

VIOLENCE, VANDALISM, AND SUBSTANCE ABUSE INCIDENT REPORT FORM

2006-2007

INCIDENT INFORMATION

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

System-Assigned Incident Number _____

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: _____

Contact Phone # _____

INCIDENT DETAIL

Check the items which describe the incident and, if applicable, the type of weapon, bomb or substance.

VIOLENCE

VANDALISM

ALCOHOL & OTHER DRUG

DRUG TYPE

- ___ Simple Assault
- ___ Aggravated Assault
- ___ Fight
- ___ Gang/Group Fight
- ___ Robbery
- ___ Extortion
- ___ Sex Offense
- ___ Threat
- ___ Terroristic Threat
- ___ Kidnapping
- ___ Harassment/Intimidation/Bullying

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

Cost to LEA: \$ _____

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

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

WEAPONS

FIREARM/OTHER WEAPONS

FIREARM TYPE

OTHER WEAPON TYPE

BOMB TYPE

OFFENSE

- ___ Explosive devise (detonated)¹
- ___ Explosive devise (not detonated, but possible)¹
- ___ Fake bomb (detonation not possible)
- ___ Bomb threat (no bomb found)

- ___ Possession of Firearm
- ___ Assault with a Firearm
- ___ Sale or Transfer of Firearm
- ___ Assault with Other Weapon
- ___ Possession of Other Weapon
- ___ Sale or Transfer of Weapon

- ___ Handgun
- ___ Rifle or shotgun
- ___ BB, air or pellet gun

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

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

Signature 1

Title

Date

Signature 2 (principal)

Date

VV-SA, OFFENDER INFORMATION, 2006-2007

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 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.

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, 2006-2007

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 _____

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 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>.