

Wakulla County School Board
Student Services
School Incident Report

Incident Number:	Incident School:	Incident Date:
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Time of Incident: (Check one)	Location of Incident: (Check one)	Involvement Type: (Check one)
<input type="checkbox"/> 1 -During school hours	<input type="checkbox"/> 1 -School grounds/campus	<input type="checkbox"/> S – Student
<input type="checkbox"/> 2 -Outside school hours – school sponsored	<input type="checkbox"/> 2 -School sponsored/off campus	<input type="checkbox"/> N – Non-student
<input type="checkbox"/> 3 -Outside school hours – non-school sponsored	<input type="checkbox"/> 3 -School sponsored/transport	<input type="checkbox"/> B – Both
	<input type="checkbox"/> 4 -District not accountable	<input type="checkbox"/> U – Unknown

Incident Type: (check one)

<input type="checkbox"/>	ALC	Alcohol
<input type="checkbox"/>	ARS	Arson
<input type="checkbox"/>	BAT	Battery
<input type="checkbox"/>	BHA	Bullying / Harassment
<input type="checkbox"/>	BRK	Breaking and Entering / Burglary
<input type="checkbox"/>	DOC	Disruption on campus – major
<input type="checkbox"/>	DRD	Drug sales/distribution – excluding alcohol
<input type="checkbox"/>	DRU	Drug use/possession – excluding alcohol
<input type="checkbox"/>	FIT	Fighting – serious mutual combat
<input type="checkbox"/>	HOM	Homicide
<input type="checkbox"/>	KID	Kidnapping
<input type="checkbox"/>	OMC	Other major
<input type="checkbox"/>	ROB	Robbery
<input type="checkbox"/>	STL	Larceny / theft / car theft > = \$300
<input type="checkbox"/>	SXB	Sexual battery
<input type="checkbox"/>	SXH	Sexual harassment
<input type="checkbox"/>	SXO	Sexual offense (other)
<input type="checkbox"/>	TBC	Tobacco
<input type="checkbox"/>	TRE	Threat / intimidation
<input type="checkbox"/>	TRS	Trespassing
<input type="checkbox"/>	VAN	Vandalism > or equal to \$1000
<input type="checkbox"/>	WPO	Weapons possession

Incident Information: (check yes/no)

	Yes	No		Yes	No
Reported to Police	<input type="checkbox"/>	<input type="checkbox"/>	Bullying related	<input type="checkbox"/>	<input type="checkbox"/>
Gang related	<input type="checkbox"/>	<input type="checkbox"/>	Injury related	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol related	<input type="checkbox"/>	<input type="checkbox"/>	Drug description	Valid Codes:	
Drug related	<input type="checkbox"/>	<input type="checkbox"/>	Marijuana/Hashish/Cannibinoids	M <input type="checkbox"/>	<input type="checkbox"/>
Weapon related	<input type="checkbox"/>	<input type="checkbox"/>	Other Illicit Drugs	O <input type="checkbox"/>	<input type="checkbox"/>
Hate crime related	<input type="checkbox"/>	<input type="checkbox"/>	No Drugs Involved in Incident	Z <input type="checkbox"/>	<input type="checkbox"/>

Weapon Description: (check weapon if involved)

<input type="checkbox"/>	F – Firearm, other	<input type="checkbox"/>	H - Handgun	<input type="checkbox"/>	K - Knife	<input type="checkbox"/>	O - Other Weapon
<input type="checkbox"/>	R –Rifle or Shotgun	<input type="checkbox"/>	U - Unknown Weapon	<input type="checkbox"/>	Z – Not applicable		

Comments: _____

Students Involved:

Referred by: _____