

## **BALLOT DROP BOX INCIDENT REPORT**





Date Timea	m pm	BDB#
RETRIEVAL TEAM Driver: Passenger:		
BALLOT DROP BOX		
Detailed Problem:	CHECK	ALL THAT APPLY
	<ul><li>─ Water Damage</li><li>─ Physical Damage</li><li>☐ Cosmetic Damage</li></ul>	
	Cosmetic Damagi Wrap Graffiti/Vandali	(organization)
Action: Immediate Response Needed Follow-Up Required Solved On Site	☐Rust ☐Discoloration ☐Other Damage	· 
Resolution:		
Resolution Date: Resolved By:		
OTHER  Other Incident Description:  Person(s) Involved (Name & Phone #):  Witness (Name & Phone #):		
INJURY		
Injured Person Name: Date of Birth:		
Phone Number: Was Injured Person a: Driver Voter Other  Details of Incident:		
Witness Information (Name, Phone #, Address):		
If a Police or EMT/Paramedic report was taken, provide the case/report number:		
OFFICE USE ONLY:  Reviewed Resaved Tracked in TED Comments:		