



Incident Report

Page 1 of 2

300 Redland Court Suites 105-107
 Owings Mills, MD 21117
 Phone: 410-356-4020 Fax: 410-356-4617
 www.idmd.net

Club/Venue Information

Corporate Name:			<input type="checkbox"/> Club <input type="checkbox"/> Venue
Dates of Incident:	Time of Incident:	Location of Incident:	Date Report Completed:
Person Making Report:		Name of Patron Involved:	
Address 1:	Contact Phone: () - ext.		
Address 2:	Contact Fax: () -		
Address 3:	Contact Email:		
City:	St:	Zip:	

Incident Information

Non Employee Witnesses:	
Other Employees Involved:	
Was patron noticeably intoxicated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how was it noticeable?	
Was anything noticeable before or after the incident?	
Was patron asked to leave the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was patron escorted off premises? <input type="checkbox"/> Yes <input type="checkbox"/> No
If patron was escorted of premises, how?	
Did patron physically resist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If patron resisted, how?	

Police Information

Were the police called? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was a police report written? <input type="checkbox"/> Yes <input type="checkbox"/> No
Officer Name:	Badge #: Report #:
Visible Injuries to Patron(s):	
Were medical services offered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were medical services refused? <input type="checkbox"/> Yes <input type="checkbox"/> No

Describe incident on second page

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Description of Incident:

[Empty area for incident description]