

**STOCKTON UNIFIED SCHOOL DISTRICT  
EDUCATIONAL SERVICES K-12**

**EMERGENCY SITE INCIDENT REPORT**

**THIS IS NOT A POLICE REPORT**

(This report is to inform Central Administration only)

**THIS REPORT IS TO BE SUBMITTED WITHIN ONE HOUR OF THE INCIDENT BY THE PRINCIPAL OR DESIGNEE VIA E-MAIL (preferably) OR VIA FAX TO DIRECTOR AT (209) 466-6786 AND SUPERINTENDENT'S OFFICE AT (209) 933-7071**

|  |            |                          |           |                          |  |                          |                    |                          |                   |  |
|--|------------|--------------------------|-----------|--------------------------|--|--------------------------|--------------------|--------------------------|-------------------|--|
| <b>Reporting Administrator</b>                     |            | <b>Today's Date</b>      |           |                          |  | <b>Occurred on:</b>      |                    |                          |                   |  |
|  |            |                          |           |                          |  | Date                     | Day                | Time                     |                   |  |
| Work Location:                                     |            | Location of Occurrence:  |           |                          |  |                          |                    |                          |                   |  |
| Classification of Incident: (Check all that apply) |            |                          |           |                          |  | Disposition:             |                    |                          |                   |  |
| <input type="checkbox"/>                           | Robbery    | <input type="checkbox"/> | Weapons   | <input type="checkbox"/> | Unlawful Fighting                                  | <input type="checkbox"/> | Drugs/Alcohol      | <input type="checkbox"/> | Arrested          |  |
| <input type="checkbox"/>                           | Burglary   | <input type="checkbox"/> | Assault   | <input type="checkbox"/> | Assault w/weapon                                   | <input type="checkbox"/> | Loitering/Trespass | <input type="checkbox"/> | Cited             |  |
| <input type="checkbox"/>                           | Extortion  | <input type="checkbox"/> | Explosive | <input type="checkbox"/> | Donnybrook   | <input type="checkbox"/> | Vandalism          | <input type="checkbox"/> | Warned            |  |
| <input type="checkbox"/>                           | Battery    | <input type="checkbox"/> | Homicide  | <input type="checkbox"/> | Fire   | <input type="checkbox"/> | Theft              | <input type="checkbox"/> | Administrative    |  |
| <input type="checkbox"/>                           | Riot       | <input type="checkbox"/> | Arson     | <input type="checkbox"/> | Sexual Assault                                     | <input type="checkbox"/> | Gang Related       | <input type="checkbox"/> | Expulsion         |  |
| <input type="checkbox"/>                           | Kidnapping | <input type="checkbox"/> |           | <input type="checkbox"/> |  | <input type="checkbox"/> |                    | <input type="checkbox"/> | Closure of School |  |
| Other:   |            |                          |           |                          | <input type="checkbox"/> Staff to Student          |                          |                    |                          |                   |  |
|  |            |                          |           |                          | <input type="checkbox"/> Student to Student        |                          |                    |                          |                   |  |
|  |            |                          |           |                          | <input type="checkbox"/> Student to Staff          |                          |                    |                          |                   |  |
|  |            |                          |           |                          | <input type="checkbox"/> Outsider to Staff/Student |                          |                    |                          |                   |  |
| Police Involvement:                                |            |                          |           |                          |  |                          |                    |                          |                   |  |
| SUSD POLICE NOTIFIED?                              |            |                          |           | <input type="checkbox"/> | Yes  | <input type="checkbox"/> | No                 | When (Date/Time)         |                   |  |
| LOCAL POLICE NOTIFIED                              |            |                          |           | <input type="checkbox"/> | Yes  | <input type="checkbox"/> | No                 | When (Date/Time)         |                   |  |

Use this space to describe the incident and names of the involved parties. Include the specific details (Who, What, Where, When, and How).

\_\_\_\_\_  
Principal's (or Designee) Signature

\_\_\_\_\_  
Director's Signature