INCIDENT INFORMATION

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

School Name: ___________________________________________________

Location: Cafeteria Classroom Corridor Other Inside School School Entrance Building Exterior Other Outside Bus District Office Off-site School-Sponsored Function Other School Grounds Off School Grounds (HIB only) Off-site Program*

Date of Incident: _______________ Time of Incident: _______________ Bias-Related Gang-Related

Police Notification: None Police Notified, Complaint Filed Police Notified, No Complaint Filed

Contact Name: ________________________________________________ Contact Phone #_____________________________

VIOLENCE

- Assault
- Criminal Threat
- Extortion
- Fight
- Threat
- Kidnapping
- Robbery
- Sex Offense

VANDALISM RELATED

- Arson
- Bomb Threat
- Burglary
- Trespassing
- Fire Alarm Offense
- Trespassing
- Fireworks Offense
- Damage to Property
- Fake Bomb
- Cost Incurred by LEA? (only check if yes)

WEAPONS Check either Possession or Used in Offense

<table>
<thead>
<tr>
<th>Possession</th>
<th>Used in Offense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Handgun</td>
<td></td>
</tr>
<tr>
<td>Rifle</td>
<td></td>
</tr>
<tr>
<td>Air Gun, Pellet Gun, BB Gun</td>
<td></td>
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<tr>
<td>Imitation Firearm</td>
<td></td>
</tr>
<tr>
<td>Knife, Blade, Razor, Scissors, Box Cutter</td>
<td></td>
</tr>
<tr>
<td>Pin, Sharp Pen/Pencil</td>
<td></td>
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<tr>
<td>Chain, Club, Brass knuckles</td>
<td></td>
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<tr>
<td>Spray</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

SUBSTANCE OFFENSE

- Use confirmed
- Possession
- Sale/Distribution

SUBSTANCE TYPE

- Alcohol
- Marijuana
- Amphetamines
- Party Drug/Club Drug (e.g., Ketamine, MDMA, GHB, Rohypnol)
- Cocaine/Crack
- Hallucinogens (e.g., LSD, PCP)
- Narcotics (e.g., heroin, morphine)
- Depressants (e.g., barbiturates, tranquilizers)
- Anabolic Steroids
- Unauthorized Prescription Drugs
- Unauthorized Over the Counter Drugs
- Inhalants
- Drug Paraphernalia

BOMB OFFENSE

- Bomb – exploded
- Bomb – unexploded

HARRASSMENT, INTIMIDATION OR BULLYING (Affirmed by the Board of Education)

*Select off-site program when a program that is part of a school in which the student is enrolled but that operates at another site and has NOT been assigned a school code by the Department of Education. You may indicate the off-site program name and address in the “Incident Description” field.

Incident Description: ________________________________________________________________

Signature 1 Title Date Signature 2 (principal) Date

Report Form Set: Incident, Offender, Victim and HIB pages
Revised November 2012
## Offender Information, 2012-2013

**Offender Type:**
- [ ] General Education Student
- [ ] Student with Disabilities
- [ ] Student from Another School
- [ ] Non-student
- [ ] Unknown

### For Students of This School Only

Removal:
- [ ] Yes – Select action(s) taken from section A and/or B
- [ ] No – Select action(s) taken from section C

### Disciplinary Action(s) Taken and Days Suspended or Removed

<table>
<thead>
<tr>
<th>SECTION A – All Students</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>In-school Suspension</td>
<td>___ Days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out-of-school Suspension</td>
<td>___ Days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expulsion</td>
<td>___</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| SECTION B – Students with disabilities only | | |
| Unilateral removal | ___ Days (≤ 45) |
| Removal by ALJ for Dangerousness | ___ Days |

### Remedial Action(s) Taken

- [ ] Restitution and Restoration
- [ ] Student Conference
- [ ] Parent Conference
- [ ] Individual Counseling
- [ ] Group Counseling
- [ ] Referral to the Intervention and Referral Services Team
- [ ] Referral for therapy/treatment
- [ ] Transfer
- [ ] Other measures imposed

