

VIOLENCE, VANDALISM, AND SUBSTANCE ABUSE INCIDENT REPORT FORM

2001-2002

INCIDENT INFORMATION

INCIDENT HEADER (One incident record only for all offenders and victims)

System-Assigned Incident Number _____
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School Name: _____

Location: _____ Cafeteria _____ Classroom _____ Corridor _____ Other inside school _____ School grounds _____ Bus _____ Building exterior _____ District office
_____ Other outside _____ Receiving School

Date of Incident: _____

Time of Incident: _____

Bias incident: _____ Yes _____ No Police notification: _____ None _____ Police notified, complaint filed _____ Police notified, no complaint filed

Contact Name: _____ Contact Phone #: _____

INCIDENT DETAIL

Check the items which describe the incident and, if applicable, the type of weapon, bomb or substance.

<u>VIOLENCE</u>	<u>VANDALISM</u>	<u>SUBSTANCE ABUSE</u>	<u>SUBSTANCE ABUSE</u>	
<input type="checkbox"/> Simple Assault	<input type="checkbox"/> Arson	<input type="checkbox"/> Use	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Anabolic steroids
<input type="checkbox"/> Aggravated Assault	<input type="checkbox"/> Burglary	<input type="checkbox"/> Possession	<input type="checkbox"/> Marijuana	<input type="checkbox"/> Unauthorized prescription drugs
<input type="checkbox"/> Fight	<input type="checkbox"/> Damage to Property	<input type="checkbox"/> Distribution	<input type="checkbox"/> Amphetamines	<input type="checkbox"/> Inhalants
<input type="checkbox"/> Gang Fight	<input type="checkbox"/> Fireworks Offense		<input type="checkbox"/> Crack	<input type="checkbox"/> Drug paraphernalia
<input type="checkbox"/> Robbery	<input type="checkbox"/> Theft		<input type="checkbox"/> Cocaine	
<input type="checkbox"/> Extortion	<input type="checkbox"/> Trespassing		<input type="checkbox"/> Hallucinogens (e.g. LSD, PCP)	
<input type="checkbox"/> Sex Offense			<input type="checkbox"/> Narcotics (e.g. heroin, morphine)	
<input type="checkbox"/> Threat	Cost to LEA: \$ _____		<input type="checkbox"/> Depressants (e.g. barbiturates, tranquilizers)	

WEAPONS

<u>BOMB TYPE</u>	<u>OFFENSE</u>	<u>FIREARM TYPE</u>	<u>OTHER WEAPON TYPE</u>
<input type="checkbox"/> Explosive devise (detonated)	<input type="checkbox"/> Possession of Firearm	<input type="checkbox"/> Handgun	<input type="checkbox"/> Knife, Blade
<input type="checkbox"/> Explosive devise (not detonated, but possible)	<input type="checkbox"/> Assault with a Firearm	<input type="checkbox"/> Rifle or shotgun	<input type="checkbox"/> Pin
<input type="checkbox"/> Fake bomb (detonation not possible)	<input type="checkbox"/> Sale or Transfer of Firearm	<input type="checkbox"/> BB, air or pellet gun	<input type="checkbox"/> Chain, Club
<input type="checkbox"/> Bomb threat (no bomb found)	<input type="checkbox"/> Assault with Other Weapon		<input type="checkbox"/> Mace, Spray
	<input type="checkbox"/> Possession of Other Weapon		<input type="checkbox"/> Imitation gun
	<input type="checkbox"/> Sale or Transfer of Weapon		<input type="checkbox"/> Other

Incident Description: (optional) _____

OFFENDER (Check One):

- Known – Attach Offender Page(s)
 Unknown – Do not attach Offender Page

Signature 1

Title

Date

Signature 2 (principal)

Date

VV-SA, OFFENDER INFORMATION, 2001-2002

Please complete the following information for EACH offender involved in the incident.

OFFENDER TYPE

- Regular education student
- Student with a disability
- Student from another district
- Non-student

STUDENT ID NUMBER: _____
(DISTRICT STUDENTS ONLY)

STUDENT NAME: _____
(DISTRICT STUDENTS ONLY)

System-Assigned
 Incident Number _____

For district students only, check the items which describe any action taken regarding this offender.

OAL determination: Yes No *(FOR STUDENTS WITH DISABILITIES ONLY: See the User Manual for a definition of OAL.)*

Disciplinary action taken: None Expulsion Removal to alternative education In-school suspension Out-of school suspension Other

Days suspended or removed: _____

If removed to alternative education program: Homebound instruction In-district alternative program/school Other in-district setting
 Out-of-district alternative program/school Other out-of-district setting County alternative education program

Individualized Education Program Services Received: Yes No *(FOR STUDENTS WITH DISABILITIES ONLY)*

For district students only. Check the categories that describe the offender.

OFFENDER GENDER

- Male
- Female

OFFENDER RACE/ETHNICITY

- American Indian
- Asian or Pacific Islander
- Black or African-American
- Hispanic or Latino
- White (Not Hispanic)

LEP: Check if "Yes."

Section 504: Check if "Yes."

SPECIAL EDUCATION ELIGIBILITY CRITERIA

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Hearing impairments | <input type="checkbox"/> Other health impairments | <input type="checkbox"/> Speech language impairments |
| <input type="checkbox"/> Deaf-blindness | <input type="checkbox"/> Multiple disabilities | <input type="checkbox"/> Orthopedic Impairments | <input type="checkbox"/> Traumatic brain injury |
| <input type="checkbox"/> Emotional disturbance | <input type="checkbox"/> Mental retardation | <input type="checkbox"/> Specific learning disabilities | <input type="checkbox"/> Visual impairments |

Check the type of incident involving this offender:

- Violence
- Vandalism
- Weapon
- Substance Abuse

VV-SA, VICTIM INFORMATION, 2001-2002

Please complete the following information for EACH victim involved in the incident.

VICTIM TYPE

- | | |
|--|---|
| <input type="checkbox"/> Regular student | <input type="checkbox"/> School personnel |
| <input type="checkbox"/> Student with disabilities | <input type="checkbox"/> Non-student |
| <input type="checkbox"/> Student from another district | |

STUDENT ID NUMBER: _____
(DISTRICT STUDENTS ONLY)

STUDENT NAME: _____
(DISTRICT STUDENTS ONLY)

System-Assigned
Incident Number _____

For district students only. Check the categories that describe the victim.

VICTIM GENDER

- Male
 Female

VICTIM RACE/ETHNICITY

- American Indian
 Asian or Pacific Islander
 Black or African-American
 Hispanic or Latino
 White (Not Hispanic)

SPECIAL EDUCATION ELIGIBILITY CRITERIA

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Hearing impairments | <input type="checkbox"/> Other health impairments | <input type="checkbox"/> Speech language impairments |
| <input type="checkbox"/> Deaf-blindness | <input type="checkbox"/> Multiple disabilities | <input type="checkbox"/> Orthopedic Impairments | <input type="checkbox"/> Traumatic brain injury |
| <input type="checkbox"/> Emotional disturbance | <input type="checkbox"/> Mental retardation | <input type="checkbox"/> Specific learning disabilities | <input type="checkbox"/> Visual impairments |