400-022 Welfare Check

R	LAGUNA WOODS VILLAGE SECURITY DIVISION WELFARE CHECK 400-022 (REV. 12/6/2017 rs)					CASE#										F	PAGE 1 Of 2		
0						INCIDENT REPORTED													
U T I						DATE				DAY OF WEEK WED			TIME			□AM □PM			
N G	400-022 (R 0 F	S	S CODE #				· 												
VICTIM (only if there is Mutua	•	GRF				UNITED MUTUAL THI					HIRD) MU	TUAL		MUTUAL 50			
L	BLDG # - APT # STREET / INTERSECTING S					STREET #				PPHASE #T							TOWER(1/2/3)		
0 C							D_		BLOCK #				C		CARPORT				
A T	OTHER (CLUBHO	ORT, E	T, ETC)					Choose an item.											
R E S I D E N	LAST NAME FIRST NA					AME				1.1.	D.O.B SEX ID				ID#)#			
	I				CITY Laguna	CITY aguna Woods				STATE ZIP 92637				•	PHONE #				
	SPECIAL KEY ON FILE? HOOK				NUMBER DOES THE RI				ESIDENT HAVE A VEHICLE?						CARPORT		RT	SPACE	
	MAKE	MODEL COLOR			R	YEAR				LICENSR NUMBER								STATE	
Т	INVOLVEMENT:	SUBJI	ECT		IDENTITY:					Choose an item.									
R E	LAST NAME	NAME	M.I.					D.O.B				SEX	ID# / PASS#				W/C#		
Q E S T O R	ADDRESS / BLDG-APT #					CITY						STATE		ZIP		PHONE #			
	INVOLVEMENT: INFORMANT					DENTITY / RELATIONSHIP Choose an item.													
	IS THE REQUESTOR	ES 🗌	□NO					AT A GATE? YES NO					G	GATE#					
CALL RECEIVE	[ED [CALL DISPATO	HED			AM PM	ARRIVA	L TI	IME			□ A	- 1	EPAR ME	TUR	IE.		□ AM □ PM

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											PA	GE 2 of 2
											CASE #	
REASON FOR THE REQU	EST (CH	ECK ALL THAT A	PPLY):									
NOT SEEN FOR D	AYS		NOT	TALKED	TO FOR	_ D	AYS	M	IAIL / NEWSPAF	PER PILED	UP	
■ NOT ANSWERING PH	NE NOT V	WORKING / E	BU:	SY	M	EDICAL CONCE						
				ED REGL	JLAR CHECK	(-IN	N	M	IISSED APPOIN	TMENT		
OTHER	HER											
VACATION/AWAY BOOK ☐YES ☐N		ED ? WAS THE ☐YES	HOME/C	CELL CAL			HOSPITALS	CONTACTE		WATCH (ER NOTIFIED? □No
WAS THE REQUEST NOT	TIFIED OF	THE OUTCOME	??	YES	<u> </u>	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.												
OCSD #	OTHER AGENCY #				SECURITY S	"SPELL CHECK"						
				JIILK	AULINCI #	ı			SERVICE REQUI	LJ I # ()		
REPORTING OFFICER:		PRINT					SUPERVIS	SOR:		PRINT	-	
EMPLOYEE #:	DATE:		TIME #	÷:	□AM □PM	EI	MPLOYEE	#:	DATE:		TIME #:	□AM □PM

APPROVED BY

DATE:

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