DOE Occurrence Report Form - Part 2

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

DOE Control Number
– –

This Control Number MUST MATCH the Control Number on the Occurrence Report Form

Last Name | First Name

Gender ☐ Male ☐ Unk ☐ Female | Date of Birth

If student, Student ID # | If faculty, File #

To be completed ONLY for non-staff/non-student

Street Address

Apt # City Zip Code

Telephone #

This individual is a(n): ☐ Suspect ☐ Victim ☐ Witness ☐ Injured Party

Status

☐ Annual Admin.
☐ Annual Support (Para)
☐ Custodial Staff
☐ Guidance Counselor, Psych., Social Worker
☐ Hourly Admin.
☐ Hourly Support (Aides)
☐ Intruder
☐ NYPD
☐ Parent/Guardian
☐ Other
☐ Principal/Asst. Princ.
☐ Regular Teacher
☐ School Safety Staff
☐ School Secretary
☐ Student
☐ Substitute Teacher
☐ Supervisor
☐ Visitor - BOE
☐ Visitor - Non-BOE
☐ Volunteer

Notifications

☐ EMS Date: _____ Time: _____
☐ not treated ☐ treated onsite
☐ taken to hospital _____
Accompanied to the hospital by: _____

☐ Parents Date: _____ Time: _____
Person contacted: _____
☐ Made ☐ Attempted ☐ Made by Parent

Police Action (if any)

☐ Arrest
☐ Summons
☐ Other: _____
☐ Desk Appearance Ticket
☐ YD Issued
☐ UF 61 Filed

Arresting/Issuing Officer/Agent (if any)

Name: _____ Precinct #: _____
Shield: _____ Arrest #: _____
Accompanied to Precinct by: _____

Last Name | First Name

Gender ☐ Male ☐ Unk ☐ Female | Date of Birth

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Accompanied to Precinct by: _____

Prepared by (PLEASE PRINT): Signature:

Date: Telephone Number: