

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

Page 1 of 4

2013-2014 INCIDENT INFORMATION

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

INCIDENT HEADER (Use one Incident Report Form for all offenders and victims of any one incident.)

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 #** _____

INCIDENT TYPE (There can be multiple offense categories in one incident report)

VIOLENCE

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

VANDALISM RELATED

_____ Arson
_____ Bomb Threat
_____ Burglary
_____ Damage to Property
_____ Fake Bomb
_____ Theft (>=\$10)
_____ Trespassing
_____ Fire Alarm Offense
_____ Fireworks Offense

_____ Cost Incurred by LEA? (only check if yes)

HARASSMENT, INTIMIDATION OR BULLYING

(Affirmed (i.e. found to be HIB) by the Board of Education)

SUBSTANCE OFFENSE

_____ Use confirmed _____ Possession _____ Sale/Distribution

SUBSTANCE TYPE

_____ Alcohol
_____ Marijuana
_____ Amphetamines
_____ Designer/Synthetic Drugs (e.g., Party Drugs, Club Drugs, Bath Salts, Synthetic Marijuana, China White, Synthetic Heroin (MPTP), Ecstasy (MDMA), GHB, Rohypnol K2, Spice, Cloud Nine (MDPV))
_____ Cocaine/Crack
_____ Hallucinogens (e.g., THC, LSD, Jimson Weed, Angel Dust (PCP) Psilocybin (Mushrooms), DMT, Ketamine, Mescaline (Peyote))
_____ Narcotics (e.g., Morphine, Heroin, Hydrocodone, Oxycodone, Codeine, Vicodin, Methadone)
_____ Depressants (e.g., Barbiturates, Valium, Xanax, Tranquilizers)
_____ Anabolic Steroids
_____ Unauthorized Prescription Drugs
_____ Unauthorized Over the Counter Drugs
_____ Inhalants
_____ Drug Paraphernalia

WEAPONS Check either Possession or Used in Offense

Possession

_____ Handgun
_____ 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

Sale/Distribution of Weapon

BOMB OFFENSE

_____ Bomb – exploded
_____ Bomb – unexploded

***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

HARASSMENT, INTIMIDATION, OR BULLYING (HIB) INFORMATION, 2013-2014

Lead Investigator First Name: _____

Lead Investigator Last Name: _____

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*)

The effect of the HIB incident must have substantially disrupted or interfered with orderly operation of school or rights of other students. (Check all other effects that apply.)

