400-139 Driver Statement

R O U T I G	LAGUNA WOODS VILLAGE SECURITY DIVISION			CASE#							PAGE 1 Of 1		
				INCIDENT REPORTED									
	REAL ESTATE SIGN(S) REPORT			DATE			DAY OF WEEK			TIME			
	400-611 (REV. 12-21-2015 rs)						WED			sdf		AM PM	
	0 PHOTOS			S CODE #									
VEHICLE DAMAGE REPORT				N-INJU	RY REPORT	INJURY REPORT							
DRIVER NAME AND EMPLOYEE #						DRIVER ADDRESS							
DRIVER LICENSE NUMBER							CLASS D/L 🗌 A 🔄 B 📄 C RESTRICTIONS						
MAKE/MODEL/YEAR VEHICLE YOU WERE DRIVING					VEHICLE PO #	WORK CENTER #					R #		
TIME OF INCIDENT						DATE OF INCIDENT							
LOCATION OF INCIDENT						WHO WAS NOTIFIED IN OFFICE(SUPERVISOR)							
WHEN WAS SECURITY NOTIFIED?						REPORTING OFFICER							
DATE	TIME	TIME											
WAS ANYONE HURT? O YES O NO													
NAME(S) ADDRESS			SS	S			PHONE						
IF YES, EXPLAIN IN DETAIL													
WHERE PARAMEDICS CALLED :						WAS ASSISTANCE WAS GIVEN TO INJURED :							
WHO PROVIDED ASSISTANCE :						DID INJURED REMAIN AT THE SCENE :							
WAS INJURED TRANSPORTED VIA AMBULANCE :						RELEASE TO : OTH					OTHER	:	
NAME OF WITNESSES : ADDRES			SS :					PHONE NUMBER :					
L													

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VEHICLE USE AT TIME OF INCIDENT/HOW FAR AWAY WAS OTHER VEHICLE WHEN NOTICED

IF FAULTY CONDITION OF EITHER VEHICLE CAUSED INCIDENT, EXPLAIN :

COMPLETE DIAGRAM INDICATING STREET & DIRECTIONS & COURSE OF EACH VEHICLE ALSO POSITONS AT TIME OF IMPACT :

PLEASE DESCRIBE INCIDENT IN DETAIL, STATING WHAT YOU KNOW ABOUT THE INCIDENT, COMMENT UPON ANY STATEMENTS MADE BY YOURSELF OR OTHERS AT THE SCENE OF THE INCIDENT. IF UNSURE HOW DAMAGE OCCURRED STATE WHAT YOU KNOW ABOUT THE DAMAGE, INCLUDING POSSIBLE CAUSE, INCLUDE THE FOLLOWING DETAILS (FOR ALL VEHICLES), SPEED, LOCATION, DIRECTION, DESCRIBE CONDITION OF WEATHER, ROAD TRAFFIC CONDITIONS AND VISIBILITY.