

ALCOHOL INCIDENT REPORT

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Instructions: Complete an Incident Log for each patron involved. If you see a drunk driver call authorities.

Incident Date		Incident Time
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PATRON INFORMATION

- NAME: (First/Middle/Last) _____
- PHONE NUMBER: _____
- ADDRESS: _____
- EMPLOYER: _____
- PATRON WAS INJURED (Yes/No): _____
- IF YES, ON WHAT PART OF BODY: _____
- MEDICAL ATTENTION WAS GIVEN (Yes/No): _____
- HOSPITALIZATION REQUIRED(Yes/No): _____
- WHERE WAS THE PATRON BEFORE YOUR PLACE: _____

EMPLOYEE INFORMATION

EMPLOYEE #1. NAME: (First/Middle/Last) _____

- PHONE NUMBER: _____
- ADDRESS: _____

EMPLOYEE #2. NAME: (First/Middle/Last) _____

- PHONE NUMBER: _____
- ADDRESS: _____

INCIDENT REPORT

- ALCOHOLIC BEVERAGE RELATED INCIDENT (Yes/ No): _____
- DRINK(S) SERVED (Number and type): _____
- POLICE WERE NOTIFIED IF YES, BY WHOM: _____
- WHAT POLICE AGENCY /DATE OF CALL/ TIME OF CALL: _____
- HOW WAS INCIDENT BROUGHT TO YOUR ATTENTION: _____
- DESCRIBE INCIDENT (Including action you took to prevent or control the incident): _____

WITNESS INFORMATION

WITNESS' #1 NAME (First, Middle, Last): _____

- WITNESS' PHONE NUMBER: _____
- ADDRESS : _____
- WITNESS' EMPLOYER: _____

WITNESS' #2 NAME (First, Middle, Last): _____

- WITNESS' PHONE NUMBER: _____
- ADDRESS: _____
- WITNESS' EMPLOYER: _____

X _____

SIGNATURE OF PERSON MAKING REPORT	PERSON'S TITLE	REPORT DATE
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