

# SCHOOL SECURITY INCIDENT REPORT

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**COUNTY:**

- |                                     |                                     |                                   |
|-------------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Atlantic   | <input type="checkbox"/> Gloucester | <input type="checkbox"/> Ocean    |
| <input type="checkbox"/> Bergen     | <input type="checkbox"/> Hudson     | <input type="checkbox"/> Passaic  |
| <input type="checkbox"/> Burlington | <input type="checkbox"/> Hunterdon  | <input type="checkbox"/> Salem    |
| <input type="checkbox"/> Camden     | <input type="checkbox"/> Mercer     | <input type="checkbox"/> Somerset |
| <input type="checkbox"/> Cape May   | <input type="checkbox"/> Middlesex  | <input type="checkbox"/> Sussex   |
| <input type="checkbox"/> Cumberland | <input type="checkbox"/> Monmouth   | <input type="checkbox"/> Union    |
| <input type="checkbox"/> Essex      | <input type="checkbox"/> Morris     | <input type="checkbox"/> Warren   |

**DISTRICT/CHARTER:**

**SCHOOL(S) WHERE INCIDENT TOOK PLACE:**

**LOCATION OF INCIDENT:**

- |   |  |
|---|--|
| <input type="checkbox"/> Inside Building- High School GYM | <input type="checkbox"/> Near School Grounds                 |
| <input type="checkbox"/> On School Grounds                | <input type="checkbox"/> Other (describe):on bus on way home |

**DATE & TIME OF INCIDENT:**

**DATE OF REPORT TO COUNTY OFFICE:**

**TYPE OF INCIDENT:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Sexual Misconduct                    | <input type="checkbox"/> Lockdown               | <input type="checkbox"/> Vehicle Accident          |
| <input type="checkbox"/> Arrest of Student/Staff              | <input type="checkbox"/> Bomb Threat            | <input type="checkbox"/> Chemical Threat/Release   |
| <input type="checkbox"/> Missing Child/Student                | <input type="checkbox"/> Contraband found       | <input type="checkbox"/> Abused or Neglected Child |
| <input type="checkbox"/> School closing/early dismissal       | <input type="checkbox"/> After School Incident  | <input type="checkbox"/> Fire                      |
| <input type="checkbox"/> Intruder in School/on School Grounds | <input type="checkbox"/> Health Related issue   | <input type="checkbox"/> Other:                    |
| <input type="checkbox"/> Overt Gang activity/fight            | <input type="checkbox"/> Internet Site Incident |  |

**DESCRIPTION OF INCIDENT:**

**INITIAL ACTION TAKEN BY SCHOOL: (Check all that apply)**

- |   |                 |
|---|-----------------|
| <input type="checkbox"/> Lockdown           |                 |
| Time initiated:                             | Time completed: |
| <input type="checkbox"/> Evacuation         |                 |
| Time initiated:                             | Time completed: |
| <input type="checkbox"/> Reverse Evacuation |                 |

- Time initiated: \_\_\_\_\_ Time completed: \_\_\_\_\_
- Shelter-in-Place  
Time initiated: \_\_\_\_\_ Time completed: \_\_\_\_\_
- Other (describe): \_\_\_\_\_

- Emergency responder notified:
- Police
  - Fire
  - First aid/EMT
  - Health Dept
  - DCF/DYFS
  - Other: \_\_\_\_\_

**WERE OTHER SCHOOLS IN VICINITY CONTACTED?**

- Yes (List) \_\_\_\_\_
- No
- N/A

**ACTION TAKEN BY EMERGENCY RESPONDERS:**

- Investigation (i.e. public health, criminal)
- Treat/Transport by Medical Facility
- Search/sweep of building & grounds
- Phone consultation
- No action taken
- Other: \_\_\_\_\_

**RESULTS OF ACTIONS:**

- Early Dismissal
- Delayed Opening
- Cancellation of school day
- Relocation
- Restricted access
- Correspondence sent home
- Other: \_\_\_\_\_

**DISTRICT RESPONSE:**

- Notified County Office
- Notified DOE
- Contacted local & state health dept.
- Notified parents
- Other: \_\_\_\_\_

**CORRECTIVE ACTION TAKEN BY DISTRICT/CHARTER:**

**DISTRICT/CHARTER CONTACT INFORMATION:**

Name:

Title:

E-mail:

Phone:

\*\*\*\*\*COUNTY OFFICE USE ONLY\*\*\*\*\*

**MANNER OF NOTIFICATION:**

- Telephone
- District report
- Law enforcement
- Media contact
- E-mail
- Other:

**COUNTY OFFICE ACTION:**

**WERE OTHER SCHOOLS IN VICINITY CONTACTED?**

- Yes (List)
- No
- N/A

**COUNTY OFFICE CONTACT INFORMATION:**

Name:

Title:

E-mail:

Phone:

PLEASE NOTE:

You have submitted a School Security Incident Report. Please ensure that this incident is reported over the Electronic Violence and Vandalism Reporting System (EVVRS), if the incident meets the criteria of an EVVRS reportable incident. Please refer to the EVVRS User Manual and the EVVRS Incident Definitions which can be found at <http://homeroom.state.nj.us/EVVRS.htm>. Not all incidents reported via the School Security Incident Report Forms are reportable EVVRS incidents. That is why it is critical that you refer to both the EVVRS User Manual and the EVVRS Incident Definitions to determine whether this incident should be reported over the EVVRS.

Should you have questions or concerns regarding this matter, please feel free to contact the EVVRS Support Team at [evvrs@doe.state.nj.us](mailto:evvrs@doe.state.nj.us).

Regards,

EVVRS Support