

# INCIDENT DOCUMENTATION FORM\*

FORM MAY BE DUPLICATED AS NEEDED  
ONCE COMPLETED, KEEP ON LICENSED PREMISES FOR TWO YEARS.



Date \_\_\_\_\_ Time \_\_\_\_\_ AM PM

LICENSED ESTABLISHMENT NAME: \_\_\_\_\_ LID#: \_\_\_\_\_

PATRON NAME: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Employer: \_\_\_\_\_

Patron's age: \_\_\_\_\_  Verified  Approximated (check one)

Physical description of patron: \_\_\_\_\_

1. Was the patron's ID checked?  Yes  No By whom? \_\_\_\_\_

Type of ID presented: \_\_\_\_\_ ID number: \_\_\_\_\_

Method of documentation used:  PLCB-931 Declaration of Age Card  Photocopy  
 Video  Photo  ID swipe machine

2. Time patron arrived: \_\_\_\_\_ AM PM Time patron departed: \_\_\_\_\_ AM PM

3. Where was the patron before your establishment? \_\_\_\_\_

4. Number and types of drinks served: \_\_\_\_\_

5. In what amount of time were the drinks served? \_\_\_\_\_

6. Did the patron consume food while at the establishment? Describe: \_\_\_\_\_

7. Was the patron injured?  Yes  No Describe: \_\_\_\_\_

Was professional attention needed?  Yes  No

Did the patron contribute to the injury?  Yes  No Describe: \_\_\_\_\_

8. Were law enforcement authorities called?  Yes  No

Time of call: \_\_\_\_\_ AM PM Who made the call? \_\_\_\_\_

Name(s) of officer(s) responding: \_\_\_\_\_

9. Did the patron drive from the establishment?  Yes  No

10. Auto make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ License #: \_\_\_\_\_

11. If the incident occurred outside describe weather conditions: \_\_\_\_\_

12. Describe the incident including eyewitness accounts. Attach additional pages if needed. \_\_\_\_\_

Employee name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Witness #1 name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Witness #2 name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of person completing the form: \_\_\_\_\_ Date: \_\_\_\_\_