

Reference Number (for Admin use only):	
Time of Incident: 05:00	Date of Incident: 11.03.2017
Location: IN DOOR	Value of Losses/Damages:
Description of Incident: <p>On time 05:00 we asked to live one of customers club because he was smoking cigarette in side the club.</p> <p>Tommy left</p>	

CCTV images available? YES <input type="checkbox"/> NO <input type="checkbox"/>	Still images available? YES <input type="checkbox"/> NO <input type="checkbox"/>
Reported to the police? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Crime Number:
If reported... was it as the time of the incident <input type="checkbox"/> or afterwards <input type="checkbox"/> ?	
Can we pass details of this incident to the police if not already reported? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Can we contact you to discuss this further if necessary? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Do you wish to be contacted to discuss security measures? YES <input type="checkbox"/> NO <input type="checkbox"/>	



Reference Number (for Admin use only):	
Time of Incident: 12:30	Date of Incident: 11.03.2017
Location: FRONT DOOR	Value of Losses/Damages:
Description of Incident: <p>ON 00:30 I had to refuse one customer because he was too drunk.</p> <p>Tomon date</p>	

CCTV images available? YES <input type="checkbox"/> NO <input type="checkbox"/>	Still images available? YES <input type="checkbox"/> NO <input type="checkbox"/>
Reported to the police? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Crime Number:
If reported... was it as the time of the incident <input type="checkbox"/> or afterwards <input type="checkbox"/> ?	
Can we pass details of this incident to the police if not already reported? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Can we contact you to discuss this further if necessary? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Do you wish to be contacted to discuss security measures? YES <input type="checkbox"/> NO <input type="checkbox"/>	



Reference Number (for Admin use only):	
Time of Incident: 18.03.2017 02:15	Date of Incident: 18.03.2017
Location: INLOUT CLUB	Value of Losses/Damages:
Description of Incident:  Police and SIA Licence inspection, PC NICOLA McDonald.	

CCTV images available? YES <input type="checkbox"/> NO <input type="checkbox"/>	Still images available? YES <input type="checkbox"/> NO <input type="checkbox"/>
Reported to the police? YES <input type="checkbox"/> NO <input type="checkbox"/>	Crime Number:
If reported... was it as the time of the incident <input type="checkbox"/> or afterwards <input type="checkbox"/> ?	
Can we pass details of this incident to the police if not already reported? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Can we contact you to discuss this further if necessary? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Do you wish to be contacted to discuss security measures? YES <input type="checkbox"/> NO <input type="checkbox"/>	

