

INCIDENT REPORT FORM – Con't – Page 2

ACCIDENT OR INJURY Yes <input type="checkbox"/> No <input type="checkbox"/> IF YES, PLEASE COMPLETE		
What part of the body?		Did patron contribute to injury?
Medical Attention Given? Yes <input type="checkbox"/> No <input type="checkbox"/>	Hospitalization Required? Yes <input type="checkbox"/> No <input type="checkbox"/>	
By Whom?	Name of Hospital?	
Describe:		
WAS ALCOHOL INVOLVED? Yes <input type="checkbox"/> No <input type="checkbox"/> IF YES, PLEASE COMPLETE		
Was Patron Alone? Yes <input type="checkbox"/> No <input type="checkbox"/> Number in Party _____		Who With _____
Was Service Refused? Yes <input type="checkbox"/> No <input type="checkbox"/>	Server Knows Patron? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason: Signs of Intoxication <input type="checkbox"/> Signs of Impairment <input type="checkbox"/> Troublesome <input type="checkbox"/> Minor <input type="checkbox"/> Other <input type="checkbox"/>		
Was Patron Caught Drinking Alcohol Under Age? Yes <input type="checkbox"/> No <input type="checkbox"/> Please complete:		
If Yes, Who Gave the Minor the Drink?		
Was ID Checked? Yes <input type="checkbox"/> No <input type="checkbox"/>	Age if Majority Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver's License <input type="checkbox"/>
Was ID Falsified? Yes <input type="checkbox"/> No <input type="checkbox"/> Explain:		
Was Patron Ejected from Premises? Yes <input type="checkbox"/> No <input type="checkbox"/> Please complete:		
Time of Arrival _____	AM/PM _____	Time of Departure? _____
Was Force Used to Remove the Patron? Yes <input type="checkbox"/> No <input type="checkbox"/>		What Type? _____
Did Patron Suffer Any Injuries While being Ejected? Yes <input type="checkbox"/> No <input type="checkbox"/> Type:		
Reason: Signs of Intoxication <input type="checkbox"/> False ID <input type="checkbox"/> Verbal Abuse <input type="checkbox"/> Destruction of Property <input type="checkbox"/>		
Fighting <input type="checkbox"/> Domestic Dispute <input type="checkbox"/> Drugs <input type="checkbox"/> Minor <input type="checkbox"/> Trespassing <input type="checkbox"/> Other: _____		
TRANSPORTATION		
Which Method Did Patron Use To Leave The Premises?		
Did Patron Leave Alone <input type="checkbox"/> With Someone <input type="checkbox"/>		
Walking <input type="checkbox"/> Taxi <input type="checkbox"/> Car <input type="checkbox"/> Was Patron Driving? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Friend from Home <input type="checkbox"/> Friend on Premises <input type="checkbox"/> Bicycle <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other: _____		
Police <input type="checkbox"/> Ambulance <input type="checkbox"/>		
Were Alternative Methods Offered? Yes <input type="checkbox"/> No <input type="checkbox"/> Specify:		
If Patron Driving, Describe Vehicle: Make _____ Colour _____		
Licence No. _____ Province/State _____ Other _____		
Direction Heading: _____		
Was a Police Witness Statement Filed Out? Yes <input type="checkbox"/> No <input type="checkbox"/> Police Report No. _____		
WITNESSES		
Last Name:		First Name:
Street Address:		City:
Postal Code:		Phone: () _____
Last Name:		First Name:
Street Address:		City:
Postal Code:		Phone: () _____
Other Comments or Remarks:		
Signature		
_____	_____	_____
Print Name	Signature of Person Completing Form	Position/Title

IF ADDITIONAL SPACE REQUIRED USE BLANK SHEETS AND ATTACH TO REPORT.