INCIDENT REPORT

ESTABLISHMENT INFORMATION

Corporate Name | Doing Business As

Date of Incident | Time of Incident ☐ AM ☐ PM | Location of Incident ☐ Coat Check ☐ Bar ☐ Rest Room ☐ Dance Floor ☐ Outside ☐ Other (Specify)

Report Prepared By | Signature | Date of Report

PATRONS INVOLVED OR WITNESSING INCIDENT (*Use Additional Form(s) if Necessary*)

1. Name | ☐ Victim ☐ Aggressor ☐ Witness | Race ☐ White ☐ Black ☐ Amer. Ind. ☐ White Hispanic ☐ Black Hispanic ☐ Asian/Pacific Isl ☐ Other (Specify)

Sex ☐ Male ☐ Female | Height | Weight | Eye Color | Hair Color | Date of Birth | ID Source

Address | Apt. No. | City | State | Zip Code

Home Phone No. | Cellphone No. | Business Phone No. | Fax No. | Email Address

Vehicle Make/Model/Color | License Plate or Taxi Medallion No.

Distinguishing Marks (*Describe Any Scars Tattoos etc.*)

Was Patron Asked To Leave Premises? ☐ Yes ☐ No | Patron Escorted From Premises? ☐ Yes ☐ No | If Yes, How Was Patron Escorted From Premises

Did Patron Resist? ☐ Yes ☐ No | If Yes, Describe | Was Intoxication Noticeable Before Or After The Incident? ☐ Yes ☐ No

2. Name | ☐ Victim ☐ Aggressor ☐ Witness | Race ☐ White ☐ Black ☐ Amer. Ind. ☐ White Hispanic ☐ Black Hispanic ☐ Asian/Pacific Isl ☐ Other (Specify)

Sex ☐ Male ☐ Female | Height | Weight | Eye Color | Hair Color | Date of Birth | ID Source

Address | Apt. No. | City | State | Zip Code

Home Phone No. | Cellphone No. | Business Phone No. | Fax No. | Email Address

Vehicle Make/Model/Color | License Plate or Taxi Medallion No.

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3. Name | ☐ Victim ☐ Aggressor ☐ Witness | Race ☐ White ☐ Black ☐ Amer. Ind. ☐ White Hispanic ☐ Black Hispanic ☐ Asian/Pacific Isl ☐ Other (Specify)

Sex ☐ Male ☐ Female | Height | Weight | Eye Color | Hair Color | Date of Birth | ID Source

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Distinguishing Marks (*Describe Any Scars Tattoos etc.*)

Was Patron Asked To Leave Premises? ☐ Yes ☐ No | Patron Escorted From Premises? ☐ Yes ☐ No | If Yes, How Was Patron Escorted From Premises

Did Patron Resist? ☐ Yes ☐ No | If Yes, Describe | Was Intoxication Noticeable Before Or After The Incident? ☐ Yes ☐ No

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POLICE INFORMATION

Were Police Called? ☐ Yes ☐ No	Responding Officer (*Rank, Name*)	Officer's Shield No.
Visible Injuries to Patron(s):	Complaint Report Taken? ☐ Yes ☐ No	Complaint No.

SPRINT No.: (Can be obtained from Responding Officer)

Were Medical Services Offered? ☐ Yes ☐ No	Were Medical Services Refused? ☐ Yes ☐ No	Did EMS/Ambulance Service Respond? ☐ Yes ☐ No	Patron(s) Removed? ☐ Yes ☐ No

INCIDENT INFORMATION

Employees Involved *(Describe How Below)*

Name _____ Home Phone No. _____ Cell Phone No. _____

Name _____ Home Phone No. _____ Cell Phone No. _____

Name _____ Home Phone No. _____ Cell Phone No. _____

Employees Witnessing Incident

Name _____ Home Phone No. _____ Cell Phone No. _____

Name _____ Home Phone No. _____ Cell Phone No. _____

Name _____ Home Phone No. _____ Cell Phone No. _____

Is There Video Surveillance of Premises? ☐ Yes ☐ No	Was Incident Captured on Video? ☐ Yes ☐ No	Was ID Scanned Upon Entry? ☐ Yes ☐ No	If Not, Was Record Made of ID? ☐ Yes ☐ No

Was Any Physical Evidence Recovered? ☐ Yes ☐ No	If Yes, Describe Evidence

DESCRIBE INCIDENT *(Use Additional Form if Necessary)*