## 400-022 Welfare Check MM

R	SECONTI DIVISION					CASE#									PAGE 1 Of 2			
0						INCIDENT REPORTED												
T I	WELF/		DATE			[	DAY OF WEEK TIM				TIME	E □AM □PM						
N G	400-022 (REV. 12/6/2017 rs) 0 PHOTOS					S CODE #												
VICTIM (only if there is Mutual or GRF Damage):						<b>≭</b> GRF			×	■ UNITED MUTUAL				THIR	D M	UTUAL	×	MUTUAL 50
L	BLDG # - APT # STREET / INTERSECTING S					STREET #				PPHASE # T					TOWER(1/2/3)			
0 C							DBLOCK #				C CARPORT							
A T	OTHER (CLUBHO	ORT, E	Γ, ETC)							n item.	tem.							
	LAST NAME		FIRST NAME				ı	<b>И.І.</b>	D.	D.O.B SEX ID			ID#	D#				
R E	·				CITY Laguna	CITY aguna Woods			•	STATE ZIP 92637			•	PHONE #				
S I D	SPECIAL KEY ON FILE?  YES No							DES THE RESIDE YES			IDENT HAVE A VEHICLE? ☐ No				CARPO		RT	SPACE
E N	MAKE	MODEL COLOR			OR	YEAR				LICENSR NUMBER						STATE		
Т	INVOLVEMENT:	SUBJECT IDENTITY: Choose an item.																
R E	LAST NAME		M.I.				D.O.B SEX				ID# / PASS#		:	W/C#				
Q E	ADDRESS / BLDG-AF	CITY	ITY				STATE			l	ZIP		PHONE #					
S T	INVOLVEMENT:	IDENT	ENTITY / RELATIONSHIP Choose an item.							•								
O R	IS THE REQUESTOR	ES	□NO			A	AT A GATE? YES NO					GATE#						
CALL AM CALL RECEIVED PM DISPATCHED						☐AM ARRIVAL TIME			ME ☐ AM DEPARTURE ☐ PM TIME				RE	AM PM				

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					PAGE 2 of 2					
					CASE #					
REASON FOR THE REQUEST (CHECK A	ALL THAT APPLY):									
NOT SEEN FOR DAYS	O UP									
□NOT ANSWERING PHONE	PHONE NOT WORKING / E	BUSY	MEDICAL CONCERN							
☐HEAD LOUD / UNUSAL NOISE	MISSED REGULAR CHECK	-IN	MISSED APPOINT							
OTHER										
VACATION/AWAY BOOK CHECKED ?  ☐YES ☐No	WAS THE HOME/CELL CALLED?  ☐YES ☐No	HOSPITALS CONT	TACTED: □No	COMMANDER NOTIFIED?						
WAS THE REQUEST NOTIFIED OF THE OUTCOME? YES NO										
ADDITIONAL INFORMATION: I received a telephone call requesting a welfare check. I took the apporiate action as listed above. See attached supplemental report for further details of this incident.										

											"SPELL CHECK"
OCSD #	OCFA #		OTHER AG	ENCY #	SECURITY SERVICE REQUEST # ()						
REPORTING OFFICER:					SUPERVIS	SOR:					
X	PRINT			Х		PRINT					
EMPLOYEE #:	DATE:	TIME #:		_	AM I	EMPLOYEE	#:	DATE:		TIME #:	× AM
		APPROVED BY									
		X DATE:									