

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

DELETE -  
Per H. Jackson  
12/01/04  
No LONGER USED -

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: <input type="checkbox"/> Yes <input type="checkbox"/> No	TYPE OF WEAPON: _____
	CHARGE: <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	Other _____

DISPOSITION OF INCIDENT AT TIME OF REPORT: <input type="checkbox"/> ARREST-P.D. <input type="checkbox"/> ARREST-GUARD <input type="checkbox"/> SUSPENSION <input type="checkbox"/> YD-1 <input type="checkbox"/> OTHER _____	WITNESSES (Name, address & phone no.) _____ _____ _____ _____ _____	NOTE: Statements of witnesses should be prepared on plain paper and attached.
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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 _____ <input type="checkbox"/> Male <input type="checkbox"/> Married Color of _____ <input type="checkbox"/> Female <input type="checkbox"/> Single Eyes _____ Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, where? _____ Occupation: _____ School _____ Room No. Or Class _____	POLICE OFFICER RESPONDING (Name, Rank, Shield, Command): _____ _____
NOTIFICATION TO PARENT/GUARDIAN: Name _____ Phone No. _____ Address _____	ARRESTING GUARD OR POLICE OFFICER: _____ _____
	DESCRIPTION OF PERPETRATOR: _____ _____ _____ _____

THIS REPORT PREPARED BY: \_\_\_\_\_  
 NAME \_\_\_\_\_ TITLE \_\_\_\_\_ PRINCIPAL \_\_\_\_\_