400-602 Deceased Person

ROUTING

LAGUNA WOODS VILLAGE
SECURITY DIVISION

DECEASED REPORT

400-602 (REV. 12/6/2017 rs)

0 PHOTOS

CASE#

PAGE 1 Of 2

INCIDENT REPORTED

DATE	DAY OF WEEK	TIME
	WED	☐AM ☐PM

S CODE #

0140 - DECEASED PERSON

LOCATION

BLDG # - APT #	STREET / INTERSECTING STREET #	P_____PHASE #	T_____ TOWER(1/2/3)
		D_____BLOCK #	C ____ - ____ CARPORT
OTHER (CLUBHOUSE, GATE, CARPORT, ETC)		☐ Choose an item.	

DECEASED

LAST NAME	FIRST NAME	M.I.	D.O.B	SEX	ID#

ADDRESS / BLDG-APT #	CITY	STATE	ZIP	PHONE #
	Laguna Woods	CA	92637	

INVOLVEMENT: Choose an item	IDENTITY: Choose an item.

DATE OF BIRTH: _____ TIME OF BIRTH: _____ ☐ AM ☐ PM ☐ UNKNOWN

PARTY 2

LAST NAME	FIRST NAME	M.I.	D.O.B	SEX	ID# / PASS#

ADDRESS / BLDG-APT #	CITY	STATE	ZIP	PHONE #

INVOLVEMENT: Choose an item.	IDENTITY Choose an item.

CALL RECEIVED	☐AM ☐PM	CALL DISPATCHED	☐AM ☐PM	ARRIVAL TIME	☐AM ☐PM	DEPARTURE TIME	☐AM ☐PM

RESPONDENT : ☐OCFA ☐OCSD ☐CORONER ☐HOSPICE _____

☐ VMS EMPLOYEE ☐ MORTUARY _____ ☐ OTHER _____

MANOR SECURED BY : _____

400-602 Deceased Person

CASE #

NARATIVE:

"SPELL CHECK"

OCSD #	OCFA #	OTHER AGENCY #	SECURITY SERVICE REQUEST # ()

REPORTING OFFICER: X PRINT	SUPERVISOR: X PRINT

EMPLOYEE #:	DATE:	TIME #: ☐AM ☐PM	EMPLOYEE #:	DATE:	TIME #: ☐AM ☐PM

APPROVED BY

X DATE: