

VIOLENCE, VANDALISM, AND SUBSTANCE ABUSE INCIDENT REPORT FORM

2005-2006

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

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>ALCOHOL & OTHER DRUG</u>	<u>DRUG TYPE</u>
<input type="checkbox"/> Simple Assault <input type="checkbox"/> Aggravated Assault <input type="checkbox"/> Fight <input type="checkbox"/> Gang/Group Fight <input type="checkbox"/> Robbery <input type="checkbox"/> Extortion <input type="checkbox"/> Sex Offense	<input type="checkbox"/> Threat <input type="checkbox"/> Terroristic Threat <input type="checkbox"/> Kidnapping <input type="checkbox"/> Harassment/ Intimidation/ Bullying	<input type="checkbox"/> Arson <input type="checkbox"/> Burglary <input type="checkbox"/> Damage to Property <input type="checkbox"/> Fireworks Offense <input type="checkbox"/> Theft <input type="checkbox"/> Trespassing Cost to LEA: \$ _____	<input type="checkbox"/> Suspected use not confirmed <input type="checkbox"/> Suspected use confirmed <input type="checkbox"/> Possession <input type="checkbox"/> Distribution <input type="checkbox"/> Alcohol <input type="checkbox"/> Marijuana <input type="checkbox"/> Amphetamines <input type="checkbox"/> Party drug <input type="checkbox"/> Cocaine/Crack <input type="checkbox"/> Hallucinogens (e.g. LSD, PCP) <input type="checkbox"/> Narcotics (e.g. heroin, morphine) <input type="checkbox"/> Depressants (e.g. barbiturates, tranquilizers)
<u>WEAPONS</u>	<u>FIREARM/OTHER WEAPONS</u>	<u>FIREARM TYPE</u>	<u>OTHER WEAPON TYPE</u>
<u>BOMB TYPE</u>	<u>OFFENSE</u>		
<input type="checkbox"/> Explosive devise (detonated) ¹ <input type="checkbox"/> Explosive devise (not detonated, but possible) ¹ <input type="checkbox"/> Fake bomb (detonation not possible) <input type="checkbox"/> Bomb threat (no bomb found)	<input type="checkbox"/> Possession of Firearm <input type="checkbox"/> Assault with a Firearm <input type="checkbox"/> Sale or Transfer of Firearm <input type="checkbox"/> Assault with Other Weapon <input type="checkbox"/> Possession of Other Weapon <input type="checkbox"/> Sale or Transfer of Weapon	<input type="checkbox"/> Handgun <input type="checkbox"/> Rifle or shotgun <input type="checkbox"/> BB, air or pellet gun	<input type="checkbox"/> Knife, Blade, Razor, Scissors, Box Cutter <input type="checkbox"/> Pin, Sharp Pen/Pencil <input type="checkbox"/> Chain, Club, "Brass Knuckles" <input type="checkbox"/> Spray <input type="checkbox"/> Imitation gun, Toy gun, Paintball gun <input type="checkbox"/> Other
1. Report large fireworks such as cherry bombs and M-90's under Vandalism/Fireworks Incident Description: (optional) _____ _____			OFFENDER (Check One): <input type="checkbox"/> Known – Attach Offender Page(s) <input type="checkbox"/> Unknown – Do not attach Offender Page

_____ Signature 1	_____ Title	_____ Date	_____ Signature 2 (principal)	_____ Date
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VV-SA, OFFENDER INFORMATION, 2005-2006

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

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, 2005-2006

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

VICTIM TYPE

- Regular student School personnel
 Student with disabilities Non-student
 Student from another district

STUDENT ID NUMBER: _____

(DISTRICT STUDENTS ONLY)

STUDENT NAME: _____

(DISTRICT STUDENTS ONLY)

System-Assigned Incident Number _____
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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 |

VICTIM OF VIOLENT CRIMINAL OFFENSE:

- Victim of Violent Criminal Offense*

Transfer Option Available? Yes No (If 'No,' Stop here. If 'Yes,' continue.)

Outcome:

- Transfer Option Accepted, Transfer completed
 Transfer Option Accepted, Transfer not completed
 Transfer Option Declined

*Determined based on Unsafe School Choice Option (USCO) Policy