

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

2008-2009 (Revised) 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: _____ Yes _____ No **Police Notification:** _____ None _____ Police notified, complaint filed _____ Police notified, no complaint filed

Gang Related: _____ Yes _____ No

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	SUBSTANCE OFFENSE	SUBSTANCE TYPE
<input type="checkbox"/> Simple Assault <input type="checkbox"/> Aggravated Assault <input type="checkbox"/> Fight <input type="checkbox"/> Robbery <input type="checkbox"/> Extortion <input type="checkbox"/> Sex Offense	<input type="checkbox"/> Criminal Threat <input type="checkbox"/> Kidnapping <input type="checkbox"/> Harassment, Intimidation, Bullying, Threat <input type="checkbox"/> Arson <input type="checkbox"/> Burglary <input type="checkbox"/> Damage to Property <input type="checkbox"/> Fireworks Offense <input type="checkbox"/> Theft <input type="checkbox"/> Trespassing Cost to LEA: \$ _____	<input type="checkbox"/> Suspected use not confirmed <input type="checkbox"/> Suspected use confirmed <input type="checkbox"/> Possession <input type="checkbox"/> Distribution	<input type="checkbox"/> Alcohol <input type="checkbox"/> Marijuana <input type="checkbox"/> Amphetamines <input type="checkbox"/> Party drug <input type="checkbox"/> Cocaine/Crack <input type="checkbox"/> Hallucinogens (e.g. LSD, PCP) <input type="checkbox"/> Narcotics (e.g. heroin, morphine) <input type="checkbox"/> Depressants (e.g. barbiturates, tranquilizers) <input type="checkbox"/> Anabolic steroids <input type="checkbox"/> Unauthorized prescription drugs <input type="checkbox"/> Unauthorized over the counter drugs <input type="checkbox"/> Inhalants <input type="checkbox"/> Drug paraphernalia

WEAPONS

BOMB OFFENSE	FIREARM OFFENSE	OTHER WEAPONS OFFENSE	OTHER WEAPON TYPE
<input type="checkbox"/> Explosive device (detonated) <input type="checkbox"/> Explosive device (not detonated) <input type="checkbox"/> Fake bomb <input type="checkbox"/> Bomb threat	<input type="checkbox"/> Possession of Firearm <input type="checkbox"/> Assault with a Firearm <input type="checkbox"/> Sale or Transfer of a Firearm FIREARM TYPE <input type="checkbox"/> Handgun <input type="checkbox"/> Rifle or shotgun	<input type="checkbox"/> Assault with Other Weapon <input type="checkbox"/> Possession of Other Weapon <input type="checkbox"/> Sale or Transfer of Weapon	<input type="checkbox"/> Air Gun/Pellet Gun/BB Gun <input type="checkbox"/> Knife, Blade, Razor, Scissors, Box Cutter <input type="checkbox"/> Pin, Sharp Pen/Pencil <input type="checkbox"/> Chain, Club, "Brass Knuckles" <input type="checkbox"/> Spray <input type="checkbox"/> Imitation Firearm <input type="checkbox"/> Paintball Gun <input type="checkbox"/> Other

1. **Incident Description:** _____

OFFENDER (Check one): <input type="checkbox"/> Known – Attach Offender Page(s) <input type="checkbox"/> Unknown – Do not attach Offender Page
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Signature 1

Title

Date

Signature 2 (principal)

Date

VV-SA, OFFENDER INFORMATION, 2008-2009 *(Revised)*

Please complete the following information for EACH offender involved in the incident.

OFFENDER TYPE

- Regular education student
- Student with a disability
- Student from another school
- Non-student

STUDENT ID NUMBER: _____
(Students of the school only)

STUDENT NAME: _____
(Students of the school only)

System-Assigned
 Incident Number _____

For students of this school only, check the items which describe any action taken regarding this offender.

Removal: Was the student removed from his/her educational setting? Yes Use Group A or B, Action Taken No Use Group C, Action Taken

Disciplinary action taken: Group A, All Students: Expulsion In-school suspension Out-of-school suspension
 Group B, Students with disabilities only: Unilateral removal Removal by ALJ
 Group C, All students: None Detention Other

Days removed or suspended: _____

Program/Services provided upon disciplinary action: None Assignment(s) Academic Instruction (only) Support Services (only)
 Educational Program (Academic Instruction and Support Services) *In-district alternative education program Other in-district setting
 *Out-of-district alternative education program Home Instruction Other out-of-district setting

Offender caused: Bodily injury Serious bodily injury **Offender incurred:** Bodily injury Serious bodily injury

*District Board of Education or Department of Education approved only

For students of this school only. Check the categories that describe the offender.

GRADE: PRE K K 1 2 3 4 5 6 7 8 9 10 11 12 Un-Graded

GENDER

- Male
- Female

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, 2008-2009 (Revised)

Please complete the following information for EACH victim involved in the incident.

VICTIM TYPE

- | | |
|--|---|
| <input type="checkbox"/> Regular student | <input type="checkbox"/> School personnel |
| <input type="checkbox"/> Student with disabilities | <input type="checkbox"/> Non-student |
| <input type="checkbox"/> Student from another school | <input type="checkbox"/> Non-specific group |

ID NUMBER: _____
((Student/staff of the school only))

NAME: _____
((Student/staff of the school only))

System-Assigned
 Incident Number _____

Victim incurred: Bodily injury Serious bodily injury

VICTIM OF A VIOLENT CRIMINAL OFFENSE:

Victim of Violent Criminal Offense* Yes No

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

For students of this school only. Check the categories that describe the victim.

GRADE: PRE K K 1 2 3 4 5 6 7 8 9 10 11 12 Un-Graded

GENDER

- Male
- Female

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 |

*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>.