



DOE Occurrence Report - Part 1

To be completed by the Principal or designee only Original Report Update

FAX completed forms to your Superintendent AND (718) 935-3140

DOE Control Number

NYPD CONTROL NO.

Call (718) 935-2222 to get a BOE Control Number

BASIC DATA	ATS CODE	SCHOOL AND/OR PROGRAM NAME/NUMBER	OCC. DATE / /	OCC. TIME : <input type="checkbox"/> AM <input type="checkbox"/> PM	DURING OFFICIAL SCHOOL HOURS <input type="checkbox"/> Yes <input type="checkbox"/> No	
L O C A T I O N	ON SCHOOL PROPERTY			NOTE: Please select only ONE location.		
	Inside the Building			Outside the Building		
	<input type="checkbox"/> Auditorium # _____	<input type="checkbox"/> Hall # _____	Floor _____	<input type="checkbox"/> School Playground/Field _____		
	<input type="checkbox"/> Bathroom # _____ Floor _____	<input type="checkbox"/> Library - Room # _____	Floor _____	<input type="checkbox"/> School Parking _____		
<input type="checkbox"/> Cafeteria # _____	<input type="checkbox"/> Locker - Room # _____	Floor _____	<input type="checkbox"/> School Perimeter _____			
<input type="checkbox"/> Classroom # _____ Floor _____	<input type="checkbox"/> Office - Room # _____	Floor _____	<input type="checkbox"/> Other Location Outside of Building _____			
<input type="checkbox"/> Gymnasium # _____ Floor _____	<input type="checkbox"/> Staircase # _____	Floor _____				
<input type="checkbox"/> Other _____						
OFF SCHOOL PROPERTY						
Transportation to and from School			Other Off-School Location			
<input type="checkbox"/> School Bus Company _____ Run _____	<input type="checkbox"/> On Foot _____	<input type="checkbox"/> Another School _____				
<input type="checkbox"/> School Bus Stop _____	<input type="checkbox"/> Subway _____	<input type="checkbox"/> School Function _____				
<input type="checkbox"/> Public Bus _____	<input type="checkbox"/> Subway Stop _____	<input type="checkbox"/> Close Proximity to School Grounds _____				
<input type="checkbox"/> Public Bus Stop _____						
<input type="checkbox"/> Other Location _____						
D E S C R I P T I O N	<i>Clearly describe in simple language. Avoid legal terms such as assault, harass, etc.</i>					
	Please indicate total number involved in the occurrence: Suspects: <input type="text"/> Victims: <input type="text"/> Witnesses: <input type="text"/>					
If applicable, please check: <input type="checkbox"/> Bias related <input type="checkbox"/> Group conflict related			<input type="checkbox"/> NYPD Contacted Date: _____ Time: _____			
If this occurrence was given a criminal categorization as a school-related crime by the New York City Police Department, please supply it here			Person Contacted: <input type="text"/>			
Vouchers	Voucher Type	<input type="checkbox"/> NYPD Weapon	Voucher Number: _____	Items included: _____		
	<input type="checkbox"/> NYPD Drug	<input type="checkbox"/> BOE Contraband				
Voucher Type	<input type="checkbox"/> NYPD Weapon	Voucher Number: _____	Items included: _____			
	<input type="checkbox"/> NYPD Drug	<input type="checkbox"/> BOE Contraband				
<input type="checkbox"/> Superintendent Contacted Date: _____ Time: _____						
Prepared by: _____		Email address: _____		Date: _____ Phone: _____ Signature: _____		
Principal Approval: _____		Date: _____		Phone: _____ Signature: _____		