRENE TERANMALDONADO		OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		LICENSE NUMBER 7XQN267			
PEDESTRIAN	STREET ADDRESS 9362 DEWEY DR; 081		OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER		STATE CA			
PARKED VEHICLE	CITY/STATE/ZIP GARDEN GROVE CA 92841		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		TOWED BY B&D			
BICYCLIST	SEX F	HAIR BRN	EYES BRN	HEIGHT 5'01"	WEIGHT 150	BIRTH DATE Mo. Day Year 05/24/1966	RACE H	
OTHER	HOME PHONE (714)631-9494		BUSINESS PHONE		PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE			
	INSURANCE CARRIER KEMPER AUTO INSURANCE		POLICY NUMBER 50017011901		VEHICLE IDENTIFICATION NUMBER: 3N1AB7APXHY225453			
	DIR OF TRAVEL N	ON STREET OR HIGHWAY MAGNOLIA ST		SPEED LIMIT 40		VEHICLE TYPE		
					DESCRIBE VEHICLE DAMAGE		SHADE IN DAMAGED AREA	
					<input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR		<input type="checkbox"/>	
					<input type="checkbox"/> MOD. <input checked="" type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		<input type="checkbox"/>	
					CA _____ DOT _____		<input type="checkbox"/>	
					CAL-T _____ TCP/PSC _____ MC/MX _____		<input type="checkbox"/>	
PARTY 2	DRIVER'S LICENSE NUMBER Y4018401	STATE CA	CLASS C	AIR BAG L	SAFETY EQUIP. G	VEH. YEAR 2022	MAKE/MODEL/COLOR TOYT COA WT	
DRIVER	NAME (FIRST, MIDDLE, LAST) HUNG TRIEU		OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		LICENSE NUMBER 9ANC498			
PEDESTRIAN	STREET ADDRESS 11161 MAGNOLIA ST; 071		OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER		STATE CA			
PARKED VEHICLE	CITY/STATE/ZIP GARDEN GROVE CA 92841		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		TOWED BY J-N TOWING AT OWNER'S REQUEST			
BICYCLIST	SEX M	HAIR BLK	EYES BRN	HEIGHT 5'00"	WEIGHT 120	BIRTH DATE Mo. Day Year 07/12/1961	RACE A	
OTHER	HOME PHONE (714)797-1961		BUSINESS PHONE		PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE			
	INSURANCE CARRIER MERCURY INSURANCE GROUP		POLICY NUMBER CAAP000990425		VEHICLE IDENTIFICATION NUMBER: JTDEAMDE4NJ051227			
	DIR OF TRAVEL S	ON STREET OR HIGHWAY MAGNOLIA ST		SPEED LIMIT 40		VEHICLE TYPE		
					DESCRIBE VEHICLE DAMAGE		SHADE IN DAMAGED AREA	
					<input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR		<input type="checkbox"/>	
					<input type="checkbox"/> MOD. <input checked="" type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		<input type="checkbox"/>	
					CA _____ DOT _____		<input type="checkbox"/>	
					CAL-T _____ TCP/PSC _____ MC/MX _____		<input type="checkbox"/>	
PARTY 3	DRIVER'S LICENSE NUMBER D6017114	STATE CA	CLASS U	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 2021	MAKE/MODEL/COLOR NISS ROGUE GRY	
DRIVER	NAME (FIRST, MIDDLE, LAST) METOTISI ANGELO FALELAULII		OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		LICENSE NUMBER 9DYG255			
PEDESTRIAN	STREET ADDRESS 8063 CAMBRIA CIRCLE		OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER		STATE CA			
PARKED VEHICLE	CITY/STATE/ZIP STANTON CA 90680		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		VEHICLE RETAINED BY OWNER			
BICYCLIST	SEX M	HAIR BRN	EYES BRN	HEIGHT 6'00"	WEIGHT 230	BIRTH DATE Mo. Day Year 02/16/1959	RACE O	
OTHER	HOME PHONE (714)467-1731		BUSINESS PHONE		PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE			
	INSURANCE CARRIER MERCURY INSURANCE GROUP		POLICY NUMBER CAAP0001028740		VEHICLE IDENTIFICATION NUMBER: 5N1AT3BAXMC692402			
	DIR OF TRAVEL W	ON STREET OR HIGHWAY ORANGEWOOD ST		SPEED LIMIT 35		VEHICLE TYPE		
					DESCRIBE VEHICLE DAMAGE		SHADE IN DAMAGED AREA	
					<input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MINOR		<input type="checkbox"/>	
					<input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		<input type="checkbox"/>	
					CA _____ DOT _____		<input type="checkbox"/>	
					CAL-T _____ TCP/PSC _____ MC/MX _____		<input type="checkbox"/>	
PREPARER'S NAME C. SHELGREEN		DISPATCH NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		REVIEWER'S NAME WREN #4762			DATE REVIEWED 11-11-2024	

DATE OF COLLISION (MO. DAY YEAR) 10/15/2024				TIME (2400) 0904		NCIC # 3009				OFFICER ID. 4282				NUMBER 24059510					
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)					PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED		
				FATAL INJURY	SUSPECTED INJURY	SERIOUS INJURY	SUSPECTED MINOR INJURY	POSSIBLE INJURY	DRIVER	PASS.	PED.	BICYCLIST						OTHER	
<input type="checkbox"/> #	<input type="checkbox"/>	58	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	L	G	0
NAME/D.O.B./ADDRESS IRENE TERANMALDONADO 05/24/1966 9362 DEWEY DR; 081 GARDEN GRO' CA 92841 (714)631-9494																TELEPHONE			
(INJURED ONLY) TRANSPORTED BY CARE AMBULANCE																EMS Run Number		TAKEN TO WEST ANAHEIM MEDICAL CENTER	
DESCRIBE INJURIES COMPLAINT OF PAIN																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME/D.O.B./ADDRESS																TELEPHONE			
(INJURED ONLY) TRANSPORTED BY																EMS Run Number		TAKEN TO	
DESCRIBE INJURIES																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME/D.O.B./ADDRESS																TELEPHONE			
(INJURED ONLY) TRANSPORTED BY																EMS Run Number		TAKEN TO	
DESCRIBE INJURIES																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME/D.O.B./ADDRESS																TELEPHONE			
(INJURED ONLY) TRANSPORTED BY																EMS Run Number		TAKEN TO	
DESCRIBE INJURIES																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME/D.O.B./ADDRESS																TELEPHONE			
(INJURED ONLY) TRANSPORTED BY																EMS Run Number		TAKEN TO	
DESCRIBE INJURIES																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
PREPARER'S NAME C. SHELGREN						I.D. NUMBER 4282			MO. DAY YEAR 10/15/2024			REVIEWER'S NAME WREN #4762				MO. DAY YEAR 11-11-2024			

