

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

2011-2012 INCIDENT INFORMATION

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| 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 Entrance _____ Building Exterior _____ Other Outside _____ Bus
 _____ District Office _____ Off-site School-Sponsored Function _____ Other School Grounds _____ Off School Grounds (HIB only)

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 DETAIL

| | | |
|--|---|--|
| <p><u>VIOLENCE</u></p> <p>_____ Assault _____ Criminal Threat _____ Extortion _____ Fight _____ Harassment, Intimidation, or Bullying _____ Threat _____ Kidnapping _____ Robbery _____ Sex Offense</p> | <p><u>VANDALISM RELATED</u></p> <p>_____ Arson _____ Bomb Threat _____ Burglary _____ Damage to Property _____ Fake Bomb</p> <p>_____ Theft (>=\$10) _____ Trespassing _____ Fire Alarm Offense _____ Fireworks Offense</p> <p>_____ Cost Incurred by LEA? (only check if yes)</p> | <p><u>SUBSTANCE OFFENSE</u></p> <p>_____ Use confirmed _____ Possession _____ Sale/Distribution</p> <p><u>SUBSTANCE TYPE</u></p> <p>_____ Alcohol _____ Narcotics (e.g., heroin, morphine) _____ Marijuana _____ Depressants (e.g., barbiturates, tranquilizers) _____ Amphetamines _____ Anabolic Steroids _____ Party Drug _____ Unauthorized Prescription Drugs _____ Cocaine/Crack _____ Unauthorized Over the Counter Drugs _____ Hallucinogens _____ Inhalants (e.g., LSD, PCP) _____ Drug Paraphernalia</p> |
|--|---|--|

WEAPONS Check either Possession or Used in Offense

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|------------------------|---|--|-------|-------|---------|-------|-------|-------|-------|-------|-----------------------------|-------|-------|-------------------|-------|-------|---|-------|-------|-----------------------|-------|-------|-----------------------------|-------|-------|-------|-------|-------|-------|---|
| <table border="0"> <tr> <td style="width: 10%;">Possession</td> <td style="width: 10%;">Used in Offense</td> <td></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>Handgun</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>Rifle</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>Air Gun, Pellet Gun, BB Gun</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>Imitation Firearm</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>Knife, Blade, Razor, Scissors, Box Cutter</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>Pin, Sharp Pen/Pencil</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>Chain, Club, Brass Knuckles</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>Spray</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>Other</td> </tr> </table> | Possession | Used in Offense | | _____ | _____ | 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>_____ Sale/Distribution of Weapon</p> <p><u>BOMB OFFENSE</u></p> <p>_____ Bomb – exploded _____ Bomb – unexploded</p> |
| Possession | Used in Offense | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| <p><u>OFFENDER (Check one):</u></p> <p><input type="checkbox"/> Known – Attach Offender Page(s) <input type="checkbox"/> Unknown – Do Not Attach Offender Page</p> |
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Incident Description: _____

OFFENDER INFORMATION, 2011-2012

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 In-school Suspension Days Out-of-school Suspension Days Expulsion

SECTION B – Students with disabilities Unilateral removal Days Removal by ALJ for Dangerousness Days

SECTION C – All Students None Detention Other

Other disciplinary action(s) taken for HIB only (check all that apply) Suspension of Privileges 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: (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.

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: _____ 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 Mental Retardation Specific Learning Disabilities 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

VICTIM INFORMATION, 2011-2012

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>.

HARASSMENT, INTIMIDATION, OR BULLYING (HIB) INFORMATION, 2011-2012

Lead Investigator First Name: _____

Lead Investigator Last Name: _____

Status of Investigation:

____ 10-day investigation completed ____ Board of Education Decision rendered

Nature of HIB Incident

● **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