

## **Incident Investigation Form**

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any substance please fill this form out to the best of your ability. Please feel free to contact us at any time if you need assistance filling out this report. **Guest Data** Name: Phone: E-mail: Date of Incident: Time of Incident: Reservation Number (if known): □a.m. □p.m. Client Company Name (The transportation company that the reservation was originally booked under): **Incident Description:** 1. Where did the incident happen and who was involved? Provide a full description of the surroundings of the location and the individuals involved. 2. What was happening at the time of the incident and why was it taking place? 3. What events lead up to the incident? Describe the sequence in order and when they took place. 4. Describe the injury (if any). Include the affected body part(s) and injury type or indicate no injury occurred. 5. What were the personality traits of the driver at the time? (Ex: agitated, slurred speech, red eyes) **Additional Information** Provide any additional information important to the investigation (pictures taken, evidence collected)

Instructions: Pursuant to A.R.S. § 28-9507(C), if you feel your driver has been under the influence of