

400-011 Fall Injury Stationary Bus

R O U T I N G	LAGUNA WOODS VILLAGE SECURITY DIVISION FALL / INJURY / ILLNESS STATIONARY BUS 400-011 (REV. 12/6/2017 rs) 0 PHOTOS	CASE#			PAGE 1 Of 3	
		INCIDENT REPORTED				
		Emp #	DATE	DAY OF WEEK WED	TIME ☐ AM ☐ PM	
		S CODE # _____				

VICTIM (only if there is Mutual or GRF Damage):		☐ GRF	☐ UNITED MUTUAL	☐ THIRD MUTUAL	☐ MUTUAL 50
L O C A T	BLDG # - APT #	STREET / INTERSECTING STREET #		P ____ PHASE	T ____ TOWER(1/2/3)
				D ____ BLOCK	C ____ - ____ CARPORT
	OTHER (CLUBHOUSE, GATE, CARPORT, ETC)		SPEEDLIMIT	☐ Choose an item.	

B U S D R I V E R	LAST NAME		FIRST NAME		M.I.	D.O.B		SEX	ID# / PASS#	W/C#
	ADDRESS / BLDG-APT #			CITY			STATE	ZIP	PHONE #	
	LICENSE PLATE #	STATE	VEH YR	MAKE / MODE/ COLOR				DIRECTION OF TRAVEL		
	DIRVER"S LICENSE#	STATE	VEH P.O #	INSURANCE CARRIER		POLICY #		MEDICAL CARD ☐ YES ☐ NO		
	ASSISTANCE GIVEN: ☐ N/A OR NONE ☐ PARAMEDICS ☐ AMBULANCE ☐ OCSD ☐ OTHER									
	INVOLVEMENT:		Choose an item.		IDENTITY:		Choose an item.			

P A R T Y 1	LAST NAME		FIRST NAME		M.I.	D.O.B		SEX	ID# / PASS#	W/C#
	ADDRESS / BLDG-APT #			CITY			STATE	ZIP	PHONE #	
	LICENSE PLATE #	STATE	VEH YR	MAKE / MODE/ COLOR				DIRECTION OF TRAVEL		
	DRIVER'S LICENSE #	STATE	INSURANCE CARRIER			POLICY #		OWNER'S NAME		
	ASSISTANCE GIVEN: ☐ N/A OR NONE ☐ PARAMEDICS ☐ AMBULANCE ☐ OCSD ☐ OTHER									
	INVOLVEMENT:		Choose an item.		IDENTITY:		Choose an item.			

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CASE #

P A R T Y 2	LAST NAME		FIRST NAME		M.I.	D.O.B		SEX	ID# / PASS#		W/C#
	ADDRESS / BLDG-APT #			CITY			STATE		ZIP		PHONE #
	LICENSE PLATE #		STATE	VEH YR	MAKE / MODE/ COLOR					DIRECTION OF TRAVEL	
	DRIVER'S LICENSE #		STATE	INSURANCE CARRIER			POLICY #		OWNER'S NAME		
	ASSISTANCE GIVEN: ☒ N/A OR NONE ☒ PARAMEDICS ☒ AMBULANCE ☒ OCSD ☒ OTHER										
	INVOLVEMENT: Choose an item.			IDENTITY: Choose an item.							

P A R T Y 3	LAST NAME		FIRST NAME		M.I.	D.O.B		SEX	ID# / PASS#		W/C#
	ADDRESS / BLDG-APT #			CITY			STATE		ZIP		PHONE #
	LICENSE PLATE #		STATE	VEH YR	MAKE / MODE/ COLOR					DIRECTION OF TRAVEL	
	DRIVER'S LICENSE #		STATE	INSURANCE CARRIER			POLICY #		OWNER'S NAME		
	ASSISTANCE GIVEN: ☒ N/A OR NONE ☒ PARAMEDICS ☒ AMBULANCE ☒ OCSD ☒ OTHER										
	INVOLVEMENT: Choose an item.			IDENTITY: Choose an item.							

P A R T Y 4	LAST NAME		FIRST NAME		M.I.	D.O.B		SEX	ID# / PASS#		W/C#
	ADDRESS / BLDG-APT #			CITY			STATE		ZIP		PHONE #
	LICENSE PLATE #		STATE	VEH YR	MAKE / MODE/ COLOR					DIRECTION OF TRAVEL	
	DRIVER'S LICENSE #		STATE	INSURANCE CARRIER			POLICY #		OWNER'S NAME		
	ASSISTANCE GIVEN: ☒ N/A OR NONE ☒ PARAMEDICS ☒ AMBULANCE ☒ OCSD ☒ OTHER										
	INVOLVEMENT: Choose an item.			IDENTITY: Choose an item.							

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CALL RECEIVED		× AM × PM	CALL DISPATCHED	× AM × PM	PAGE 3 of 3
ARRIVAL TIME		× AM × PM	DEPARTURE TIME	× AM × PM	CASE #

NARRATIVE: