400-012 Traffic Collision - VMS Employee

R	LAGUNA WOODS VILLAGE SECURITY DIVISION				CAS	CASE#									PAGE 1 Of 3		
0						INCIDENT REPORTED											
U T -	VMS EMPLOYEE TRAFFIC COLLISION				Em	Emp# D			TE DAY OF WEEK					٦	ГІМЕ	× AM	
N G	400-012 (REV. 5/7/2018 rs) 0 PHOTOS				SC	S CODE #											
VICTIM (only if there is Mutual or GRF Damage):					≭ GRF			×	× UNITED MUTUAL) MUTUAL	×	MUTUAL 50		
L O C A T	BLDG # - APT # STREET / INTERSECTING S					<u> </u>				P PHASE				T	TOWER(1	 L/2/3)	
										DBLOCK				C CARPORT			
	OTHER (CLUBHOUSE, GATE, CARPORT, ETC)					SPEE	DLIMI	T		× Choose an ite					e an item		
V	LAST NAME	FIRST NAME				M.I.		D.O.B	.O.B SE			II	ID# / PASS#		W/C#		
M S E M P L O Y E E	ADDRESS / BLDG-APT # C				CITY	CITY			<u> </u>	STATE			ZIP PHONE		#		
	LICENSE PLATE # STATE VEH YR				MAKE	MAKE / MODE/ COLOR DIRECT						CTIO	TION OF TRAVEL				
	DIRVER"S LICENSE# STATE VEH P.C				P.O #) # INSURANCE CARRIER							MEDICAL C				
	ASSISTANCE GIVEN:	EN: N/A OR NONE				➤ PARAMEDICS						× OTH	ER				
	INVOLVEMENT: Choose an item. IDENTITY: Choose an item.																
	LAST NAME FI			FIRST NAME				M.I. D.O.B				SEX	II	ID# / PASS# W/C		W/C#	
P A R T Y	ADDRESS / BLDG-APT #				CITY	CITY				STATE				ZIP	ZIP P		#
	LICENSE PLATE # STATE			VEH YR MAKE			/ MODE/ COLOR						DIRECTION OF TRAVEL			TRAVEL	
	DRIVER'S LICENSE # STATE INSURA				RANCE CA	NCE CARRIER				POLICY # OV			WNER'S NAME				
	ASSISTANCE GIVEN:	EN: N/A OR NONE [× PARAMEDICS × AMBULANCE × OCSD						▼ OTHER					
	INVOLVEMENT:	Choos	e an iten	IDENTIT	DENTITY: Choose an item.												

400-012 Traffic Collision - VMS Employee

PAGE 2 of 3

CASE # LAST NAME FIRST NAME M.I. D.O.B SEX ID# / PASS# W/C# CITY STATE ZIP PHONE # ADDRESS / BLDG-APT # Ρ LICENSE PLATE # STATE VEH YR MAKE / MODE/ COLOR **DIRECTION OF TRAVEL** Α R Т DRIVER'S LICENSE # STATE INSURANCE CARRIER POLICY # OWNER'S NAME Υ × N/A OR NONE **×** PARAMEDICS **×** AMBULANCE × OCSD × OTHER ASSISTANCE GIVEN: 2 INVOLVEMENT: Choose an item. IDENTITY: Choose an item. LAST NAME FIRST NAME M.I. D.O.B SEX ID# / PASS# W/C# CITY STATE ZIP ADDRESS / BLDG-APT # PHONE # Ρ LICENSE PLATE # STATE VEH YR MAKE / MODE/ COLOR **DIRECTION OF TRAVEL** Α R DRIVER'S LICENSE # STATE **INSURANCE CARRIER** POLICY # OWNER'S NAME Τ Υ × N/A OR NONE **×** AMBULANCE × OCSD × OTHER ASSISTANCE GIVEN: **×** PARAMEDICS 3 INVOLVEMENT: IDENTITY: Choose an item. Choose an item. FIRST NAME D.O.B SEX ID# / PASS# W/C# LAST NAME M.I. CITY STATE ADDRESS / BLDG-APT # ZIP PHONE # Ρ STATE VEH YR DIRECTION OF TRAVEL LICENSE PLATE # MAKE / MODE/ COLOR Α R DRIVER'S LICENSE # STATE INSURANCE CARRIER POLICY # OWNER'S NAME Τ Υ × OCSD × N/A OR NONE **×** PARAMEDICS **×** AMBULANCE × OTHER ASSISTANCE GIVEN: 4 INVOLVEMENT: Choose an item. IDENTITY: Choose an item.

400-012 Traffic Collision - VMS Employee

CALL RECEIVED	I +	× AM × PM	CALL DISPATCHED	× AM × PM
ARRIVAL TIME	I +	× AM × PM	DEPARTURE TIME	× AM × PM

PAGE 3 of 3	
CASE #	

NA	RR	AΤ	ΊV	Έ:
----	----	----	----	----