

# VIOLENCE, VANDALISM, AND SUBSTANCE ABUSE (VV-SA) INCIDENT REPORT FORM

## 2013-2014 INCIDENT INFORMATION

System-Assigned Incident Number _____
Local Incident Number (Optional) _____

**INCIDENT HEADER** (Use one Incident Report Form for all offenders and victims of any one incident.)

**School Name:** \_\_\_\_\_

**Location:** \_\_\_\_\_ Cafeteria \_\_\_\_\_ Classroom \_\_\_\_\_ Corridor \_\_\_\_\_ Other Inside School \_\_\_\_\_ School Entrance \_\_\_\_\_ Building Exterior \_\_\_\_\_ Other Outside \_\_\_\_\_ Bus \_\_\_\_\_ District Office \_\_\_\_\_ Off-site School-Sponsored Function \_\_\_\_\_ Other School Grounds \_\_\_\_\_ Off School Grounds (HIB only) \_\_\_\_\_ Off-site Program\*

**Date of Incident:** \_\_\_\_\_ **Time of Incident:** \_\_\_\_\_ **Bias-Related** \_\_\_\_\_ **Gang-Related** \_\_\_\_\_

**Police Notification:** \_\_\_\_\_ None \_\_\_\_\_ Police Notified, Complaint Filed \_\_\_\_\_ Police Notified, No Complaint Filed

**Contact Name:** \_\_\_\_\_ **Contact Phone #** \_\_\_\_\_

### INCIDENT TYPE (There can be multiple offense categories in one incident report)

<p><b>VIOLENCE</b></p> <p><input type="checkbox"/> Assault</p> <p><input type="checkbox"/> Criminal Threat</p> <p><input type="checkbox"/> Extortion</p> <p><input type="checkbox"/> Fight</p> <p><input type="checkbox"/> Threat</p> <p><input type="checkbox"/> Kidnapping</p> <p><input type="checkbox"/> Robbery</p> <p><input type="checkbox"/> Sex Offense</p>	<p><b>VANDALISM RELATED</b></p> <p><input type="checkbox"/> Arson</p> <p><input type="checkbox"/> Bomb Threat</p> <p><input type="checkbox"/> Burglary</p> <p><input type="checkbox"/> Damage to Property</p> <p><input type="checkbox"/> Fake Bomb</p> <p style="text-align: center;"><input type="checkbox"/> Cost Incurred by LEA? (only check if yes)</p> <hr/> <p><input type="checkbox"/> <b>HARASSMENT, INTIMIDATION OR BULLYING</b> (Affirmed (i.e. found to be HIB) by the Board of Education)</p>	<p><b>SUBSTANCE OFFENSE</b></p> <p><input type="checkbox"/> Use confirmed _____ Possession _____ Sale/Distribution</p> <p><b>SUBSTANCE TYPE</b></p> <p><input type="checkbox"/> Alcohol</p> <p><input type="checkbox"/> Marijuana</p> <p><input type="checkbox"/> Amphetamines</p> <p><input type="checkbox"/> Designer/Synthetic Drugs (e.g., Party Drugs, Club Drugs, Bath Salts, Synthetic Marijuana, China White, Synthetic Heroin (MPTP), Ecstasy (MDMA), GHB, Rohypnol K2, Spice, Cloud Nine (MDPV))</p> <p><input type="checkbox"/> Cocaine/Crack</p> <p><input type="checkbox"/> Hallucinogens (e.g., THC, LSD, Jimson Weed, Angel Dust (PCP) Psilocybin (Mushrooms), DMT, Ketamine, Mescaline (Peyote))</p> <p><input type="checkbox"/> Narcotics (e.g., Morphine, Heroin, Hydrocodone, Oxycodone, Codeine, Vicodin, Methadone)</p> <p><input type="checkbox"/> Depressants (e.g., Barbiturates, Valium, Xanax, Tranquilizers)</p> <p><input type="checkbox"/> Anabolic Steroids</p> <p><input type="checkbox"/> Unauthorized Prescription Drugs</p> <p><input type="checkbox"/> Unauthorized Over the Counter Drugs</p> <p><input type="checkbox"/> Inhalants</p> <p><input type="checkbox"/> Drug Paraphernalia</p>																														
<p><b>WEAPONS</b> <i>Check either Possession or Used in Offense</i></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><b>Possession</b></td> <td style="width: 30%;"><b>Used in Offense</b></td> <td style="width: 40%;"><b>Sale/Distribution of Weapon</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Handgun</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Rifle</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Air Gun, Pellet Gun, BB Gun</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Imitation Firearm</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Knife, Blade, Razor, Scissors, Box Cutter</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Pin, Sharp Pen/Pencil</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Chain, Club, Brass knuckles</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Spray</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/></td> </tr> </table>		<b>Possession</b>	<b>Used in Offense</b>	<b>Sale/Distribution of Weapon</b>	<input type="checkbox"/>	<input type="checkbox"/> Handgun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Rifle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Air Gun, Pellet Gun, BB Gun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Imitation Firearm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Knife, Blade, Razor, Scissors, Box Cutter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Pin, Sharp Pen/Pencil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chain, Club, Brass knuckles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Spray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/>	<p><b>BOMB OFFENSE</b></p> <p><input type="checkbox"/> Bomb – exploded</p> <p><input type="checkbox"/> Bomb – unexploded</p>
<b>Possession</b>	<b>Used in Offense</b>	<b>Sale/Distribution of Weapon</b>																														
<input type="checkbox"/>	<input type="checkbox"/> Handgun	<input type="checkbox"/>																														
<input type="checkbox"/>	<input type="checkbox"/> Rifle	<input type="checkbox"/>																														
<input type="checkbox"/>	<input type="checkbox"/> Air Gun, Pellet Gun, BB Gun	<input type="checkbox"/>																														
<input type="checkbox"/>	<input type="checkbox"/> Imitation Firearm	<input type="checkbox"/>																														
<input type="checkbox"/>	<input type="checkbox"/> Knife, Blade, Razor, Scissors, Box Cutter	<input type="checkbox"/>																														
<input type="checkbox"/>	<input type="checkbox"/> Pin, Sharp Pen/Pencil	<input type="checkbox"/>																														
<input type="checkbox"/>	<input type="checkbox"/> Chain, Club, Brass knuckles	<input type="checkbox"/>																														
<input type="checkbox"/>	<input type="checkbox"/> Spray	<input type="checkbox"/>																														
<input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/>																														
<div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><b>*Select "off-site program" when a program that is part of a school in which the student is enrolled but that operates at another site and has NOT been assigned a school code by the Department of Education. You may indicate the off-site program name and address in the "Incident Description" field.</b></p> </div>																																

