Underage Drinking Incident: Alcohol Type Tracking Form

Department:_____ **Contact person:**_____

Period of time covered: **Phone/email:**_____

Incident date and town	Number of underage drinkers involved (please estimate if exact count is not available)	Ages of underage drinkers involved (range is fine, if large group)	Was the source of the alcohol identified? (if so, please note source, i.e. adult 21+, store, theft, etc)	If the type of alcohol involved in this incident was identified, please note which of the following types were involved (place a check mark in each box that applies)				
				Beer (please note if keg)	Hard liquor	Alcopops (i.e. Smirnoff Ice, hard lemonade, wine coolers, etc)	Wine or champagne	If particular brands or products were identified, please specify them

Please copy this form as needed for the number of incidents during the period of time covered and return forms as soon after 8/31/05 as possible.
Fax completed forms to Becca Matusovich, Office of Substance Abuse, fax # 287-8910. Questions? Email Rebecca.matusovich@maine.gov or call 287-6415.