

**REPORT OF THEFT, DESTRUCTION, OR VIOLENCE
IN A SAFE SCHOOL ZONE TO LOCAL LAW ENFORCEMENT AGENCY**

INSTRUCTIONS: This report shall be completed by a public or private school employee jointly with his/her supervisor immediately after awareness of an incident of a criminal nature. Not all information will be available at that time, but missing data shall be filled in within 48 hours by the principal. This report shall be filed with the local law enforcement agency by the principal within 48 hours of the incident.

School Name: _____ Principal's Name _____

Address: _____ School Telephone _____

INCIDENT DATE	TIME OF INCIDENT	LOCATION OF INCIDENT
____/____/____	____ A.M. ____ P.M.	_____

ALLEGED OFFENSES

- | | |
|---|--|
| <input type="checkbox"/> Drug/Alcohol Offenses | <input type="checkbox"/> Robbery, Burglary, Theft |
| <input type="checkbox"/> Weapon Offense | <input type="checkbox"/> Arson |
| <small>Please circle type of Weapon: Handgun -Rifle/Shotgun – Other</small> | <input type="checkbox"/> Criminal Mischief/Vandalism |
| <input type="checkbox"/> Homicide | <input type="checkbox"/> Assault/Threatening |
| <input type="checkbox"/> Sexual Offense | |

**DESCRIPTION OF INCIDENT
(Include the names and addresses of any witnesses if appropriate)**

SUSPECT	VICTIM
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Name _____ Address _____ <input type="checkbox"/> Male Date of Birth ____/____/____ <input type="checkbox"/> Female Grade _____	Name _____ Address _____ <input type="checkbox"/> Male Date of Birth ____/____/____ <input type="checkbox"/> Female Grade _____
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EMPLOYEE REPORTING INCIDENT	DATE REPORT COMPLETED By Employee	DATE REPORT FILED by Principal
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Name _____ School _____	____/____/____ mo day year	____/____/____ mo day year
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