**Incident Description:** \_\_\_\_\_

# HARASSMENT, INTIMIDATION, OR BULLYING (HIB) INFORMATION, 2013-2014

Lead Investigator First Name: \_\_\_\_\_

Lead Investigator Last Name: \_\_\_\_\_

**Status of Investigation:**

\_\_\_\_ HIB investigation completed as required, per N.J.S.A. 18A:37-15b(6)(a)

\_\_\_\_ HIB incident affirmed (i.e. found to be HIB) by the Board of Education, per N.J.S.A. 18A:37-15b(6)(e)

**Nature of HIB Incident (Pursuant to 18A:37-14)**

● **Protected Category (check all that apply)**

- \_\_\_\_ Race                      \_\_\_\_ Color                      \_\_\_\_ Religion                      \_\_\_\_ Ancestry                      \_\_\_\_ Origin                      \_\_\_\_ Gender
- \_\_\_\_ Sexual Orientation                      \_\_\_\_ Gender Identity & Expression                      \_\_\_\_ Mental, Physical, or Sensory Disability
- \_\_\_\_ Other Distinguishing Characteristics

● **Effect of HIB Incident (check all that apply)**

- \_\_\_\_ Substantially disrupted or interfered with orderly operation of school or rights of other students
- \_\_\_\_ Offender knew action would physically or emotionally cause harm to the victim or damage to the victim's property
- \_\_\_\_ Victim was in fear of physical or emotional harm or damage to personal property
- \_\_\_\_ Insulted or demeaned a student or a group of students
- \_\_\_\_ Interfered with victim's education
- \_\_\_\_ Created a hostile educational environment by severely or pervasively causing physical or emotional harm to the student

● **Mode of HIB Incident (check all that apply)**

- \_\_\_\_ Gesture
- \_\_\_\_ Written
- \_\_\_\_ Verbal
- \_\_\_\_ Physical (major or minor injury)
- \_\_\_\_ Electronic Communication

# OFFENDER INFORMATION, 2013-2014

**System-Assigned Incident Number** \_\_\_\_\_

**OFFENDER TYPE:**     General Education Student     Student with Disabilities     Student from Another School     Non-student     Unknown

**For Students of This School Only**

**Removal:**     Yes – Select action(s) taken from section A and/or B     No – Select action(s) taken from section C

**Disciplinary action(s) taken and days suspended or removed**

**SECTION A** – All Students     In-school Suspension     Days    All Students     Out-of-school Suspension     Days    General Education Students Only     Expulsion

**SECTION B** – Students with disabilities only     Unilateral removal     Days (≤ 45)     Removal by ALJ for Dangerousness     Days

**SECTION C** – All Students     None     Detention     Other     Suspension of Privileges

**Remedial action(s) taken for HIB only (check all that apply)**

<input type="checkbox"/> Restitution and Restoration	<input type="checkbox"/> Student Conference	<input type="checkbox"/> Parent Conference
<input type="checkbox"/> Individual Counseling	<input type="checkbox"/> Group Counseling	<input type="checkbox"/> Referral to the Intervention and Referral Services Team
<input type="checkbox"/> Referral for therapy/treatment	<input type="checkbox"/> Transfer	<input type="checkbox"/> Other measures imposed _____

**Program/Services Provided upon Disciplinary Action:** (check all that apply)     None     Assignment(s)     Academic Instruction (only)  
 Support Services (only)     Educational Program (Academic Instruction and Support Services)

**Location of Program/Services:** (check all that apply)     In-school Setting     \*In-district Alternative Education Program     Other In-district Setting  
 Home (includes home instruction)     \*Out-of-district Alternative Education Program     Other Out-of-district Setting

*\*District Board of Education or Department of Education approved only*

**Offender Caused:**     Minor injury     Major injury     No Injury    **Offender incurred:**     Minor injury     Major injury     No Injury    **See definitions below:**

**Minor Injury:** Injury such as a cut, abrasion, burn or bruise where the individual was seen by the school nurse and received treatment, e.g., an ice pack, topical preparation, or bandaging; or the individual was referred to a medical practice or facility for observation and/or treatment, and the injury was not considered major as defined below.