☐ 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

OFFENDER INFORMATION, 2013-2014

System-Assigned Incident Number _____															
OFFENDER TYPE: <input type="checkbox"/> General Education Student <input type="checkbox"/> Student with Disabilities <input type="checkbox"/> Student from Another School <input type="checkbox"/> Non-student <input type="checkbox"/> Unknown															
For Students of This School Only															
Removal: <input type="checkbox"/> Yes – Select action(s) taken from section A and/or B <input type="checkbox"/> No – Select action(s) taken from section C															
Disciplinary action(s) taken and days suspended or removed															
SECTION A – All Students <input type="checkbox"/> In-school Suspension <input type="checkbox"/> Days All Students <input type="checkbox"/> Out-of-school Suspension <input type="checkbox"/> Days General Education Students Only <input type="checkbox"/> Expulsion															
SECTION B – Students with disabilities only <input type="checkbox"/> Unilateral removal <input type="checkbox"/> Days (≤ 45) <input type="checkbox"/> Removal by ALJ for Dangerousness <input type="checkbox"/> Days															
SECTION C – All Students <input type="checkbox"/> None <input type="checkbox"/> Detention <input type="checkbox"/> Other <input type="checkbox"/> Suspension of Privileges															
<table border="0" style="width: 100%;"> <tr> <td style="width: 25%;">Remedial action(s) taken</td> <td style="width: 25%;"><input type="checkbox"/> Restitution and Restoration</td> <td style="width: 25%;"><input type="checkbox"/> Student Conference</td> <td style="width: 25%;"><input type="checkbox"/> Parent Conference</td> </tr> <tr> <td>for HIB only</td> <td><input type="checkbox"/> Individual Counseling</td> <td><input type="checkbox"/> Group Counseling</td> <td><input type="checkbox"/> Referral to the Intervention and Referral Services Team</td> </tr> <tr> <td>(check all that apply)</td> <td><input type="checkbox"/> Referral for therapy/treatment</td> <td><input type="checkbox"/> Transfer</td> <td><input type="checkbox"/> Other measures imposed _____</td> </tr> </table>				Remedial action(s) taken	<input type="checkbox"/> Restitution and Restoration	<input type="checkbox"/> Student Conference	<input type="checkbox"/> Parent Conference	for HIB only	<input type="checkbox"/> Individual Counseling	<input type="checkbox"/> Group Counseling	<input type="checkbox"/> Referral to the Intervention and Referral Services Team	(check all that apply)	<input type="checkbox"/> Referral for therapy/treatment	<input type="checkbox"/> Transfer	<input type="checkbox"/> Other measures imposed _____
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for HIB only	<input type="checkbox"/> Individual Counseling	<input type="checkbox"/> Group Counseling	<input type="checkbox"/> Referral to the Intervention and Referral Services Team												
(check all that apply)	<input type="checkbox"/> Referral for therapy/treatment	<input type="checkbox"/> Transfer	<input type="checkbox"/> Other measures imposed _____												
Program/Services Provided upon Disciplinary Action: (check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Assignment(s) <input type="checkbox"/> Academic Instruction (only)															
<input type="checkbox"/> Support Services (only) <input type="checkbox"/> Educational Program (Academic Instruction and Support Services)															
Location of Program/Services: (check all that apply) <input type="checkbox"/> In-school Setting <input type="checkbox"/> *In-district Alternative Education Program <input type="checkbox"/> Other In-district Setting															
<input type="checkbox"/> Home (includes home instruction) <input type="checkbox"/> *Out-of-district Alternative Education Program <input type="checkbox"/> Other Out-of-district Setting															
<i>*District Board of Education or Department of Education approved only</i>															
Offender Caused: <input type="checkbox"/> Minor injury <input type="checkbox"/> Major injury <input type="checkbox"/> No Injury Offender incurred: <input type="checkbox"/> Minor injury <input type="checkbox"/> Major injury <input type="checkbox"/> No 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, <u>and</u> the injury was not considered major <u>as defined below</u> .															
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 bodily member, organ, or mental faculty? <input type="checkbox"/> Yes <input type="checkbox"/> No															
STUDENT FIRST NAME: _____		STUDENT LAST NAME: _____													
STATE NJSMART STUDENT ID (required): _____		GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female													
ETHNICITY: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic															
RACE (check all that apply): <input type="checkbox"/> American Indian, Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black, African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White															
GRADE: <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12															
FOR SPECIAL EDUCATION FEDERAL REPORTING															
<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"/> Intellectual Disability	<input type="checkbox"/> Specific Learning Disability	<input type="checkbox"/> Visual Impairments												
LEP: <input type="checkbox"/> Check if "Yes."		Section 504: <input type="checkbox"/> Check if "Yes."													

(Attach a page for each additional Offender)

VICTIM INFORMATION, 2013-2014

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 ☐ No Injury Incurred **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.

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?

Remedial action(s) taken ☐ Counseling ☐ Support Services ☐ Intervention and Referral Services ☐ Parent Conference
for HIB only ☐ Before/After School Supervision ☐ Schedule change ☐ School transportation supervision ☐ School transfer
(check all that apply) ☐ 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

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."

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

*For definition, go to <http://www.state.nj.us/education/grants/nclb/policy/unsafe.htm>

(Attach a page for each additional Victim)