

ORANGE COUNTY DEPARTMENT OF EDUCATION INCIDENT & UNUSUAL OCCURRENCE REPORT

SCHOOL/DIVISION FILE NO.:

INSTRUCTIONS: Use one form for each incident. (An "incident" is defined as one or more offenses committed in a place at one time.) Check the box (boxes) that indicate your response, or enter the response as required. Some parts may require more than one check. Please fill in all appropriate columns.

COLUMN I TYPE OF OFFENSE	COLUMN II DETAILS OF OFFENSE	COLUMN III FURTHER INFORMATION ABOUT THIS INCIDENT
OFFENSES AGAINST PROPERTY (No contact between victim and offender)	OFFENSES AGAINST PERSONS (Contact between victim and offender)	I. Today's date is:/ Month Day Year
What did offender(s) do? (Check all that apply.)	What did offender(s) do? (Check all that apply.)	J. Date of incident:/ Month Day Year
Tried Actually to did	Tried Actually to did	K. Time of incident: (Check one number.)
1 2 Trespass on school property	1 2 Take something directly from someone by force, weapons, or threat	1 During school day Time 2 Before or after school day Time
Break into school building(s) Steal thing(s) without force/ threat against persons	1 2 Get into a physical fight be- tween individuals (Mutual in- volvement)	3 Weekend 4 Vacation
1 2 Set off bomb(s)	1 2 Participate in group conflict	L. Location of incident: (Check one.)
1 2 Set fire(s)	(as in a gang fight or after- game fight)	1 Office 2 Roof
1 2 Destroy/damage property will- fully (not by bomb or fire)	1 2 Assault someone	3 Hallway or stairs 4 Classroom 5 Restroom
1 2 Set off false fire alarm(s)	1 2 Commit other offense(s) against persons	6 Cafeteria 7 Gym or locker room 8 Parking Lot
1 2 Commit other offense(s) against property	1 2 Threaten any of the above	9 Athletic field or playground 10 On school bus
1 2 Other	1 2 Indecent exposure 1 2 Other	11 Other place (specify)
DETAILS OF OFFENSES AGAINST PROPERTY	1 2 Other DETAILS OF OFFENSES AGAINST PERSONS	M. Indicate if the incident occurred at: (Check one if applicable.)
B. Property belonged to: (Check appropriate box or boxes.)	F. How was harm inflicted or attempted? (Check all that apply.)	1 Inter-school athletics here 2 Inter-school athletics elsewhere 3 School social event here 4 School social event elsewhere
1 The school	1 Bodily force	N. Name of Victim(s)
2 Individual(s)	2 Blunt instrument 3 Sharp instrument	
C. Check the box for what was stolen, damaged, or destroyed.	4 Gun	Name of Offender(s)
1 Bicycle \$	5 Knife	
2 Money \$	6 Other (Specify)	O. How many were:
3 School supplies \$	7 Don't know	Current students here?
4 School equipment \$	G. How many people were: (Enter number. If none, enter "0".)	Other school-age youth?
5 Windows \$	1 Injured, but not treated by doctor	What school?
6 Walls \$ 7 Other school property \$	2 Treated by doctor and released	P. School reported incident to: (Check all that apply.)
8 Other personal property \$	3 Hospitalized, at least overnight	1 Parents of victim 2 Parents of offender
	4 Other	3 Superintendent 4 Safety & Security
	H. If something was taken directly from someone by force, indicate value \$	5 Police or Fire Dept. Case #6 Did not report incident
OTHER OFFENSES (Not against persons or property)	INCIDENT DESCRIPTION	
D. What did the offender(s) do? (Check all that apply.)	Please describe the incident on the lines provided. Use separate sheet of paper, if necessary.	
Tried Actually to did		
1 2 Sell Drugs		
1 2 Use or possess drugs		
1 2 Use or possess alcohol		
1 2 Possess weapon(s)		
1 2 Disrupt school activities		
1 2 Commit any other offense not	PERSON COMPLETING FORM:	
listed above	SUPERVISOR'S SIGNATURE:	