**Major Injury:** Injury which requires medical treatment and includes concussions, injured organs, fractured or broken bones, severe burns, or cuts requiring stitches. The injury could be a **serious bodily injury** as defined below.

**Only for students with disabilities causing a major injury:** Did the offender cause Serious Bodily Injury, defined as an injury which involves (A) a substantial risk of death; (B) extreme physical pain; (C) protracted and obvious disfigurement; or (D) protracted loss or impairment of the function of a bodily member, organ, or mental faculty?     Yes     No

**STUDENT FIRST NAME:** \_\_\_\_\_ **STUDENT LAST NAME:** \_\_\_\_\_

**STATE NJSMART STUDENT ID (required):** \_\_\_\_\_ **GENDER:**     Male     Female

**ETHNICITY:**     Hispanic     Non Hispanic

**RACE (check all that apply):**     American Indian, Alaskan Native     Asian     Black, African American     Native Hawaiian or Other Pacific Islander     White

**GRADE:**     K     1     2     3     4     5     6     7     8     9     10     11     12

**FOR SPECIAL EDUCATION FEDERAL REPORTING**

<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"/> Intellectual Disability	<input type="checkbox"/> Specific Learning Disability	<input type="checkbox"/> Visual Impairments

**LEP:**     Check if "Yes."    **Section 504:**     Check if "Yes."

**(Attach a page for each additional Offender)**

# VICTIM INFORMATION, 2013-2014

**System-Assigned Incident Number** \_\_\_\_\_

**VICTIM TYPE:**  General Education Student     Student with Disabilities     Student from Another School     Non-student     School Personnel  
 Identifiable Group     None

**Victim incurred:**  Minor Injury     Major Injury     Serious Bodily Injury     No Injury Incurred    **See definitions below:**

**Minor Injury:** Injury such as a cut, abrasion, burn or bruise where the individual was seen by the school nurse and received treatment, e.g. an ice pack, topical preparation, or bandaging; or the individual was referred to a medical practice or facility for observation and/or treatment, and the injury was not considered major as defined below.

**Major Injury:** Injury which requires medical treatment and includes concussions, injured organs, fractured or broken bones, severe burns, or cuts requiring stitches. The injury could be a serious bodily injury as defined below.

**Serious Bodily Injury:** Indicated only if this victim incurred a major injury caused by a student with disabilities. Defined as a injury which involves (A) a substantial risk of death; (B) extreme physical pain; (C) protracted and obvious disfigurement; or (D) protracted loss or impairment of the function of a bodily member, organ, or mental faculty?

**Remedial action(s) taken**  Counseling     Support Services     Intervention and Referral Services     Parent Conference  
**for HIB only**     Before/After School Supervision     Schedule change     School transportation supervision     School transfer  
*(check all that apply)*     Teacher Aide/Monitor during school day     Peer Support Group     Adult-Student Mentoring     Restitution/Restoration  
 Seating change     Alternate Placement     Assessment/Evaluation  
 Out-of-School Mental Health Service     Other Measures \_\_\_\_\_

**For students of this school only**

**STUDENT FIRST NAME:** \_\_\_\_\_ **STUDENT LAST NAME:** \_\_\_\_\_

**STATE NJSMART STUDENT ID (required):** \_\_\_\_\_ **GENDER:**  Male     Female

**ETHNICITY:**  Hispanic     Non Hispanic

**RACE Check all that apply:**  American Indian, Alaskan Native     Asian     Black, African American     Native Hawaiian or Other Pacific Islander     White

**GRADE:**  K     1     2     3     4     5     6     7     8     9     10     11     12

**SPECIAL EDUCATION ELIGIBILITY CRITERIA**

Autism     Hearing Impairments     Other Health Impairments     Speech Language Impairments  
 Deaf-blindness     Multiple Disabilities     Orthopedic Impairments     Traumatic Brain Injury  
 Emotional Disturbance     Intellectual Disability     Specific Learning Disability     Visual Impairments

**LEP:**  Check if "Yes."    **Section 504:**  Check if "Yes."

**VICTIM OF A VIOLENT CRIMINAL OFFENSE?\***  Yes     No (If 'No,' stop here.)

**Transfer Option Available?**  Yes     No (If 'No,' stop here.)

**Outcome:**

Transfer Option Accepted, Transfer Completed  
 Transfer Option Accepted, Transfer Not Completed  
 Transfer Option Declined

\*For definition, go to <http://www.state.nj.us/education/grants/nclb/policy/unsafe.htm>

*(Attach a page for each additional Victim)*