

VIOLENCE, VANDALISM, AND SUBSTANCE ABUSE INCIDENT REPORT FORM

2003-2004

INCIDENT INFORMATION

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

System-Assigned
Incident Number _____

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.

VIOLENCE

_____ Simple Assault
_____ Aggravated Assault
_____ Fight
_____ Gang/Group Fight
_____ Robbery
_____ Extortion
_____ Sex Offense

_____ Threat
_____ Terroristic Threat
_____ Kidnapping
_____ Harassment/
Intimidation/
Bullying

VANDALISM

_____ Arson
_____ Burglary
_____ Damage to Property
_____ Fireworks Offense
_____ Theft
_____ Trespassing

Cost to LEA: \$ _____

SUBSTANCE ABUSE

_____ Suspected use
not confirmed
_____ Suspected use confirmed
_____ Possession
_____ Distribution

SUBSTANCE TYPE

_____ Alcohol
_____ Marijuana
_____ Amphetamines
_____ Party drug
_____ Cocaine/Crack
_____ Hallucinogens (e.g. LSD, PCP)
_____ Narcotics (e.g. heroin, morphine)
_____ Depressants (e.g. barbiturates, tranquilizers)

_____ Anabolic steroids
_____ Unauthorized
prescription drugs
_____ Inhalants
_____ Drug paraphernalia

WEAPONS

BOMB OFFENSE/TYPE

_____ Explosive device
(detonated)¹
_____ Explosive device
(not detonated, but
possible)¹
_____ Fake bomb (detonation
not possible)
_____ Bomb threat (no bomb
found)

FIREARM/OTHER W/WEAPONS

OFFENSE

_____ Possession of Firearm
_____ Assault with a Firearm
_____ Sale or Transfer of Firearm
_____ Assault with Other Weapon
_____ Possession of Other Weapon
_____ Sale or Transfer of Weapon

FIREARM TYPE

_____ Handgun
_____ Rifle or shotgun
_____ BB, air
or pellet gun

OTHER WEAPON TYPE

_____ Knife, Blade, Razor, Scissors, Box Cutter
_____ Pin, Sharp Pen/Pencil
_____ Chain, Club, "Brass Knuckles"
_____ Spray
_____ Imitation gun, Toy gun, Paintball gun
_____ Other

1. Report large fireworks such as cherry bombs and M-90's under Vandalism/Fireworks

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, 2003-2004

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, 2003-2004

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)

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 |

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