

INCIDENT REPORT (NON – INJURY) FOOTHILLS CHRISTIAN HIGH SCHOOL 2321 DRYDEN RD EL CAJON, CA 92020 619-303-8035 / 619-741-2648		NAME: _____		GRADE: _____	AGE: _____	SEX: _____	
		DATE OF INCIDENT: _____		TIME OF INCIDENT: _____		STATUS: <input type="checkbox"/> STUDENT <input type="checkbox"/> VISITOR <input type="checkbox"/> STAFF MEMBER <input type="checkbox"/> PARENT <input type="checkbox"/> UNKNOWN	
		DATE OF REPORT: _____		TIME OF REPORT: _____			
POLICY FOR REPORTING OF INCIDENT							
<input type="checkbox"/> Call School Administrator (Tom Edelen) Immediately at cell # (619) 733-5071 <input type="checkbox"/> File in Appropriate file							
TYPE OF INCIDENT (use comments section to describe incident further)							
AUTO:							
<input type="checkbox"/> ACCIDENT		<input type="checkbox"/> VANDALISM		1. MAKE _____		MODEL _____ YEAR _____	
<input type="checkbox"/> THEFT		<input type="checkbox"/> UNLICENSED		2. MAKE _____		MODEL _____ YEAR _____	
<input type="checkbox"/> TRANSPORTING MINOR WITHOUT PERMISSION				3. MAKE _____		MODEL _____ YEAR _____	
PROPERTY:							
<input type="checkbox"/> VANADALISM		<input type="checkbox"/> THEFT					
<input type="checkbox"/> PERSONAL		<input type="checkbox"/> SCHOOL					
CONTROLLED SUBSTANCE:							
<input type="checkbox"/> SUSPECTED USE, NOT CONFIRMED		<input type="checkbox"/> POSSESSION		<input type="checkbox"/> ON CAMPUS			
<input type="checkbox"/> SUSPECTED USE CONFIRMED		<input type="checkbox"/> DISTRIBUTION		<input type="checkbox"/> OTHER LOCATION _____			
TYPE OF SUBSTANCE _____							
WEAPON:							
<input type="checkbox"/> BOMB		<input type="checkbox"/> POSSESSION / ASSAULT FIREARM					
<input type="checkbox"/> BOMB THREAT		<input type="checkbox"/> POSSESSION / ASSAULT KNIFE					
<input type="checkbox"/> ARSON		<input type="checkbox"/> POSSESSION / ASSAULT OTHER WEAPON _____					
ACTIONS TAKEN (use comment section if needed)							
<input type="checkbox"/> REFERRAL		<input type="checkbox"/> CONTACT PARENTS		OTHER AGENCY INFORMATION: NAME: _____ BADGE: _____ PHONE: _____ AGENCY: _____ REPORT NUMBER: _____			
<input type="checkbox"/> CONTACT POLICE		<input type="checkbox"/> SUSPENSION/ EXPULSION					
<input type="checkbox"/> CONTACT INSURANCE		<input type="checkbox"/> OTHER (please describe)					
COMMENTS: (use reverse if needed)							
ACTIONS TAKEN/ SUGGESTED TO PREVENT INCIDENT IN THE FUTURE							
ADDITIONAL INCIDENT INFORMATION (use as needed)							
EVENT NAME: _____			LOCATION: _____				
LEADERS INVOLVED: _____			LEADER'S PHONE NUMBER: _____				
OTHER WITNESS NAME'S: _____			OTHER WITNESS PHONE NUMBER: _____				
ADDITIONAL PERSONAL INFORMTION OF PARTIES INVOLVED (use comment section as needed)							
STUDENT'S ADDRESS: _____							
PARENT / GUARDIAN NAME (and relationship to minor): _____			PARENT / GUARDIAN PHONE: _____				
PREPARER'S INFORMATION							
NAME: _____			ROLE AT THE TIME OF THE INCIDENT: _____				
PREPARER: CAREFULLY REVIEW FOR COMPLETENESS BEFORE SUBMITTING REPORT TO ADMINISTRATION FOR REVIEW		I have filled out this incident form to the best of my knowledge. I am an eyewitness to the injury or person acting on behalf of the eyewitness. Preparer's Signature: _____ Date of Report: _____					