

VIOLENCE, VANDALISM, AND SUBSTANCE ABUSE (VV-SA) INCIDENT REPORT FORM

2010-2011 INCIDENT INFORMATION

System-Assigned Incident Number _____
Local Incident Number (Optional) _____

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 _____ School Entrance

Date of Incident: _____ **Time of Incident:** _____ **Bias Incident** _____ **Gang-Related** _____

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

Contact Name: _____ **Contact Phone #** _____

INCIDENT DETAIL

VIOLENCE

- _____ Assault
- _____ Criminal Threat
- _____ Extortion
- _____ Fight
- _____ Harassment, Intimidation, Bullying, Threat
- _____ Kidnapping
- _____ Robbery
- _____ Sex Offense

VANDALISM/RELATED

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

SUBSTANCE OFFENSE

- _____ Use confirmed
- _____ Possession
- _____ Sale/Distribution

SUBSTANCE TYPE

- _____ 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
- _____ Unauthorized Over the Counter Drugs
- _____ Inhalants
- _____ Drug Paraphernalia

WEAPONS *check either Possession or Used in Offense*

- | | | |
|-------------------|---|-----------------------------------|
| Possession | Used in Offense | |
| _____ | _____ Handgun | _____ Sale/Distribution of Weapon |
| _____ | _____ Rifle | |
| _____ | _____ Air Gun, Pellet Gun, BB Gun | |
| _____ | _____ Imitation Firearm | |
| _____ | _____ Knife, Blade, Razor, Scissors, Box Cutter | |
| _____ | _____ Pin, Sharp Pen/Pencil | |
| _____ | _____ Chain, Club, Brass Knuckles | |
| _____ | _____ Spray | |
| _____ | _____ Other | |

BOMB OFFENSE

- _____ Bomb – exploded
- _____ Bomb – unexploded

OFFENDER (Check one):

- Known – Attach Offender Page(s)
- Unknown – Do Not Attach Offender Page

Incident Description: _____

Signature 1

Title

Date

Signature 2 (principal)

Date

VV-SA, OFFENDER INFORMATION, 2010-2011

System-Assigned Incident Number _____

OFFENDER TYPE: General Education Student Student with Disabilities Student from Another School Non-student

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 **STUDENT ID NUMBER:** _____

Disciplinary action(s) taken and days suspended or removed

SECTION A – All Students

Days

In-school Suspension _____
 Out-of-school Suspension _____
 Expulsion _____

SECTION B – Students with disabilities

Days

Unilateral removal _____
 Removal by ALJ for _____
 Dangerousness

SECTION C – All Students

None
 Detention
 Other

Program/Services Provided upon Disciplinary Action: (check all that apply) None Assignment(s) Academic Instruction (only)

Support Services (only) Educational Program (Academic Instruction and Support Services)

Location of Program/Services: (check all that apply) 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.

For students with disabilities causing a major injury, only: 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 bodily member, organ, or mental faculty? Yes No

STUDENT FIRST NAME: _____ **STUDENT LAST NAME:** _____

STATE (NJSMART) STUDENT ID: _____ **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

<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

LEP: Check if "Yes." **Section 504:** Check if "Yes."

Check the type of offense committed by this offender: Violence Vandalism Weapon Substance Abuse

VV-SA, VICTIM INFORMATION, 2010-2011

System-Assigned Incident Number _____

VICTIM TYPE: General Education Student Student with Disabilities Student from Another School Non-student School Personnel Identifiable Group

STUDENT ID NUMBER: _____

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 a 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?

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 _____ **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

- | | | | |
|--|--|---|--|
| <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 |

LEP: Check if "Yes."

Section 504: Check if "Yes."

*See Appendix C of the EVVRS User Manual, <http://homeroom.state.nj.us/index.htm>.