VIOLENCE, VANDALISM, AND SUBSTANCE ABUSE INCIDENT REPORT FORM
2004-2005
INCIDENT INFORMATION

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

School Name: 

Location: 

Date of Incident: 

Time of Incident: 

Bias incident: 

Police notification: 

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

**VANDALISM**

- Threat
- Arson

**SUBSTANCE ABUSE**

- Suspected use not confirmed
- Suspected use confirmed
- Possession
- Distribution

**SUBSTANCE TYPE**

- Alcohol
- Marijuana
- Anabolic steroids
- Unauthorized prescription drugs
- Amphetamines
- Party drug
- Inhalants
- Cocaine/Crack
- Drug paraphernalia
- Hallucinogens (e.g. LSD, PCP)
- Narcotics (e.g. heroin, morphine)
- Depressants (e.g. barbiturates, tranquilizers)

**WEAPONS**

**FIREARM/OTHER WEAPONS OFFENSE**

- Possession of Firearm
- Sale or Transfer of Firearm
- 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

Cost to LEA: $___________

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

Incident Description: (optional)

Signature 1: ____________________________ Title: ____________________________ Date: ____________________________

Signature 2 (principal): ____________________________ Date: ____________________________

System-Assigned Incident Number: ____________________________

Office: (Check One):

- Known – Attach Offender Page(s)
- Unknown – Do not attach Offender Page
VV–SA, OFFENDER INFORMATION, 2004-2005

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></td>
<td>(DISTRICT STUDENTS ONLY)</td>
<td>(DISTRICT STUDENTS ONLY)</td>
</tr>
<tr>
<td></td>
<td>____ Regular education student</td>
<td></td>
</tr>
<tr>
<td></td>
<td>____ Student with a disability</td>
<td></td>
</tr>
<tr>
<td></td>
<td>____ Student from another district</td>
<td></td>
</tr>
<tr>
<td></td>
<td>____ Non-student</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>_____Check if “Yes.”</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

<table>
<thead>
<tr>
<th>___________</th>
<th>___________</th>
<th>___________</th>
<th>___________</th>
<th>___________</th>
<th>___________</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ Autism</td>
<td>_____ Hearing impairments</td>
<td>_____ Other health impairments</td>
<td>_____ Speech language impairments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>_____ Deaf-blindness</td>
<td>_____ Multiple disabilities</td>
<td>_____ Orthopedic impairments</td>
<td>_____ Traumatic brain injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>_____ Emotional disturbance</td>
<td>_____ Mental retardation</td>
<td>_____ Specific learning disabilities</td>
<td>_____ Visual impairments</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Check the type of incident involving this offender:

| ____ Violence | ____ Vandalism | ____ Weapon | ____ Substance Abuse |
**VV-SA, VICTIM INFORMATION, 2004-2005**

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 _____ School personnel (DISTRICT STUDENTS ONLY)</td>
<td></td>
<td>(DISTRICT STUDENTS ONLY)</td>
</tr>
<tr>
<td>_____ Student with disabilities _____ Non-student</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

**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