400-011 Fall Injury Stationary Bus

ROUTING

LAGUNA WOODS VILLAGE
SECURITY DIVISION

FALL / INJURY / ILLNESS
STATIONARY BUS

400-011 (REV. 12/6/2017 rs)

0 PHOTOS

CASE#

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.	

BUS DRIVER

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

DIRVER"S LICENSE#	STATE	VEH P.O #	INSURANCE CARRIER	POLICY #	MEDICAL CARD ☐ YES ☐ NO

ASSISTANCE GIVEN: ☐ N/A OR NONE ☐ PARAMEDICS ☐ AMBULANCE ☐ OCSD ☐ OTHER

INVOLVEMENT: Choose an item. IDENTITY: 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'S 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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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'S 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 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'S 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'S 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
ARRIVAL TIME		☐ AM ☐ PM	DEPARTURE TIME	☐ AM ☐ PM

CASE #

NARRATIVE: