# Violence, Vandalism, and Substance Abuse Incident Report Form

## 2003-2004

### INCIDENT INFORMATION

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

- **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:**

### INCIDENT DETAIL

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

<table>
<thead>
<tr>
<th>VIOLENCE</th>
<th>VANDALISM</th>
<th>SUBSTANCE ABUSE</th>
<th>SUBSTANCE TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simple Assault</td>
<td>Threat</td>
<td>Arson</td>
<td>Suspected use not confirmed</td>
</tr>
<tr>
<td>Aggravated Assault</td>
<td>Terroristic Threat</td>
<td>Burglary</td>
<td>Suspected use confirmed</td>
</tr>
<tr>
<td>Fight</td>
<td>Kidnapping</td>
<td>Damage to Property</td>
<td>Possession</td>
</tr>
<tr>
<td>Gang/Group Fight</td>
<td>Harassment/Intimidation/</td>
<td>Fireworks Offense</td>
<td>Distribution</td>
</tr>
<tr>
<td>Robbery</td>
<td>Bullying</td>
<td>Theft</td>
<td></td>
</tr>
<tr>
<td>Extortion</td>
<td></td>
<td>Trespassing</td>
<td></td>
</tr>
<tr>
<td>Sex Offense</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Cost to LEA: $___________

<table>
<thead>
<tr>
<th>WEAPONS</th>
<th>FIREARM/OTHER WWEPONs</th>
<th>FIREARM TYPE</th>
<th>OTHER WEAPON TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explosive device (detonated)</td>
<td>Possession of Firearm</td>
<td>Handgun</td>
<td>Knife, Blade, Razor, Scissors, Box Cutter</td>
</tr>
<tr>
<td>Explosive device (not detonated, but possible)</td>
<td>Assault with a Firearm</td>
<td>Rifle or shotgun</td>
<td>Pin, Sharp Pen/Pencil</td>
</tr>
<tr>
<td>Fake bomb (detonation not possible)</td>
<td>Sale or Transfer of Firearm</td>
<td>BB, air or pellet gun</td>
<td>Chain, Club, “Brass Knuckles”</td>
</tr>
<tr>
<td>Bomb threat (no bomb found)</td>
<td>Assault with Other Weapon</td>
<td></td>
<td>Spray</td>
</tr>
<tr>
<td></td>
<td>Possession of Other Weapon</td>
<td></td>
<td>Imitation gun, Toy gun, Paintball gun</td>
</tr>
<tr>
<td></td>
<td>Sale or Transfer of Weapon</td>
<td></td>
<td>Other</td>
</tr>
</tbody>
</table>

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

**Incident Description:** (optional)

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**Signature 1**

*Title*

*Date*

**Signature 2 (principal)**

*Date*

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[1] Detonated

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**OFFENDER (Check One):**

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

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E00-00317
## VV–SA, OFFENDER INFORMATION, 2003-2004

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

<table>
<thead>
<tr>
<th>OFFENDER TYPE</th>
<th>STUDENT ID NUMBER: __________________________</th>
<th>STUDENT NAME: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular education student</td>
<td>(DISTRICT STUDENTS ONLY)</td>
<td>(DISTRICT STUDENTS ONLY)</td>
</tr>
<tr>
<td>Student with a disability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student from another district</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-student</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>OFFENDER GENDER</th>
<th>OFFENDER RACE/ETHNICITY</th>
<th>LEP:</th>
<th>Section 504:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>American Indian</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>Asian or Pacific Islander</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Black or African-American</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hispanic or Latino</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>White (Not Hispanic)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SPECIAL EDUCATION ELIGIBILITY CRITERIA**

- Autism
- Deaf-blindness
- Emotional disturbance
- Hearing impairments
- Multiple disabilities
- Other health impairments
- Orthopedic impairments
- Speech language impairments
- Traumatic brain injury
- Visual impairments
- Specific learning disabilities

Check the type of incident involving this offender:

- Violence
- Vandalism
- Weapon
- Substance Abuse
Please complete the following information for EACH victim involved in the incident.

### VICTIM TYPE

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

### STUDENT ID NUMBER:

(DISTRICT STUDENTS ONLY)

### STUDENT NAME:

(DISTRICT STUDENTS ONLY)

<table>
<thead>
<tr>
<th>VICTIM TYPE</th>
<th>STUDENT ID NUMBER</th>
<th>STUDENT NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- [ ] Autism
- [ ] Deaf-blindness
- [ ] Emotional disturbance
- [ ] Hearing impairments
- [ ] Multiple disabilities
- [ ] Mental retardation
- [ ] Other health impairments
- [ ] Orthopedic impairments
- [ ] Specific learning disabilities
- [ ] Speech language impairments
- [ ] Traumatic brain injury
- [ ] 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