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

### 2009-2010

#### INCIDENT INFORMATION

**INCIDENT HEADER** (One incident record only for all offenders and victims)

<table>
<thead>
<tr>
<th>School Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Location:</td>
<td>Cafeteria</td>
</tr>
<tr>
<td></td>
<td>Classroom</td>
</tr>
<tr>
<td></td>
<td>Corridor</td>
</tr>
<tr>
<td></td>
<td>Other inside school</td>
</tr>
<tr>
<td></td>
<td>School grounds</td>
</tr>
<tr>
<td></td>
<td>Bus</td>
</tr>
<tr>
<td></td>
<td>Building exterior</td>
</tr>
<tr>
<td></td>
<td>District office</td>
</tr>
<tr>
<td></td>
<td>Other outside</td>
</tr>
<tr>
<td></td>
<td>Off-site program</td>
</tr>
<tr>
<td></td>
<td>School entrance</td>
</tr>
<tr>
<td>Date of Incident:</td>
<td></td>
</tr>
<tr>
<td>Time of Incident:</td>
<td></td>
</tr>
<tr>
<td>Bias Incident:</td>
<td></td>
</tr>
<tr>
<td>Gang-Related:</td>
<td></td>
</tr>
<tr>
<td>Police Notification:</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Police notified, complaint filed</td>
</tr>
<tr>
<td></td>
<td>Police notified, no complaint filed</td>
</tr>
<tr>
<td>Contact Name:</td>
<td></td>
</tr>
<tr>
<td>Contact Phone #:</td>
<td></td>
</tr>
</tbody>
</table>

#### INCIDENT DETAIL

**VIOLENCE**

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

**WEAPONS**

Check either Possession or Used in Offense

<table>
<thead>
<tr>
<th>Possession</th>
<th>Used in Offense</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Handgun</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rifle</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Air gun, Pellet Gun, BB Gun</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Imitation firearm</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Knife, Blade, Razor, Scissors, Box Cutter</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pin, sharp pen/pencil</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chain, club, brass knuckles</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Spray</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

**BOMB OFFENSE**

- Bomb – exploded
- Bomb – unexploded

**VANDALISM/RELATED**

- Arson
- Bomb Threat
- Burglary
- Damage to Property
- Fake Bomb
- Fire Alarm Offense
- Fireworks Offense
- Theft (>=$10)
- Trespassing
- Cost incurred by LEA? (check)

**SUBSTANCE OFFENSE**

Use confirmed Possession Sale/Distribution

**SUBSTANCE TYPE**

- 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
- Drug paraphernalia

**OFFENDER** (Check one):

- Known – Attach Offender Page(s)
- Unknown – Do not attach Offender Page
**VV-SA, OFFENDER INFORMATION, 2009-2010**

<table>
<thead>
<tr>
<th>OFFENDER TYPE:</th>
<th>System-Assigned Incident Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>General education student</td>
<td></td>
</tr>
<tr>
<td>Student with disabilities</td>
<td></td>
</tr>
<tr>
<td>Student from another school</td>
<td></td>
</tr>
<tr>
<td>Non-student</td>
<td></td>
</tr>
</tbody>
</table>

**For students of this school only**

Removal: ___Yes – Select action(s) taken from section A and/or B ___No – Select action taken from section C

**STUDENT ID NUMBER: __________________________**

**Disciplinary action(s) taken and days suspended or removed**

<table>
<thead>
<tr>
<th>SECTION A</th>
<th>SECTION B</th>
<th>SECTION C</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-school suspension</td>
<td>Unilateral removal</td>
<td>None</td>
</tr>
<tr>
<td>Out-of-school suspension</td>
<td>Removal by ALJ for dangerousness</td>
<td></td>
</tr>
<tr>
<td>Expulsion</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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

**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: ___ Yes ___ No RACE: (check all that apply) ___ American Indian or Alaskan Native ___ Asian ___ Black or 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

Revised September 2009
**VV-SA, VICTIM INFORMATION, 2009-2010**

**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 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? If checked, Major Injury must also be checked.