### Program/Services Provided Upon Disciplinary Action

- [ ] None
- [ ] Assignment(s)
- [ ] Academic Instruction (only)
- [ ] Support Services (only)
- [ ] Educational Program (Academic Instruction and Support Services)

**Location of Program/Services:**

- [ ] In-school Setting
- [ ] *In-district Alternative Education Program
- [ ] Other In-district Setting
- [ ] Home (includes home instruction)
- [ ] *Out-of-district Alternative Education Program
- [ ] Other Out-of-district Setting

*District Board of Education or Department of Education approved only

### Offender Caused:

- [ ] Minor injury
- [ ] Major injury

**Offender Incurred:**

- [ ] Minor injury
- [ ] Major injury

**See definitions below.**

**Minor Injury:**

Injury such as a cut, abrasion, burn or bruise where the individual was seen by the school nurse and received treatment, e.g., an ice pack, topical preparation, or bandaging; or the individual was referred to a medical practice or facility for observation and/or treatment, and the injury was not considered major as defined below.

**Major Injury:**

Injury which requires medical treatment and includes concussions, injured organs, fractured or broken bones, severe burns, or cuts requiring stitches.

The injury could be a serious bodily injury as defined below.

**Only for students with disabilities causing a major injury:**

Did the offender cause Serious Bodily Injury, defined as an injury which involves (A) a substantial risk of death; (B) extreme physical pain; (C) protracted and obvious disfigurement; or (D) protracted loss or impairment of the function of a body member, organ, or mental faculty?

- [ ] Yes
- [ ] No

### Student Information

- **State NJSMART Student ID (required):**
- **Gender:**
  - [ ] Male
  - [ ] Female
- **Ethnicity:**
  - [ ] Hispanic
  - [ ] Non Hispanic
- **Race: Check all that apply:**
  - [ ] American Indian, Alaskan Native
  - [ ] Asian
  - [ ] Black, African American
  - [ ] Native Hawaiian or Other Pacific Islander
  - [ ] White
- **Grade:**
  - [ ] K
  - [ ] 1
  - [ ] 2
  - [ ] 3
  - [ ] 4
  - [ ] 5
  - [ ] 6
  - [ ] 7
  - [ ] 8
  - [ ] 9
  - [ ] 10
  - [ ] 11
  - [ ] 12

### For Special Education Federal Reporting

- [ ] Autism
- [ ] Hearing Impairments
- [ ] Other Health Impairments
- [ ] Speech Language Impairments
- [ ] Deaf-blindness
- [ ] Multiple Disabilities
- [ ] Orthopedic Impairments
- [ ] Traumatic Brain Injury
- [ ] Emotional Disturbance
- [ ] Intellectual Disability
- [ ] Specific Learning Disability
- [ ] Visual Impairments

**LEP:**

- [ ] Check if “Yes.”

**Section 504:**

- [ ] Check if “Yes.”

(Attach a page for each additional offender)

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Revised November 2012

**E00-00317**
### VICTIM INFORMATION, 2012-2013

#### System-Assigned Incident Number

**VICTIM TYPE:**
- ___ General Education Student
- ___ Student with Disabilities
- ___ Student from Another School
- ___ Non-student
- ___ School Personnel
- ___ Identifiable Group
- ___ None

**Victim incurred:**
- ___ Minor Injury
- ___ Major Injury
- ___ Serious Bodily Injury  
  
  *See definitions below.*

**Minor Injury:** Injury such as a cut, abrasion, burn or bruise where the individual was seen by the school nurse and received treatment, e.g., an ice pack, topical preparation, or bandaging; or the individual was referred to a medical practice or facility for observation and/or treatment, and the injury was not considered major as defined below.

**Major Injury:** Injury which includes concussions, injured organs, fractured or broken bones, severe burns, or cuts requiring stitches.

