

## Being Prepared in the Event of an Incident

The below guidelines are recommended in preparation of your defense if an alcohol-related incident occurs:

- 1. Fill out the Liquor Liability Incident Report (sample form below) as soon as you become aware of an incident/accident and immediately report it to your insurance agent
- 2. Do not speak to or provide information to anyone other than your insurance company, the insurance company's investigator or your defense counsel if the case is in suit regarding the incident. Make sure all parties properly identify themselves before cooperating. (The only exception to this guideline is if the police need to question you.)
- 3. Keep register receipts, payroll records and work schedules for at least three years

## LIQUOR LIABILITY INCIDENT REPORT FORM SAMPLE

Establishment Name: Bar and Grill Restaurant

**Date:** <u>10/16/XX</u> **Time:** <u>7:50 p.m.</u>

Name of Alleged Intoxicated Person (AIP): Jane Doe Address of AIP: 123 Main St. Anywhere, USA 12345 AIP Arrival Time: 6:00 p.m. Departure Time: 8:45 p.m.

Bartenders/Servers: Jack Smith, Suzanne Cue, Henry Thomas, Jill Jones, Chris Simpson

**Description of Incident:** Jane Doe was sitting at the bar having cocktails with dinner; was not showing any visible signs of intoxication until she stood up to go to the restroom; she then appeared swaying and stumbling, and fell.

**Intervention Strategies Used:** <u>Immediately cut off service and removed her drink; offered assistance to</u> her and her companion; called ambulance to follow-up on injuries

**Comments:** Overheard Ms. Doe inform paramedic that she had taken antihistamine before going out.

Filled out by: Chris Simpson

**Position:** General Manager **Date:** 10/16/XX

## LIQUOR LIABILITY INCIDENT REPORT

(To be completed in the event of an accident or injury) SAMPLE

Loss Location: On Premises
Injured Party Name: Jane Doe

**Injured Party Address:** <u>123 Main St., Anywhere, USA 12345</u> **Home Phone:** <u>555-555-5555</u> **Work Phone:** <u>555-555-5555</u>

**Date of Birth:** <u>1/1/19XX</u>

**Injury/Complaints:** Jane fell off her bar stool and scraped her knee on the floor. She complained of a headache and sore back following the accident.

Medical Attention Received: <u>Jack Smith</u>, our waiter, gave Jane a band-aid and glass of water.

Paramedics arrived 30 minutes after the incident.

Witness: John Doe Phone: <u>222-222-2222</u> **Address:** <u>123 Main St., Anywhere, USA 12345</u>

Authorities Contacted? Yes No If Yes, whom: Ambulance from Anytown, USA

How were you notified of accident? Suzanne Cue, the Bar Manager, notified me immediately after the

incident.