

INCIDENT DOCUMENTATION FORM

Date _____ Time _____ AM/PM
 Patron Name _____
 Address _____
 Phone Number _____ Employer _____
 Age of the person _____ Verified or Approximated (circle one)
 Physical Description of Patron _____

1. Was the patron's ID checked? Yes _____ No _____ by Whom _____
 Type of ID presented _____ Number _____
2. Time the patron arrived _____ AM/PM Time departed _____ AM/PM
3. Where was the patron before your place? _____
4. Number and types of drinks served: _____
5. In what amount of time were the drinks served? _____
6. Was the patron injured? Yes _____ No _____ Describe the injury _____
 Was medical attention given? Yes _____ No _____
 Was hospitalization needed? Yes _____ No _____
 How did the patron contribute to the injury? _____
7. Were law enforcement authorities called? Yes _____ No _____
 Time of the call _____ AM/PM who made the call? _____
 Name(s) of the officer(s) responding: _____
8. Did the patron drive from the establishment? Yes _____ No _____
9. Auto Make _____ Model _____ Color _____
 License Number & State _____
10. If the incident occurred outside, describe weather conditions: _____
11. Describe the incident, (including eyewitness accounts) _____

Employee Name _____
 Address _____ Phone _____
 Signature _____

Witness #1 Name _____
 Address _____ Phone _____
 Signature _____ Employer _____

Witness #2 Name _____
 Address _____ Phone _____
 Signature _____ Employer _____

Signature of person completing the form _____ Date _____

** This form may be duplicated without the permission of the New Hampshire Liquor Commission.