INCIDENT REPORT

PAGE 1 OF 2

				ESTABLISH	IMENT IN	IFORMA	TION				
Corporate Name						Doing Bu	siness As				
Date of Incident	Time of I		n of Incide	nt 🔲 Coa	at Check	☐ Bar		Rest	Room		
		□ AM □ PM		Dar	nce Floor	☐ Out	side 🗆	Other	(Specify)		
Report Prepared By		2			S	ignature					Date of Report
	P	ATRONS INVOLV	ED OR W	VITNESSING	INCIDE	NT (<i>U</i> se	Addition	al Fori	n(s) if Nec	essary)	
1. Name				Victim	Race	■ Whi	te	□ W	nite Hispan	ic 🗖 Other (S	Specify)
				Aggressor		■ Blace	ck	□ Black	ack Hispan	ic	
				Witness		☐ Ame			an/Pacific	Isl	
Sex Male Hei	ght	Weight	Eye Color	· Hair C	Color	Date	of Birth		D Source		
☐ Female					Tou:				10		1
Address				Apt. No.	City				State		Zip Code
Home Phone No.		Cellphone No.		Business Phor	ne No.		Fax No.			Email Address	
										<u> </u>	
Vehicle Make/Model/Col	or							Lic	ense Plate o	r Taxi Medallion No	Э.
Distinguishing Marks (D	escribe An	y Scars Tattoos etc.)								
Was Patron Asked	☐ Yes	Patron Escorted		,	v Was Pati	ron Escor	ted From P	remises	6		
To Leave Premises?	□ No	From Premises	? □ No	'							
Did Patron Resist? □] Yes _lf`] No	Yes, Describe								ication Noticeab After The Incide	
	110			1200	Lo						
2. Name				Victim	Race	☐ Whi			nite Hispan	•	эресіту)
				Aggressor		☐ Blac			ack Hispan		
Sex Male Hei	aht	Weight	Eye Color	Witness Hair C	l Color	☐ Ame	of Birth		an/Pacific D Source	ISI	
Female	giit	vveignt	Eye Color	l lail C	20101	Date	OI BIITII		D Source		
Address			1	Apt. No.	City	_			State		Zip Code
				'	'						
Home Phone No.		Cellphone No.		Business Pho	ne No.		Fax No.			Email Address	
Vehicle Make/Model/Col	or			l				Lic	ense Plate o	r Taxi Medallion No	D.
Distinguishing Marks (D	escribe An	y Scars Tattoos etc.)								
Was Patron Asked	☐ Yes	Patron Escorted	I □ Yes	If Yes, Hov	v Was Pati	ron Escor	ted From P	remises	 S		
To Leave Premises?	□ No	From Premises									
Did Patron Resist?	Yes ,If`	Yes, Describe							Was Intox	ication Noticeab	le □Yes
	∃ No □									After The Incide	
3. Name			П	Victim	Race	☐ Whi	to	П \\\/	nite Hispan	ic Other (S	Specify)
J. Name				Aggressor	Tracc	☐ Blad			ack Hispan	,	эрссиу)
				Witness		☐ Ame			an/Pacific		
Sex Male Hei	ght	Weight	Eye Color		Color		of Birth		D Source	101	
☐ Female			'								
Address				Apt. No.	City				State		Zip Code
Home Phone No.		Cellphone No.		Business Pho	ne No.		Fax No.			Email Address	
Vehicle Make/Model/Col	or			l				Lic	ense Plate o	r Taxi Medallion No).
Distinguishing Marks (D	escribe An	v Scars Tattoos etc.)								
		,	•								
Was Patron Asked	☐ Yes	Patron Escorted	I □ Yes	If Yes, Hov	v Was Pati	ron Escor	ted From P	remises			
To Leave Premises?	□ No	From Premises			, 1143 i ali	. 511 E3601	ou i ioiii F	. 51111363	,		
Did Patron Resist? □		Yes, Describe							Was Intov	ication Noticeab	le 🗆 Yes
	No	100, 100011110								After The Incide	
									20.0.0	1110 1110100	

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PAGE 2 OF 2

			POLICE IN	IFORMATION				
Were Police Called?	☐ Yes Re☐ No	esponding Officer (Ra		Officer's Shield No.				
Visible Injuries to Patron(s):					t Report	Complaint No.		
SPRINT No.:			(Can be obta	ined from Responding	g Officer)			
Were Medical	☐ Yes	Were Medical	☐ Yes	Did EMS/Ambulance	e 🗖 Yes	Patron(s)	☐ Yes	
Services Offered?	□ No	Services Refused?	■ No	Service Respond?	■ No	Removed?	■ No	
			INCIDENT	INFORMATION				
Employees Involved (Describe Ho	w Below)						
Name	me					_ Cell Phone No		
lame				Phone No		_ Cell Phone No		
Name				e Phone No		_ Cell Phone No		
Employees Witnessing	Incident							
Name				Phone No		_ Cell Phone No		
Name				e Phone No		_ Cell Phone No		
Name				e Phone No		_ Cell Phone No		
Is There Video Survei of Premises?	llance		ptured Yes No		□ Yes □ No	If Not, Was Recor	rd	
Was Any Physical Evidence Recovered?) D		Evidence					
		DESCRIBE	INCIDENT (Use	Additional Form if N	Vecessary)			