



CAMDEN CITY BOARD OF EDUCATION

Student/Staff

Incident/Accident Report Form

Revised 3/7/2011

School: _____ Date: _____

Please complete all appropriate sections.

Student Incident/Accident (Complete for students only)

Name: _____ Date of Birth _____ Grade _____

Room # _____ Parent/Guardian Name _____

Student ID# _____ M() F()

Address _____ Phone # _____

Staff Incident/Accident (Complete for staff only)

Name: _____ Position _____

Phone # _____ Address _____ M() F()

1. Where and when the incident/accident took place

A. Location Inside the school facility

- 1. ___ Cafeteria 2. ___ Classroom 3. ___ Corridor 4. ___ Gymnasium 5. ___ Lavatory
6. ___ Stairwell 7. ___ Other location inside school (indicate location) _____

B. Location outside the school facility

- 1. ___ On a school bus 2. ___ On way to or from school (car or walking)
3. ___ Outside school but on school grounds 4. ___ Outside school but related to school activities

C. Time and date of incident - accident (Check appropriate designation)

- 1. ___ Approximate time (v) ___ Unknown (v)
a. ___ After school hours b. ___ Before school hours c. ___ During school hours d. ___ Weekend or vacation
2. ___ Date of incident/accident _____

2. Type of incident/accident (Check all that apply) - Check here if this was a bias incident _____.

- ___ Arson ___ Possession of a firearm Possession of ___ Alcohol
___ Bomb Offense ___ Possession of a weapon ___ Marijuana
___ Breaking and entering ___ Robbery/extortion ___ Other (Define) ___
___ Damage to property ___ Sex offense
___ Fireworks offense ___ Threat of assault
___ Theft/Larceny ___ Sale/Transfer of weapon
___ Trespassing Selling or distribution of ___ Alcohol
___ Assault ___ Cocaine
___ Aggravated Assault Use of ___ Marijuana
___ Assault with a firearm ___ Alcohol ___ Steroids
___ Assault with a weapon ___ Marijuana ___ Other
___ Fight ___ Other (Define) ___ Other
___ Gang fight
___ Other violent offense (describe) _____

3. Description and cost of vandalism

A. Vandalism description (check all that apply)

- 1. ___ glass breakage 2. ___ Defacing property 3. ___ Destruction of property
4. ___ Other (describe) _____

B. Cost of vandalism (estimate to the best of your ability) \$ _____

4. Description of perpetrator(s) and victim(s)

A. Position, Sex and age of perpetrator(s)

01. _____ Staff _____ Student . Other (specify) _____

02. _____ Male _____ Age **AND/OR** _____ Female _____ Age

B. Position, Sex and Age of victim(s)

01. _____ Staff _____ Student . Other (specify) _____

02. _____ Male _____ Age **AND/OR** _____ Female _____ Age

5. Physical injury to perpetrator(s) and/or victim(s)

A. Injury to perpetrator(s)

01. _____ Yes (Describe) _____

02. _____ No

B. Injury to Victim(s)

01. _____ Yes (Describe) _____

02. _____ No

6. Description of incident/accident: _____

7. Additional comments regarding incident/accident: _____

8. Action taken (check as many as apply):

A. Complaint filed with police:

1. _____ Filed by victim(s)

2. _____ Filed by school district

3. _____ Police notified (no formal complaint filed)

4. Case number (if applicable) _____

B. School or district level action:

1. _____ Expulsion was recommended

2. _____ Suspension

3. _____ Perpetrator disciplined by school authority (describe)

4. _____ Other (describe) _____

C. No action taken:

1. _____ Perpetrator not identified

2. _____ Suspect not apprehended

Reported by:

Witnesses: _____

Supervisor/Administrator: _____

Medical treatment/attention: _____

Was anyone hospitalized?: _____ Yes _____ No

If yes, specify name of person(s): _____

Principal: _____
Signature

Nurse: _____
Signature

Copies forwarded to (√): _____ Superintendents office _____ Supervisor of Health Services

_____ Principal _____ Medical File _____ Others notified (specify) _____

REPORT STUDENT ACCIDENTS REQUIRING MEDICAL INTERVENTION TO SUPERINTENDENTS OFFICE AND PRINCIPAL **IMMEDIATELY.**

Taken from: New Jersey State Department of Education Division of Urban and Field Services
Vandalism, Violence and Substance Abuse Incident Report