R	LAGUNA WOODS VILL 400-0 SECURITY DIVISION					0 1 00 s i	1७ऽम#raffic Collision Report									PAGE 1 Of 2		
0							INCIDENT REPORTED											
U T I	TRAFFIC COLLISION REPORT					Emį	p #	DATE			DAY OF WEEK WED				-	ТІМЕ	× AM	
N	400-010 (REV. 12/6/2017rs)					S CO	S CODE #									I I I		
G	0 PHOTOS						0010-ABA VEHICLE											
VICTIM (only if there is Mutual or GRF Damage):							≭ GRF × UNI					TUAL	× TH	IIRD M	MUTUAL MUTUAL 50			
L	BLDG # - APT # STREET / INTERSECTING ST						TREET # P_				PPHASE #				TTOWER(1/2/3)			
O C A T									DBLOCK #				C CARPORT			PORT		
	OTHER (CLUBHOUSE, GATE, CARPORT, ETC)						SPEEDLIMIT Choose an item.											
Р	LAST NAME			FIRST NA		AME		M.I.		D.O.B			SEX	X ID# / PAS		<i>‡</i>	W/C#	
	ADDRESS / BLDG-APT #			CITY						STATE			ZIP		PHONE #			
A R	LICENSE PLATE # STATI		STATE	VEH YR		MAKE / MODE/ COLOR									DIRECTION OF TRAVEL			
T Y	DRIVER LICENSE # STATE			INSURANCE CARRIER				POLICY #			OWNER'S NAME							
	ASSISTANCE GIVEN: N/A OR NO			OR NON	NE × PARAMEDICS			× AMB	× AMBULANCE × OCSD				▼ OTHER					
	INVOLVEMENT: Choose an item.						DENTITY: Choose an item.											
P A R T Y	LAST NAME			FIRST NAME					M.I.	D.O.B	D.O.B		SEX	ID#	ID# / PASS#		W/C#	
	ADDRESS / BLDG-APT #			CITY					STATE			1	ZIP		PHONE #	PHONE #		
	LICENSE PLATE # S		STATE	STATE VEH YF		MAKE / MODE/ CO			E/ COLOR	DR			DIF			RECTION OF TRAVEL		
	DRIVER LICENSE #		STATE	STATE INSURA		ANCE CAR	NCE CARRIER				POLICY # OW			OWN	WNER'S NAME			
	ASSISTANCE GIVEN: × N/A		/A OR NONE × PARA			AMEDICS × AMBULAN			ULANC	LANCE OCSD					OTHER			
	INVOLVEMENT: Choose a			e an item. IDENTIT			ΓY: Choose an			an iter	m.							
CALL RE	CEIVED			×	AM PM	CALL DIS	SPATCHE	ED	×	AM PM						PAGE	PAGE 2 of 2	
X AM							EPARTURE TIME AM PM								CAS	E #		

	LAST NAME		FIRST 400-010 Traffic			Coll	เราิ	n R	Repor	E EX	ID# /	PASS#		W/C#		
P A R T Y	ADDRESS / BLDG-APT :	CITY				1			STATE 2		ZIP		PHONE #			
	LICENSE PLATE # STATE		VEH Y		′R	MAKE / MODE				•		DIRECTION OF TRAVEL				
	DRIVER LICENSE #	RIVER LICENSE # STATE		INSURANCE CARRIER			POLICY #				OWNER'S NAME					
	ASSISTANCE GIVEN: N/A OR N			NE × PARAMEDICS × AMBUL					E [× OCSD		>	▼ OTHER			
	INVOLVEMENT: Choose a		e an item	em. IDENTITY:			Choose an item.									
P A R T Y	LAST NAME		FIRST NAME				M.I. D.O.B			SEX		ID# / PASS#			W/C#	
	ADDRESS / BLDG-APT #				CITY					STATE ZIP			PHONE #			
	LICENSE PLATE #	NSE PLATE # STATE		VEH YR		MAKE / MODE	E/ COLOR				·		DIRECTION OF TRAVEL			
	DRIVER LICENSE #	STATE		INSURANCE CARRIER			POLIC			OLICY # OW			WNER'S NAME			
	ASSISTANCE GIVEN:	ANCE GIVEN: N/A OR NOI			NE X PARAMEDICS X AMBU					× OCSD		>	× OTHER			
	INVOLVEMENT: Choose		e an item.		IDENTIT	IDENTITY:		Choose an item.								
NARRATIVE:																