**Serious Bodily Injury:** Indicated only if this victim incurred a major injury caused by a student with disabilities. Defined as an injury which involves:
- (A) a substantial risk of death;
- (B) extreme physical pain;
- (C) protracted and obvious disfigurement; or
- (D) protracted loss or impairment of the function of a bodily member, organ, or mental faculty?

**Remedial action(s) taken**
- ___ Counseling
- ___ Support Services
- ___ Intervention and Referral Services
- ___ Parent Conference
- ___ Before/After School Supervision
- ___ Schedule change
- ___ School transportation supervision
- ___ School transfer
- ___ Teacher Aide/Monitor during school day
- ___ Peer Support Group
- ___ Adult-Student Mentoring
- ___ Restitution/Restoration
- ___ Seating change
- ___ Alternate Placement
- ___ Assessment/Evaluation
- ___ Out-of-School Mental Health Service
- ___ Other Measures

**For students of this school only**

**VICTIM OF A VIOLENT CRIMINAL OFFENSE?**
- ___ Yes
- ___ No (If ‘No,’ stop here.)

**Transfer Option Available?**
- ___ Yes
- ___ No (If ‘No,’ stop here.)

**Outcome:**
- ___ Transfer Option Accepted, Transfer Completed
- ___ Transfer Option Accepted, Transfer Not Completed
- ___ Transfer Option Declined

**STUDENT FIRST NAME:**

**STUDENT LAST NAME:**

**STATE NJSMART STUDENT ID (required):**

**GENDER:**
- ___ Male
- ___ Female

**ETHNICITY:**
- ___ Hispanic
- ___ Non Hispanic

**RACE** Check all that apply:
- ___ American Indian, Alaskan Native
- ___ Asian
- ___ Black, African American
- ___ Native Hawaiian or Other Pacific Islander
- ___ White

**GRADE:**
- ___K
- ___1
- ___2
- ___3
- ___4
- ___5
- ___6
- ___7
- ___8
- ___9
- ___10
- ___11
- ___12

**SPECIAL EDUCATION ELIGIBILITY CRITERIA**
- ___ Autism
- ___ Hearing Impairments
- ___ Other Health Impairments
- ___ Speech Language Impairments
- ___ Deaf-blindness
- ___ Multiple Disabilities
- ___ Orthopedic Impairments
- ___ Traumatic Brain Injury
- ___ Emotional Disturbance
- ___ Intellectual Disability
- ___ Specific Learning Disability
- ___ Visual Impairments

**LEP:**
- ___ Check if “Yes.”

**Section 504:**
- ___ Check if “Yes.”

*For definition, go to http://www.state.nj.us/education/grants/nclb/policy/unsafe.htm*
Lead Investigator First Name: ___________________________________  Lead Investigator Last Name: ___________________________________

Status of Investigation:
___ 10-day investigation completed  ___ HIB incident affirmed by the Board of Education

Nature of HIB Incident (Pursuant to 18A:37-14)

- Protected Category (check all that apply)
  ___ Race  ___ Color  ___ Religion  ___ Ancestry  ___ Origin  ___ Gender  
  ___ Sexual Orientation  ___ Gender Identity & Expression  ___ Mental, Physical, or Sensory Disability  
  ___ Other Distinguishing Characteristics

- Effect of HIB Incident (check all that apply)
  ___ Substantially disrupted or interfered with orderly operation of school or rights of other students  
  ___ Offender knew action would physically or emotionally cause harm to the victim or damage to the victim’s property  
  ___ Victim was in fear of physical or emotional harm or damage to personal property  
  ___ Insulted or demeaned a student or a group of students  
  ___ Interfered with victim’s education  
  ___ Created a hostile educational environment by severely or pervasively causing physical or emotional harm to the student

- Mode of HIB Incident (check all that apply)
  ___ Gesture  
  ___ Written  
  ___ Verbal  
  ___ Physical (major or minor injury)  
  ___ Electronic Communication