400-010-3 Traffic Collision Report 3 Page

ROUTING	LAGUNA WOODS VILLAGE SECURITY DIVISION TRAFFIC COLLISION REPORT 400-010-3 (REV. 12/6/2017rs) 0 PHOTOS	CASE#	PAGE 1 Of 3

INCIDENT REPORTED

Emp #	DATE	DAY OF WEEK	TIME
		WED	☒ AM ☒ PM

S CODE # _____

VICTIM (only if there is Mutual or GRF Damage): ☒ GRF ☒ UNITED MUTUAL ☒ THIRD MUTUAL ☒ MUTUAL 50

LOCAT

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.	

PARTY 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 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.

PARTY 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 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 2 of 3
ARRIVAL TIME		AM PM	DEPARTURE TIME	AM PM	CASE #

PARTY 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 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.

PARTY 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 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.

PARTY 5

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 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 #

PARTY 6

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 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.

NARRATIVE:

"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: