VIOLENCE, VANDALISM, AND SUBSTANCE ABUSE INCIDENT REPORT FORM

2005-2006
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

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.

<table>
<thead>
<tr>
<th>VIOLENCE</th>
<th>VANDALISM</th>
<th>ALCOHOL &amp; OTHER DRUG</th>
<th>DRUG TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ Simple Assault</td>
<td>_____ Threat</td>
<td>_____ Arson</td>
<td>_____ Alcohol</td>
</tr>
<tr>
<td>_____ Aggravated Assault</td>
<td>_____ Terroristic Threat</td>
<td>_____ Burglary</td>
<td>_____ Marijuana</td>
</tr>
<tr>
<td>_____ Fight</td>
<td>_____ Kidnapping</td>
<td>_____ Damage to Property</td>
<td>_____ Unauthorized</td>
</tr>
<tr>
<td>_____ Gang/Group Fight</td>
<td>_____ Harassment/</td>
<td>_____ Fireworks Offense</td>
<td>_____ Amphetamines</td>
</tr>
<tr>
<td>_____ Robbery</td>
<td>____ Intimidation/</td>
<td>_____ Theft</td>
<td>_____ Party drug</td>
</tr>
<tr>
<td>_____ Extortion</td>
<td>____ Bullying</td>
<td>_____ Possession</td>
<td>_____ Inhalants</td>
</tr>
<tr>
<td>_____ Sex Offense</td>
<td>____ Trespassing</td>
<td>_____ Distribution</td>
<td>_____ Cocaine/Crack</td>
</tr>
</tbody>
</table>

Cost to LEA: $___________

<table>
<thead>
<tr>
<th>WEAPONS</th>
<th>FIREARM/OTHER WEAPONS</th>
<th>FIREARM TYPE</th>
<th>OTHER WEAPON TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ Explosive devise (detonated)</td>
<td>_____ Possession of Firearm</td>
<td>_____ Handgun</td>
<td>_____ Knife, Blade, Razor, Scissors, Box Cutter</td>
</tr>
<tr>
<td>_____ Explosive devise (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>_____ Possession of Other Weapon</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td></td>
<td></td>
<td>_____ Sale or Transfer of Weapon</td>
<td></td>
</tr>
</tbody>
</table>

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

Report Form Set: Incident, Offender, Victim pages
### VV–SA, OFFENDER INFORMATION, 2005-2006

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></td>
<td></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

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

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

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

**STUDENT ID NUMBER:**

**STUDENT NAME:**

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**
- ___ 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