

## INCIDENT REPORT FORM

REPORTED BY: \_\_\_\_\_ DATE OF REPORT: \_\_\_\_\_  
 TITLE / ROLE: \_\_\_\_\_ TIME OF REPORT: \_\_\_\_\_

### INCIDENT INFORMATION

INCIDENT TYPE: \_\_\_\_\_ DATE OF INCIDENT: \_\_\_\_\_ TIME OF INCIDENT: \_\_\_\_\_  
 SPECIFIC LOCATION (if applicable): \_\_\_\_\_

**INCIDENT DESCRIPTION**

**RECOMMENDED ACTION**

**PARTIES INVOLVED**

Name	Role	Phone	Email

**WITNESSES (if applicable):**

Name	Role	Phone	Email

**INJURY / DAMAGE DETAILS**

Was anyone injured? Y/N	
Was the injured person(s) transported? Y/N	
If yes, to what location? Name and Address:	
Was there any property damage? Y/N	
Describe the damage(s)	

**REPORT INFORMATION**

<b>POLICE REPORT FILED? YES OR NO</b>	_____	<b>PRECINCT (if applicable)</b>	_____
<b>REPORTING OFFICER (if applicable)</b>	_____	<b>OFFICER PHONE (if applicable)</b>	_____
<b>POLICE REPORT NUMBER (if applicable)</b>	_____		
<b>INSURANCE REPORT FILED? YES OR NO</b>	_____	<b>CLAIM NUMBER (if applicable)</b>	_____
<b>AGENT NAME (if applicable)</b>	_____	<b>AGENT PHONE (if applicable)</b>	_____

**SIGNATURES**

**Submitter's Name**

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**Submitter's Signature** **Date**

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**Supervisor's Name**

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**Supervisor's Signature** **Date**

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**RESOLUTION / OUTCOME**

**BLACKROCK REPORT PROCESS**

PROCESS	STATUS
Staff Calls 911 (extreme emergency only)	
Staff Calls Facilities Director at 973-525-6913	
Facility Director Calls CEO at 301-502-2443	
Facility Director Calls Non-Emergency Police	
Facility Director Contacts Building Management (if applicable)	
Department Director Contacts ICE, parents/guardians, or patrons (if applicable)	
CEO contacts police, insurance company, and Communications Director (if applicable)	

Once Incident Report Form is completed, please send a copy to both [Lynn Andreas Arndt](#), BlackRock CEO and [Michael Sickles](#), Operations and Facilities Director. Saving a copy for your records via Microsoft OneDrive is highly encouraged.