## 400-602 Deceased Person

R	LAGUNA WOODS VILLAGE			CAS	CASE#								PAGE 1 Of 2		
O U T I	SECURITY DIVISION					INCIDENT REPORTED									
	DECEASED REPORT					DATE		DAY OF WEEK TIM			TIME	ME □AM □PM			
N	400-602 (REV. 12/6/2017 rs)				5.0	S CODE #									
G	0 PHOTOS					0140 - DECEASED PERSON									
O C A T	BLDG # - APT #	STREET #			PPHASE #				T_	TTOWER(1/2/3)					
									DBLOCK # C					CARPORT	
	OTHER (CLUBH	RT, ETC	Γ, ETC) ☐ Choose an item.												
D E C E A S	LAST NAME FIRST			IRST I	NAME			M.I.	D.O.I	.B SEX		SEX	ID#		
					CITY Laguna Woods				STATE ZIP 92637				PHONE #		
	INVOLVEMENT:		IDENTITY: Choose an item.												
E D	DATE OF BIRTH: TIME OF BIRTH: AM PM UNKNOWN														
P A R T Y	LAST NAME FIRST NAME			M.I.			D.O.B			SEX ID#		ID# /	/ PASS#		
	ADDRESS / BLDG-APT #				CITY				STATE		ZIP		•	PHONE #	
	INVOLVEMENT: Choose an item.				IDENTIT	IDENTITY Choose an item.									
CALL AM CALL RECEIVED PM DISPATCHED						☐ AM ARRIVAL TIME			☐AM DEP.			EPARTU ME	RE	AM PM	
RESPONDENT: OCFA OCSD CORONER HOSPICE															
□ VMS EMPLOYEE    □ MORTUARY    □ OTHER    □ OTHER    □															
MANOR SECURED BY :															

## 400-602 Deceased Person

	PAGE 2 of 2
	CASE #
NARATIVE:	

											"SPELL CHECK"	
OCSD #	OCFA #	OTHER AG	ENCY #		SECURITY SERVICE REQUEST # ()							
REPORTING OFFICER:						SUPERVIS	SUPERVISOR:					
X		PRINT				Х		PRINT				
EMPLOYEE #:	DATE:		TIME #:		AM PM	EMPLOYEE #:		DATE:		TIME #:	× AM	
					APPROV	ED BY						
		Х	X DATE:									