



# ACT OF VIOLENCE

Arizona Dept. of Liquor Licenses and Control  
800 W. Washington St. 5<sup>th</sup> Floor Phoenix, AZ 85007  
(602) 542-5141

**DLLC USE ONLY**

Job #:
Date Accepted:
CSR:

**Type or Print with Black Ink**

- "Act of violence": an incident in which bodily injuries are sustained by any person, and such injuries would be obvious, or tumultuous conduct of sufficient intensity as to require the intervention of a peace officer to restore normal order, or an incident in which a weapon is brandished, displayed or used. (A.R.S. §4-101(1))
- "Serious act of violence": an incident consisting of a riot, a brawl, or a disturbance in which a serious injury causes death or critical injury of a person. (A.R.S 4-210(A)(14))
- It is unlawful for a licensee to fail to report an occurrence of an act of violence to either the department or a law enforcement agency. (A.R.S. §4-244(37))
- It is unlawful for a licensee to fail to report a serious act of violence to either the department or a local law enforcement agency.(A.R.S 4-210(A)(15))

Licensee/Agent Name: \_\_\_\_\_ License #: \_\_\_\_\_  
**(Exactly as it appears on liquor license)**

Name of Business Where Violence Occurred: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
**Street City State Zip**

1. Date of this report: \_\_\_/\_\_\_/\_\_\_ Date/Time of incident: \_\_\_/\_\_\_/\_\_\_ \_\_\_AM \_\_\_PM

2. What law enforcement agency was contacted? \_\_\_\_\_ Report #: \_\_\_\_\_

Who called for law enforcement assistance? \_\_\_\_\_ Was an arrest made?  Yes  No

3. What emergency services were requested? \_\_\_\_\_

Who called for these services? \_\_\_\_\_

4. Was a weapon used or displayed?  Yes  No If yes, what type of weapon? \_\_\_\_\_

5. Identify or describe participants: \_\_\_\_\_

6. Name(s) of person(s) injured and type of injuries:

Person	Injury
a) _____	_____
b) _____	_____
c) _____	_____

**(Attach additional sheets if needed)**

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