

# Santa Ana Unified School District INCIDENT & UNUSUAL OCCURRENCE REPORT

SCHOOL/DEPARTMENT \_\_\_\_\_ FILE NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

**INSTRUCTIONS:** Use one form for each incident. (An "incident" is defined as one or more offenses committed in a place at one time.) Circle the number (or numbers) that indicate your response, or write in the numbers as required. Some parts may require more than one circle. Please fill in all appropriate columns.

COLUMN I TYPE OF OFFENSE	COLUMN II DETAILS OF OFFENSE	COLUMN III FURTHER INFORMATION ABOUT THIS INCIDENT
<p><b>OFFENSES AGAINST PROPERTY</b> (No contact between victim and offender)</p> <p><b>A.</b> What did offender(s) do? (Circle all that apply.)</p> <p>Tried Actually to did</p> <p>1 2 Trespass on school property</p> <p>1 2 Break into school building(s)</p> <p>1 2 Steal thing(s) without force/threat against persons</p> <p>1 2 Set off bomb(s)</p> <p>1 2 Set fire(s)</p> <p>1 2 Destroy/damage property willfully (not by bomb or fire)</p> <p>1 2 Set off false fire alarm(s)</p> <p>1 2 Commit other offense(s) against property</p> <p>1 2 Other _____</p> <p><b>DETAILS OF OFFENSES AGAINST PROPERTY</b></p> <p><b>B.</b> Property belonged to: (Circle appropriate number or numbers.)</p> <p>1 The school</p> <p>2 Individual(s)</p> <p><b>C.</b> Circle the number for what was stolen, damaged, or destroyed and provide dollar value loss.</p> <p>1 Bicycle \$ _____</p> <p>2 Money \$ _____</p> <p>3 School supplies \$ _____</p> <p>4 School equipment \$ _____</p> <p>5 Windows* \$ _____</p> <p>6 Walls \$ _____</p> <p>7 Other school property \$ _____</p> <p>8 Other personal property \$ _____</p> <p>* Provide window dimensions</p> <p>_____</p> <p>_____</p>	<p><b>OFFENSES AGAINST PERSONS</b> (No contact between victim and offender)</p> <p><b>A.</b> What did offender(s) do? (Circle all that apply.)</p> <p>Tried Actually to did</p> <p>1 2 Take something directly from someone by force, weapons, or threat</p> <p>1 2 Get into a physical fight between individuals (Mutual involvement)</p> <p>1 2 Participate in group conflict (as in a gang fight or aftergame fight)</p> <p>1 2 Assault someone</p> <p>1 2 Commit other offense(s) against persons</p> <p>1 2 Threaten any of the above</p> <p>1 2 Indecent exposure</p> <p>1 2 Other _____</p> <p><b>DETAILS OF OFFENSES AGAINST PERSONS</b></p> <p><b>E.</b> How was harm inflicted or attempted? (Circle all that apply.)</p> <p>1 Bodily force</p> <p>2 Blunt instrument</p> <p>3 Sharp instrument</p> <p>4 Gun</p> <p>5 Knife</p> <p>6 Other (Specify) _____</p> <p>7 Don't know</p> <p><b>F.</b> How many people were: (Write in number; if none, enter "0".)</p> <p>1 Injured, but not treated by doctor _____</p> <p>2 Treated by doctor and released _____</p> <p>3 Hospitalized, at least overnight _____</p> <p>4 Other _____</p> <p><b>G.</b> If something was taken directly from someone by force, indicate value. \$ _____</p>	<p><b>H.</b> Today's date is: _____ / _____ / _____ Month Day Year</p> <p><b>I.</b> Date of incident: _____ / _____ / _____ Month Day Year</p> <p><b>J.</b> Time of incident: (Circle one number.)</p> <p>1 During school day Time _____</p> <p>2 Before or after school day Time _____</p> <p>3 Weekend</p> <p>4 Vacation</p> <p><b>K.</b> Location of incident: (Circle one number.)</p> <p>1 Office</p> <p>2 Roof</p> <p>3 Hallway or stairs</p> <p>4 Classroom</p> <p>5 Restroom</p> <p>6 Cafeteria</p> <p>7 Gym or locker room</p> <p>8 Parking Lot</p> <p>9 Athletic field or playground</p> <p>10 On school bus</p> <p>11 Other place (specify) _____</p> <p><b>L.</b> Indicate if the incident occurred at: (Circle one number if applicable.)</p> <p>1 Inter-school athletics here</p> <p>2 Inter-school athletics elsewhere</p> <p>3 School social event here</p> <p>4 School social event elsewhere</p> <p><b>M.</b> Name of Victim(s)</p> <p>_____</p> <p>Name of Offender(s)</p> <p>_____</p> <p><b>N.</b> How many were: Current students here? _____</p> <p>Other school-age youth? _____</p> <p>What school? _____</p> <p><b>O.</b> School reported incident to: (Circle all that apply.)</p> <p>1 Parents of victim</p> <p>2 Parents of offender</p> <p>3 Superintendent</p> <p>4 Security</p> <p>5 Police or Fire Dept. Case # _____</p> <p>6 Risk Management</p> <p>7 Did not report incident</p>

**INCIDENT DESCRIPTION**

**P.** Please describe the incident on the lines provided. Use separate sheet of paper if necessary.

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PERSON COMPLETING FORM: \_\_\_\_\_ APPROVED: \_\_\_\_\_