



**CITY OF RUSSELL SPRINGS  
ALCOHOLIC BEVERAGE CONTROL**

P.O. BOX 247      RUSSELL SPRINGS, KY 42642  
PHONE: 270/866 3981      FAX: 270/866 3860  
[jcoffey@russellsprings.net](mailto:jcoffey@russellsprings.net)

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**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: \_\_\_\_\_