

CALIFORNIA MUSIC AND CULTURE ASSOCIATION, INC [CMAC]

INCIDENT REPORT FORM

[PLEASE COMPLETE BOTH SIDES OF FORM]

PLEASE KEEP A COPY OF THIS COMPLETED FORM IN YOUR FILES AND MAIL A COPY TO
CMAC, c/o Hinman & Carmichael LLP, 260 California Street, # 1001, San Francisco, CA 94111

The purpose of this Incident Report Form is to create a database of interactions between ABC licensed venues and officers from the ABC and/or the SFPD and other enforcement agencies (i.e., Entertainment Commission, SFPD, Human Rights Commission, etc.). The information will be used to document the scope and purpose of enforcement actions in order to further the education and training of the licensed venue community and to assist in the development of venue operating standards. The information will also be useful in the defense of a venue against a criminal charge or an ABC Administrative Accusation proceeding.

DATE: _____ TIME: _____ ADDRESS OF VENUE: _____

ABC LICENSE TYPE: _____ SF ENTERTAINMENT PERMITS: _____

WEATHER CONDITIONS: _____

SIDEWALK AND EXTERIOR CONDITIONS [TRAFFIC, PEDESTRIANS, LINES, CROWDS, ETC.]:

1. DESCRIBE INCIDENT [NARRATIVE, USE ADDITIONAL SHEETS IF NECESSARY]:

2. NAME OF PERSON ARRESTED/STOPPED/QUESTIONED [INCLUDE ADDRESS/PHONE/EMAIL ADDRESS]: _____

3. PHYSICAL DESCRIPTION OF PERSON [AGE, HEIGHT, WEIGHT, HAIR/EYE COLOR, DRESS]:

4. WAS IDENTIFICATION ASKED FOR? _____ WAS IDENTIFICATION SHOWN? _____

5. DESCRIBE IDENTIFICATION [TYPE, PHYSICAL DESCRIPTION, AGE SHOWN, ETC.]

6. DID IDENTIFICATION MATCH PERSON? _____

7. STATEMENTS OF PERSON [USE ADDITIONAL SHEETS IF NECESSARY]:

8. NAME, AGENCY AND BADGE [STAR] NUMBER OF OFFICER: _____

9. DESCRIPTION OF OFFICER [AGE, HEIGHT, WEIGHT, HAIR/EYE COLOR, DRESS (UNIFORM OR PLAIN CLOTHES)]: _____

10. OFFICER STATEMENTS [USE ADDITIONAL SHEETS IF NECESSARY]:

11. CRIMINAL OR ADMINISTRATIVE SECTION CITED BY OFFICER AS BASIS FOR ACTION:

12. DISPOSITION OF MATTER [ARREST AND IN CUSTODY, WARNING, CITATION OR NO ACTION – ATTACH COPY OF CITATION IF ONE ISSUED]: _____

13. WAS INCIDENT VIDEOTAPED BY SECURITY CAMERAS OR PERSONAL CELLPHONE (IF YES, WHERE IS COPY OF VIDEO?):

14. WAS ANY TESTING EQUIPMENT USED BY OFFICERS [NOISE METERS, ETC.]? IF SO PLEASE DESCRIBE:

15. WERE YOU FURNISHED WITH COPIES OF TEST RESULTS? [IF SO PLEASE ATTACH]: _____

16. PLEASE DESCRIBE YOUR ASSESSMENT OF THE OFFICERS [POLITE? THREATENING? PROFESSIONAL? OTHER?]: _____

17. DID THE OFFICERS ASK TO COME IN OR DID THEY JUST ENTER?

18. DID YOU OR ANY MEMBER OF YOUR STAFF INVITE THE OFFICER TO ENTER?

ANY OTHER INFORMATION THAT IS RELEVANT [I.E., PRIOR EXPERIENCE WITH OFFICER, PRIOR INCIDENTS WITH OFFICER, HISTORY OF PRIOR CITATIONS, ETC.]:

Person completing form:

name: _____ title: _____

venue: _____ cell: _____

email: _____ reviewed by: _____ (owner)