

INCIDENT LOG

Instructions: Complete an Incident Log for each patron involved.
If you see a drunk driver, call 1-800-TELL-CHP

INCIDENT DATE	INCIDENT TIME
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PATRON INFORMATION

1. PATRON'S NAME (First, middle, last)		PATRON'S PHONE NUMBER	
ADDRESS (Street number and name, city, state, zip code)		PATRON'S EMPLOYER	
2. PATRON WAS INJURED <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, ON WHAT PART OF BODY	MEDICAL ATTENTION WAS GIVEN <input type="checkbox"/> YES <input type="checkbox"/> NO	HOSPITALIZATION REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO
3. PATRON WAS A MINOR <input type="checkbox"/> YES <input type="checkbox"/> NO	IDENTIFICATION WAS CHECKED <input type="checkbox"/> YES <input type="checkbox"/> NO	DESCRIPTION OF IDENTIFICATION SHOWN	
4. WHERE WAS PATRON BEFORE YOUR PLACE			
5. HOW DID PATRON CONTRIBUTE TO HIS/HER INJURY			

EMPLOYEE INFORMATION

6. EMPLOYEE'S NAME (First, middle, last)	EMPLOYEE'S PHONE NUMBER
ADDRESS (Street number and name, city, state, zip code)	
7. EMPLOYEE'S NAME (First, middle, last)	EMPLOYEE'S PHONE NUMBER
ADDRESS (Street number and name, city, state, zip code)	

INCIDENT INFORMATION

8. ALCOHOLIC BEVERAGE RELATED INCIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	9. DRINK(S) SERVED (Number and type)			
10. POLICE WERE NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, BY WHOM	WHAT POLICE AGENCY	DATE OF CALL	TIME OF CALL
11. HOW WAS INCIDENT BROUGHT TO YOUR ATTENTION				
12. DESCRIBE INCIDENT (Including action you took to prevent or control the incident)				

 Continued on reverse
WITNESS INFORMATION

13. WITNESS' NAME (First, middle, last)	WITNESS' PHONE NUMBER	
ADDRESS (Street number and name, city, state, zip code)	WITNESS' EMPLOYER	
14. WITNESS' NAME (First, middle, last)	WITNESS' PHONE NUMBER	
ADDRESS (Street number and name, city, state, zip code)	WITNESS' EMPLOYER	
15. SIGNATURE OF PERSON MAKING REPORT X	PERSON'S TITLE	REPORT DATE

