

CROWLEY ISD ADMINISTRATIVE REGULATION

Board Policy: CK (Local)

Date Effective: August 14, 2008

Date Revised: August 2013

Re: Student Incident/Accident Reporting Procedure and Forms

To promote student safety at all school-sponsored events or activities, and on all school grounds, appropriate reporting procedures are established. (See Board Policy FL and GRA)

A campus principal or designated campus administrator should complete the attached forms and forward the complete report packet within two school days when investigating serious incidents/accidents involving students.

- A. **Safe Schools Incident/Accident Report (Level I: minor incidents):** Administrator/Principal to complete this summary form and forward to the School Administration Department (fax 817-297-5204) within two school days for the following incidents:

- EMT called as a precaution
- Graffiti (minor) on school buildings
- Student injury, parent transports their student to a medical facility
- Vandalism of school property (<\$500.00)
- Other minor concerns

Safe Schools Incident/Accident Report (Level II: major incidents): Administrator/Principal to complete this summary form and forward to the School Administration Department (fax 817-297-5204) within two school days, after calling the School Administration Department ASAP (ph 817-297-5269) for the following incidents:

- Arson, Fire
- Assault of others, or staff
- Bomb threat
- Breaking and entering
- Drugs/Alcohol offense
- Evacuation of building
- Gang graffiti on school buildings
- Gang violence, including fights and major vandalism
- Incident creating a campus emergency (see Crisis Management Plan)
- Lockdown of building
- Multiple student fights (three or more in same fight)
- Sex offense
- Student arrested/transported by Police Department
- Student transported to medical facility by EMT
- Teacher transported to medical facility by EMT
- Theft (>\$500.)
- Vandalism of school property (>\$500.)

- Weapon offense
- Other major incidents

Safe Schools Incident/Accident Report (Level III: Campus Critical Incidents)

Must call 911 and/or campus SRO, District Safety and Security Coordinator, Chief School Administration Officer, or Superintendent immediately ([ph 817-297-5269](tel:817-297-5269)). Send a copy of the report to the School Administration Department within two school days.

- Active Shooter, hostage situation
- Arson, Fire (requiring prolonged student evacuation)
- Tornado or storm related injuries
- Other incidents creating a campus emergency (see Crisis Management Plan)

- B. School Health Service Accident Report** – Campus Nurse to complete and forward to Principal when EMT or parents take student home for serious incidents/accidents. Attach to Safe Schools Incident/Accident Report form (Exhibit A).
- C. Principal’s Investigation of Student Incident/Accident Report** – Administrator/Principal to complete this form when investigating any of the above incidents. Attach to Safe Schools Incident/Accident Report form (Exhibit A).
- D. Witness Statement Form:** To be completed by eyewitnesses and then attached to Principal’s Investigation form. This form can also be used for investigation of minor code of conduct violations. Attach to Safe Schools Incident/Accident Report form (Exhibit A).

Exhibits:

Exhibit A: Safe Schools Incident/Accident Report

Exhibit B: School Health Service Accident Report

Exhibit C: Principal’s Investigation of Student Incident/Accident Report

Exhibit D: Witness Statement Form: Student Incident/Accident



**SCHOOL ADMINISTRATION
DEPARTMENT
SAFE SCHOOLS INCIDENT/ACCIDENT REPORT**

School Name: _____ Date: _____ Day: _____ Time: _____

Location: _____

Describe Incident/Accident: _____

Minor Reports (Level I) – send copy of the report to the School Administration Dept. within two school days (check boxes) Fax #817-297-5204

<input type="checkbox"/> EMT called as a precaution	<input type="checkbox"/> Student injury, parent transports to medical facility	<input type="checkbox"/> Other minor concerns
<input type="checkbox"/> Graffiti (minor)	<input type="checkbox"/> Vandalism of school property (<\$500.)	<input type="checkbox"/> Other

Major Reports (Levels II & III) – must call the School Administration Dept. ASAP (ph 817-297-5269) and send copy of the report to the School Administration Dept. within two school days (check boxes) Fax #817-297-5204

