

DELETE

ECTOR COUNTY INDEPENDENT SCHOOL DISTRICT

CLA (EXHIBIT)

ECISD POLICE DEPARTMENT

INCIDENT REPORT

NOTE: ALL SERIOUS CRIMES OR SUSPECTED CRIMES MUST BE REPORTED TO THE POLICE

Date of Report _____ District _____
 City _____
 DATE AND TIME OF INCIDENT: _____ A.M. P.M. SCHOOL PHONE _____
 Date _____ Time _____ School Name or No. _____

DIRECTIONS: Report immediately all school-related (in school buildings, grounds, or at school-sponsored affairs away from school) incidents of ANY IMPORTANCE WHATEVER. This includes all violent or dangerous behavior, breaches of discipline, disturbance and any activity which involves an interruption of the educational process. NOTE: ANY UNUSUAL INCIDENT OR ONE WHICH MIGHT ATTRACT PUBLICITY SHOULD BE TELEPHONED TO THE OFFICE OF SCHOOL SECURITY AT ONCE.

VICTIM OR COMPLAINANT: _____ Male Female Date of Birth _____
 (Last name) (First name)

ADDRESS _____ Apt. No. _____ Phone No. _____
 (Street) (City, State, Zip)

STATUS: STUDENT (Class & School) _____
 STAFF (Job) _____
 OTHER (Specify) _____

LOCATION OF INCIDENT: Be specific --Stair, Hall, Classroom, Lunchroom, etc.

TYPE OF INCIDENT:
 ASSAULT HARASSMENT DISORDERLY CONDUCT ROBBERY SEX OFFENSE WEAPONS POSSESSION GANG FIGHT NARCOTIC
 BOMB THREAT TRESPASS DISTURBANCE DEMONSTRATION FIRE OTHER _____

DESCRIPTION OF INCIDENT: _____

INTRUDER: Yes No
 TYPE OF WEAPON: _____
 CHARGE: Misdemeanor Felony
 TYPE OF NARCOTIC (if any) _____

DISPOSITION OF INCIDENT AT TIME OF REPORT:
 ARREST-P.D. ARREST-GUARD SUSPENSION YD-1
 OTHER _____

WITNESSES (Name, address & phone no.) _____
 NOTE: Statements of witnesses should be prepared on plain paper and attached.

EXTENT OF INJURIES: Refused Medical Attention Treated at Scene Minor
 Hospital Treatment Hospitalized Personal Physician
 Name of Hospital _____
 Other (Specify) _____
 NOTIFICATION TO: (Parent/Guardian, etc.) Name & Phone No. _____

ALLEGED PERPETRATOR:
 Name _____ Birth Date _____
 Address _____ Apt. _____
 Phone _____ Male Married Color of _____
 Female Single Eyes _____
 Employed? Yes No If so, where? _____
 Occupation: _____
 School _____ Room No. Or Class _____

POLICE OFFICER RESPONDING (Name, Rank, Shield, Command): _____

ARRESTING GUARD OR POLICE OFFICER: _____

DESCRIPTION OF PERPETRATOR: _____

NOTIFICATION TO PARENT/GUARDIAN:
 Name _____ Phone No. _____
 Address _____

THIS REPORT PREPARED BY: NAME _____ TITLE _____ PRINCIPAL _____