



Incident Report

Section 1 - Basic Facts

Business Name: _____ Today's Date: _____
Date of Incident: _____ Time of Incident: _____
Location of Incident _____ Name _____
_____ Address _____
_____ City, State, Zip _____
Contact Name: _____ Phone: _____

Section 2 - Other Party Information

Guest involved in incident:

Name: _____ Phone: _____
Address: _____

Section 3 - Description of Incident/Police Involvement

Description of Incident:

Were the police involved? Y/N

If yes, describe: _____



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Section 4 - Property Involved:

Description of property damaged: _____

Section 5 - Employee Involved or Witness (Use separate page for multiple witnesses.)

Employee Involved:

Name: _____ Phone: _____

Address: _____

Section 6 - Actions taken by you up to this point:

Any other relevant information: _____

Section 7 - Incident Involving Liquor

Was alcohol involved? **Y/N**

Was the intoxicated person escorted out? **Y/N**

Was the intoxicated person provided with transportation? **Y/N**

Was management notified? **Y/N**

Preparers Signature: _____ Date: _____

Please Fax this incident report to LG Insurance Agency at 877.720.2485