

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 POLICE <input type="checkbox"/> CONTACT INSURANCE		<input type="checkbox"/> CONTACT PARENTS <input type="checkbox"/> SUSPENSION/ EXPULSION <input type="checkbox"/> OTHER (please describe)		OTHER AGENCY INFORMATION: NAME: _____ BADGE: _____ PHONE: _____ AGENCY: _____ REPORT NUMBER: _____	
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: _____				