State of California   Department of Alcoholic Beverage Control

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

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 ☐ YES ☐ NO	IF YES, ON WHAT PART OF BODY	MEDICAL ATTENTION WAS GIVEN ☐ YES ☐ NO	HOSPITALIZATION REQUIRED ☐ YES ☐ NO
3. PATRON WAS A MINOR ☐ YES ☐ NO	IDENTIFICATION WAS CHECKED ☐ YES ☐ 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 ☐ YES ☐ NO	9. DRINK(S) SERVED *(Number and type)*		
10. POLICE WERE NOTIFIED ☐ YES ☐ 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

ABC-607 (11/00)