

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

2014-2015 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 _____ Locker Room _____ 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)

<p>VIOLENCE</p> <p>_____ Assault _____ Criminal Threat _____ Extortion _____ Fight _____ Threat _____ Kidnapping _____ Robbery _____ Sex Offense</p>	<p>VANDALISM RELATED</p> <p>_____ Arson _____ Bomb Threat _____ Burglary _____ Damage to Property _____ Fake Bomb</p> <p style="text-align: center;">_____ Cost Incurred by LEA? (only check if yes)</p> <hr/> <p>_____ HARASSMENT, INTIMIDATION OR BULLYING (Affirmed (i.e. found to be HIB) by the Board of Education)</p>	<p>SUBSTANCE OFFENSE</p> <p>_____ Use confirmed _____ Possession _____ Sale/Distribution</p> <p>SUBSTANCE TYPE</p> <p>_____ 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, Hydrocodon, Oxycodone, Codeine, Vicodin, Methadone) _____ Depressants (e.g., Barbiturates, Valium, Xanax, Tranquilizers) _____ Anabolic Steroids _____ Unauthorized Prescription Drugs _____ Unauthorized Over the Counter Drugs _____ Inhalants _____ Drug Paraphernalia</p>
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WEAPONS *Check either Possession or Used in Offense*

<p>Possession</p> <p>_____ _____ 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</p>	<p>Used in Offense</p> <p>_____ _____ 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</p>	<p>_____ Sale/Distribution of Weapon</p> <p>BOMB OFFENSE</p> <p>_____ Bomb – exploded _____ Bomb – unexploded</p>
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*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: _____

HARASSMENT, INTIMIDATION, OR BULLYING (HIB) INFORMATION, 2014-2015

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, 2014-2015

System-Assigned Incident Number _____

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

SECTION A – All Students In-school Suspension Days All Students Out-of-school Suspension Days General Education Students Only Expulsion

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

SECTION C – All Students None Detention Other Suspension of Privileges

Remedial action(s) taken for HIB only (check all that apply)

<input type="checkbox"/> Restitution and Restoration	<input type="checkbox"/> Student Conference	<input type="checkbox"/> Parent Conference
<input type="checkbox"/> Individual Counseling	<input type="checkbox"/> Group Counseling	<input type="checkbox"/> Referral to the Intervention and Referral Services Team
<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) 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 No Injury **Offender incurred:** Minor injury Major injury 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, 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 bodily member, organ, or mental faculty? Yes No

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

STUDENT DISABILITY CATEGORY FOR FEDERAL REPORTING

<input type="checkbox"/> 01 Hearing Impairments	<input type="checkbox"/> 02 Autistic	<input type="checkbox"/> 03 Intellectual Disability-Mild Cognitive Impairment	<input type="checkbox"/> 04 Intellectual Disability-Moderate Cognitive Impairment
<input type="checkbox"/> 05 Intellectual Disability-Severe Cognitive Impairment	<input type="checkbox"/> 06 Communication Impaired	<input type="checkbox"/> 07 Emotional Disturbance	<input type="checkbox"/> 08 Multiple Disabilities
<input type="checkbox"/> 09 Deaf-blindness	<input type="checkbox"/> 10 Orthopedic Impairments	<input type="checkbox"/> 11 Other Health Impairments	<input type="checkbox"/> 14 Specific Learning Disabilities
<input type="checkbox"/> 15 Traumatic Brain Injury	<input type="checkbox"/> 16 Visual Impairments	<input type="checkbox"/> 17 Speech or Language Impairments	

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

(Attach a page for each additional Offender)

VICTIM INFORMATION, 2014-2015

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

STUDENT DISABILITY CATEGORY FOR FEDERAL REPORTING

01 Hearing Impairments 02 Autistic 03 Intellectual Disability-Mild Cognitive Impairment 04 Intellectual Disability-Moderate Cognitive Impairment
 05 Intellectual Disability-Severe Cognitive Impairment 06 Communication Impaired 07 Emotional Disturbance 08 Multiple Disabilities
 09 Deaf-blindness 10 Orthopedic Impairments 11 Other Health Impairments 14 Specific Learning Disabilities
 15 Traumatic Brain Injury 16 Visual Impairments 17 Speech or Language 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)