# VIOLENCE, VANDALISM, AND SUBSTANCE ABUSE INCIDENT REPORT FORM

## INCIDENT INFORMATION

**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 #**
______________________________

### VIOLENCE

- Simple Assault
- Aggravated Assault
- Fight
- Gang Fight
- Robbery
- Extortion
- Sex Offense
- Threat

### SUBSTANCE ABUSE

- Use
- Possession
- Distribution
- Anabolic steroids
- Marijuana
- Amphetamines
- Crack
- Cocaine
- Hallucinogens (e.g. LSD, PCP)
- Narcotics (e.g. heroin, morphine)
- Depressants (e.g. barbiturates, tranquilizers)

### SUBSTANCE USE

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

### WEAPONS

#### BOMB TYPE

- Explosive devise (detonated)
- Explosive devise (not detonated, but possible)
- Fake bomb (detonation not possible)
- Bomb threat (no bomb found)

#### OFFENSE

- Possession of Firearm
- Assault with 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
- Pin
- Chain, Club
- Mace, Spray
- Imitation gun
- Other

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**Incident Description:** (optional)
________________________________________________________________________
________________________________________________________________________

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**Signature 1**
Title
Date

**Signature 2 (principal)**
Date

- Known – Attach Offender Page(s)
- Unknown – Do not attach Offender Page
### VV-SA, OFFENDER INFORMATION, 2001-2002

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>
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<tr>
<td>___ Student from another district</td>
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</tr>
<tr>
<td>___ Non-student</td>
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<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>
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<td></td>
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<tr>
<td></td>
<td>___ Black or African-American</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>___ Hispanic or Latino</td>
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<tr>
<td></td>
<td>___ White (Not Hispanic)</td>
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</tr>
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**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

**Check the type of incident involving this offender:**

- ___ Violence
- ___ Vandalism
- ___ Weapon
- ___ Substance Abuse
## VV–SA, VICTIM INFORMATION, 2001-2002

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

<table>
<thead>
<tr>
<th>VICTIM TYPE</th>
<th>STUDENT ID NUMBER: ______________________</th>
<th>STUDENT NAME: ____________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ Regular student</td>
<td>(DISTRICT STUDENTS ONLY)</td>
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</tr>
<tr>
<td>_____ Student with disabilities</td>
<td>____ School personnel</td>
<td>____ Non-student</td>
</tr>
<tr>
<td>_____ Student from another district</td>
<td>____ Non-student</td>
<td>____ Non-student</td>
</tr>
</tbody>
</table>

For district students only. Check the categories that describe the victim.

<table>
<thead>
<tr>
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<th>VICTIM RACE/ETHNICITY</th>
</tr>
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<td>_____ Male</td>
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System-Assigned Incident Number: ____________

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E00-00317