**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
- No

**RACE:** (check all that apply)
- American Indian or Alaskan Native
- Asian
- Black or 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
- Deaf-blindness
- Emotional disturbance
- Hearing impairments
- Multiple disabilities
- Mental retardation
- Other health impairments
- Orthopedic impairments
- Specific learning disabilities
- Speech language impairments
- Traumatic brain injury
- Visual impairments

**LEP:**
- Check if “Yes.”

**Section 504:**
- Check if “Yes.”

2009-2010

Report of Suspension of Students with Disabilities (Revised)
for reasons other than violence, vandalism, weapons or substance abuse
for the Electronic Violence and Vandalism Reporting System (EVVRS)\(^1\)

Use this form to report the suspension of students from their IEP placement for reasons other than violence, vandalism, weapons and substance abuse (VV-SA). To report an incident of violence, vandalism or substance abuse (e.g., fight, threat, damage to property), use the Incident Report Form. In accordance with federal requirements, report all in-school suspensions (that is, any removal from the classroom lasting at least one-half day) of students with disabilities whether or not the student receives IEP services during the in-school suspension.\(^2\)

School _____________________________

Incident Information

Incident Number: _______________ The EVVRS generates the incident number upon data entry.

Location of Incident: 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: _______________

Contact Name: _____________________ Contact Phone: _____________________

Brief Description of the Reason for the Suspension: __________________________

Offender Page Information

Student ID#: _______________________

Action Taken: ___ In-School Suspension ___ Out-of-School Suspension

Number of Days Suspended: ____

Program Provided Upon Disciplinary Action:
___ None ___ Assignment(s) ___ Academic Instruction (only) ___ Support Services (only)
___ Educational Program (Instruction & Support)

Location of Program/Services:
___ In-school setting ___ In-district alternative educational program ___ Other in-district setting
___ Home (includes home instruction) ___ Out-of-district alternative educational program
___ Other out-of-district setting

* District Board of Education or Department of Education approved only

\(^1\) Available at [http://homeroom.state.nj.us - EVVRS](http://homeroom.state.nj.us).

\(^2\) An in-school suspension is defined by IDEA reporting requirements as an instance in which a child is temporarily removed from his/her regular classroom(s) for disciplinary purposes but remains under the direct supervision of school personnel. Direct supervision means school personnel are physically in the same location as the student under their supervision.
Student Offender Information
First Name: ______________ Last Name: ______________ Gender: ___Male ___Female
Ethnicity (Check one): Hispanic: ___Yes ___No
Race (Check all that apply):
___American Indian or Alaska Native  ___Asian  ___Black or African American
___Native Hawaiian or Other Pacific Islander   ___White
Grade of student in school: __________
Eligibility Category (Check the eligibility category of the student):
___ Autism  ___ Deaf-Blindness  ___ Emotional Disturbance  ___ Hearing Impairments
___ Mental Retardation  ___ Multiple Disabilities  ___ Orthopedic Impairments
___ Other Health Impaired  ___ Specific Learning Disabilities  ___ Speech-Language Impairments
___ Traumatic Brain Injury  ___ Visual Impairments
Limited English Proficient (LEP): ___Yes ___No  Section 504: ___Yes ___No

Student Victim Information (if applicable)
Victim Type: ___ General education student  ___ Student with disabilities  ___ Student from
another school  ___ Non-student  ___ School personnel  ___ Identifiable group
Student ID#: __________________________
First Name: ___________ Last Name: ______________ Gender: ___Male ___Female
Ethnicity(Check one): Hispanic: ___Yes ___No
Race (Check all that apply):
___American Indian or Alaska Native  ___Asian  ___Black or African American
___Native Hawaiian or Other Pacific Islander   ___White
Grade of student in school: ______
If eligible for Special Education, check Eligibility Category (Omit if not classified)
Eligibility Category (Check the eligibility category of the student)
___ Autism  ___ Deaf-Blindness  ___ Emotional Disturbance  ___ Hearing Impairments
___ Mental Retardation  ___ Multiple Disabilities  ___ Orthopedic Impairments
___ Other Health Impaired  ___ Specific Learning Disabilities  ___ Speech-Language Impairments
___ Traumatic Brain Injury  ___ Visual Impairments
Limited English Proficient (LEP): ___Yes ___No  Section 504: ___Yes ___No

Revised  September 2009