

# 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 # \_\_\_\_\_

<b>INCIDENT DETAIL</b>			
Check the items which describe the incident and, if applicable, the type of weapon, bomb or substance.			
<b><u>VIOLENCE</u></b>	<b><u>VANDALISM</u></b>	<b><u>ALCOHOL &amp; OTHER DRUG</u></b>	<b><u>DRUG TYPE</u></b>
<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)
<b><u>WEAPONS</u></b>	<b><u>FIREARM/OTHER WEAPONS</u></b>	<b><u>FIREARM TYPE</u></b>	<b><u>OTHER WEAPON TYPE</u></b>
<b><u>BOMB TYPE</u></b>	<b><u>OFFENSE</u></b>		
<input type="checkbox"/> Explosive devise (detonated) <sup>1</sup> <input type="checkbox"/> Explosive devise (not detonated, but possible) <sup>1</sup> <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 <b>Incident Description: (optional)</b> _____ _____			<b>OFFENDER (Check One):</b> <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