



Russell County Alcohol Beverage Control
P.O. Box 981, Jamestown, KY 42629
Office: 270/343-1408 Fax: 270/343-2708

INCIDENT REPORT

Date of incident: _____ Time of Incident: _____

Business Name: _____

Weather Conditions: _____

Manager on duty: _____

Location of Incident (within the establishment): _____

Description of Incident: _____

Were Police notified? If so, time of call: _____

Who made the call? _____

Name of officer/officers responding to call: _____

Time of police response: _____

List any intervention actions taken: _____

Witnesses: _____

Any other information you wish to add? _____

Attach copy of credit card voucher and or sales receipt.

Name (Print) _____

Home Address: _____

City/Zip: _____ Phone: _____

Signature: _____

Manager Signature: _____