<input type="checkbox"/> Arson, Fire	<input type="checkbox"/> Gang violence, including fights and major vandalism	<input type="checkbox"/> Teacher transported to medical facility by EMT
<input type="checkbox"/> Assault of others, or staff	<input type="checkbox"/> Incident creating a campus emergency (See Crisis Management Plan)	<input type="checkbox"/> Theft (>\$500.)
<input type="checkbox"/> Bomb threat	<input type="checkbox"/> Lockdown of building	<input type="checkbox"/> Vandalism of school property (<\$500.)
<input type="checkbox"/> Breaking and entering	<input type="checkbox"/> Multiple student fight (three or more fighters, or two or more single fights)	<input type="checkbox"/> Weapons offenses
<input type="checkbox"/> Drugs/Alcohol offenses	<input type="checkbox"/> Sex Offenses	<input type="checkbox"/> Other major incidents
<input type="checkbox"/> Evacuation of Building	<input type="checkbox"/> Student arrested/transported by PD	
<input type="checkbox"/> Gang graffiti on school buildings	<input type="checkbox"/> Student transported to medical facility by EMT	

To include additional information, attach other documents to this summary sheet

Alleged Student Offender Name: _____ **Student I.D.:** _____

Grade: _____ Age: _____ Sex: _____ Race: _____

Involved Student (s) Name: _____ **Student I.D.:** _____

Grade: _____ Age: _____ Sex: _____ Race: _____

Name: _____ **Student I.D.:** _____

Grade: _____ Age: _____ Sex: _____ Race: _____

Supervisory Staff Member Name: _____ **Phone Number:** _____

Victim (if more than one victim, include information on an additional sheet and attach to this form)

Name: _____ **Student I.D.:** _____

Grade: _____ Age: _____ Sex: _____ Race: _____

Notifications: Parents: _____ Police: _____ School Admin. Dept.: _____ Other: _____

Attachments: Principal's Investigation Report _____; Health Service Report _____; Witness Statement(s) _____

Administrator's Signature _____

Date _____

School Administration Department Office Use Only	
Notification: <input type="checkbox"/> Superintendent <input type="checkbox"/> Deputy Superintendent <input type="checkbox"/> Public Information Officer <input type="checkbox"/> File/No Response <input type="checkbox"/> Open <input type="checkbox"/> Investigated/Closed <input type="checkbox"/> Disposition _____	District Safety & Security Coordinator Signature: _____ Date: _____



School Health Service Accident Report

Exhibit B

Student's Name: _____ M F Age: ____ Home Room: _____ ID #: _____

Address: _____ Home Phone: _____

Parent: _____ Business Pone: _____

School: _____ Date: _____ Time of Accident: _____ AM / PM

Did accident occur in school _____ or out of school _____

Where was the child at the time of the accident?

Classroom _____ Playground _____ Gym _____ Shop _____

Laboratory _____ Lunchroom _____ Hall _____ Stairs _____

Other: _____

Was the child's activity supervised at the time of the accident? _____

State specifically what the child was doing at the time of the accident. _____

Give location, nature and extent of the injury. _____

List what emergency care was administered at school & by whom. _____

Were the parents notified of the accident? _____ Time: _____ AM / PM

If the child left school because of the accident give the following information:

Destination: _____ Type of Transportation: _____

Person who assumed responsibility for the child: _____

Date accident reported to school: _____ Time: _____ AM / PM

Time lost from school: _____

Follow-up: _____

Report prepared by: _____

Signature

Position

Date

PRINCIPAL'S INVESTIGATION OF STUDENT INCIDENT/ACCIDENT REPORT

Name of involved student(s): _____ Student I.D. _____

Grade: _____ School: _____

Date: _____ Day: _____ Time: _____

Be sure to include the date, the exact time, and the day of the week.

Location of incident/accident: _____

Nature of the injury or offense: _____

Description of incident/accident: _____

Corrective actions (if applicable): _____

Principal's Signature

Date

- *Attach additional sheets, if applicable, including witness statement(s) and other information.*
- *Attach to a copy of the Student Incident/Accident Report (Exhibit A). Forward all material to the Executive Director of Operations.*
- *Forward police report to the Operations Department ASAP.*

WITNESS STATEMENT FORM: STUDENT INCIDENT/ACCIDENT

Name of Witness: _____ ID # if student: _____

Home Address: _____ Telephone: _____

Business Address: _____ Telephone: _____

Date of Accident: _____ Time occurred: _____ AM / PM

Where did the incident/accident happen? Be specific: _____

How close were you when the incident/accident occurred?

Did you see it? _____ If not, how soon after the incident did you arrive?

Was anyone injured? _____ If yes, who? _____

Were there other witnesses? _____ If so, list names: _____

Describe what you saw and heard: _____

Signature of witness

Date

- *Attach diagrams or additional sheets, if needed.*