**VIOLENCE, VANDALISM, AND SUBSTANCE ABUSE INCIDENT REPORT FORM**

**2006-2007**

**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
  - Off-site program
- **Date of Incident:**
- **Time of Incident:**
- **Bias incident:**
  - Yes
  - No
- **Police notification:**
  - None
  - Police notified, complaint filed
  - Police notified, no complaint filed

**Contact Name:**

**VANDALISM**

- Arson
- Burglary
- Damage to Property
- Fireworks Offense
- Theft
- Trespassing

**ALCOHOL & OTHER DRUG**

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

**WEAPONS**

- Knife, Blade, Razor, Scissors, Box Cutter
- Pin, Sharp Pen/Pencil
- Chain, Club, “Brass Knuckles”
- Spray
- Imitation gun, Toy gun, Paintball gun
- Other

**Incident Description:**

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

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**Signature 1**

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**Title**

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**Date**

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**Signature 2 (principal)**

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**Date**

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Report Form Set: Incident, Offender, Victim pages
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 _____Short-term suspension* _____Long-term suspension* _____Detention _____Other

- **Days suspended or removed:** ____________

- **Program provided upon disciplinary action:** _____In-school suspension _____Home instruction _____In-district alternative program/school

  _____Other in-district setting _____Out-of-district alternative program/school _____Other out-of-district setting

*Short-term suspension denotes 10 or fewer consecutive days; long-term suspension, more than 10 consecutive days, per N.J.A.C. 6A:16-7.2,7.3.

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>Check if “Yes.”</td>
</tr>
<tr>
<td>_____ Female</td>
<td>_____ Asian or Pacific Islander</td>
<td></td>
<td>Check if “Yes.”</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
- _____ 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.

<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>
<td>(DISTRICT STUDENTS ONLY)</td>
</tr>
<tr>
<td>___ Student with disabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>___ Student from another district</td>
<td></td>
<td></td>
</tr>
<tr>
<td>___ School personnel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>___ 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</td>
<td>___ American Indian</td>
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SPECIAL EDUCATION ELIGIBILITY CRITERIA

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| ___ Deaf-blindness  | ___ Multiple disabilities |
| ___ Emotional disturbance | ___ 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 the required Criteria for Determining Victims of Violent Criminal Offenses on pages 6 & 7 of the Unsafe School Choice Option Policy that may be found at [http://www.nj.gov/njded/grants/nclb/policy/unsafe.htm](http://www.nj.gov/njded/grants/nclb/policy/unsafe.htm).