

400-602 Deceased Person

ROUTING	LAGUNA WOODS VILLAGE SECURITY DIVISION DECEASED REPORT 400-602 (REV. 12/6/2017 rs) 0 PHOTOS		CASE#				PAGE 1 Of 2		
			INCIDENT REPORTED						
			DATE		DAY OF WEEK WED		TIME ☐ AM ☐ PM		
			S CODE # 0140 - DECEASED PERSON						
LOCATION	BLDG # - APT #		STREET / INTERSECTING STREET #			P ____ PHASE #		T ____ TOWER(1/2/3)	
						D ____ BLOCK #		C ____ - ____ CARPORT	
	OTHER (CLUBHOUSE, GATE, CARPORT, ETC)					☐ Choose an item.			
DECEASED	LAST NAME		FIRST NAME		M.I.	D.O.B		SEX	ID#
	ADDRESS / BLDG-APT #		CITY Laguna Woods		STATE CA		ZIP 92637	PHONE #	
	INVOLVEMENT: Choose an item			IDENTITY: Choose an item.					
	DATE OF BIRTH: ____ TIME OF BIRTH: ____ ☐ AM ☐ PM ☐ UNKNOWN								
PARTY 2	LAST NAME		FIRST NAME		M.I.	D.O.B		SEX	ID# / PASS#
	ADDRESS / BLDG-APT #		CITY			STATE		ZIP	PHONE #
	INVOLVEMENT: Choose an item.			IDENTITY Choose an item.					
CALL RECEIVED ☐ AM ☐ PM		CALL DISPATCHED ☐ AM ☐ PM		ARRIVAL TIME ☐ AM ☐ PM		DEPARTURE TIME ☐ AM ☐ PM			
RESPONDENT : ☐ OCFA ☐ OCSD ☐ CORONER ☐ HOSPICE ____ ☐ VMS EMPLOYEE ☐ MORTUARY ____ ☐ OTHER ____ MANOR SECURED BY : _____									

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CASE #

NARRATIVE:

"SPELL CHECK"

OCSD #	OCFA #	OTHER AGENCY #	SECURITY SERVICE REQUEST # ()				
REPORTING OFFICER: X PRINT			SUPERVISOR: X PRINT				
EMPLOYEE #:	DATE:	TIME #:	× AM × PM	EMPLOYEE #:	DATE:	TIME #:	× AM × PM
APPROVED BY X				DATE:			