400-600 Injury Report

ROUTING	LAGUNA WOODS VILLAGE SECURITY DIVISION INJURY REPORT 400-600 (REV. 12/6/2017 rs) 0 PHOTOS	CASE#	PAGE 1 Of 2
		INCIDENT REPORTED	
		DATE	DAY OF WEEK WED
		TIME ☐AM ☐PM	
		S CODE # ☐312 (COMMON) ☐315 (IN COMMON)	
		INJURY / FALL	

LOCATION	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.	

SUBJECT	LAST NAME	FIRST NAME	M.I.	D.O.B	SEX	ID# / PASS#	W/C#
	ADDRESS / BLDG-APT #	CITY		STATE	ZIP	PHONE #	
	INVOLVEMENT: SUBJECT	IDENTITY: Choose an item.					

PARTY 2	LAST NAME	FIRST NAME	M.I.	D.O.B	SEX	ID# / PASS#	W/C#
	ADDRESS / BLDG-APT #	CITY		STATE	ZIP	PHONE #	
	INVOLVEMENT: Choose an item.	IDENTITY: Choose an item.					

TRANSPORT : ☐ NO TRANSPORT ☐ CARE ☐ PERSONAL VEHICLE ☐ OTHER AMBL : _____

TO : ☐ SBH ☐ HOAG (NEWPORT) ☐ HOAG (IRVINE) ☐ MISSION ☐ KAISER ☐ OTHER : _____

ASSISTED BY : ☐ OCFA ☐ OCSD ☐ CARE ☐ OTHER : _____

MANOR SECURED BY : ☐ OCFA ☐ OCSD ☐ SECURITY ☐ CAREGIVER ☐ NEIGHBOR ☐ OTHER : _____

LOCATION OF INCIDENT :

REASON FOR INCIDENT :

TYPE OF SURFACE AND CONDITIONS :

TYPE OF FOOTWEAR :

AREA(S)/ DESCRIPTION(S) OF POSSIBLE INJURES :

STATEMENT :

ADDITIONAL INFORMATION :

400-600 Injury Report

CASE #

"SPELL CHECK"

OCSD #	OCFA #	OTHER AGENCY #	SECURITY SERVICE REQUEST # ()

REPORTING OFFICER:	SUPERVISOR:
X PRINT	X PRINT

EMPLOYEE #:	DATE:	TIME #: ☐AM ☐PM	EMPLOYEE #:	DATE:	TIME #: ☐AM ☐PM

APPROVED BY

X DATE: