



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		This individual is a(n): <input type="checkbox"/> Suspect <input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Injured Party			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Unk <input type="checkbox"/> Female		Date of Birth		Status		Notifications	
If student, Student ID #		If faculty, File #		<input type="checkbox"/> Annual Admin. <input type="checkbox"/> Principal/Asst. Princ. <input type="checkbox"/> Annual Support (Para) <input type="checkbox"/> Regular Teacher <input type="checkbox"/> Custodial Staff <input type="checkbox"/> School Safety Staff <input type="checkbox"/> Guidance Counselor, Psych., Social Worker <input type="checkbox"/> School Secretary <input type="checkbox"/> Hourly Admin. <input type="checkbox"/> Student <input type="checkbox"/> Hourly Support (Aides) <input type="checkbox"/> Substitute Teacher <input type="checkbox"/> Intruder <input type="checkbox"/> Supervisor <input type="checkbox"/> NYPD <input type="checkbox"/> Visitor - BOE <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Visitor - Non-BOE <input type="checkbox"/> Other <input type="checkbox"/> Volunteer		<input type="checkbox"/> EMS Date: _____ Time: _____ <input type="checkbox"/> not treated <input type="checkbox"/> treated onsite <input type="checkbox"/> taken to hospital _____ Accompanied to the hospital by: _____	
<i>To be completed ONLY for non-staff/non-student</i>							
Street Address							
Apt #		City		Zip Code		<input type="checkbox"/> Parents Date: _____ Time: _____ Person contacted: <input type="text"/>	
Telephone #				<input type="checkbox"/> Made <input type="checkbox"/> Attempted <input type="checkbox"/> Made by Parent			
Police Action (if any)		<input type="checkbox"/> Desk Appearance Ticket <input type="checkbox"/> Arrest <input type="checkbox"/> YD Issued <input type="checkbox"/> Summons <input type="checkbox"/> UF 61 Filed <input type="checkbox"/> Other: _____		Arresting/Issuing Officer/Agent (if any)			
				Name: _____ Precinct #: _____			
				Shield: _____ Arrest #: _____			
				Accompanied to Precinct by: _____			

Last Name		First Name		This individual is a(n): <input type="checkbox"/> Suspect <input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Injured Party			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Unk <input type="checkbox"/> Female		Date of Birth		Status		Notifications	
If student, Student ID #		If faculty, File #		<input type="checkbox"/> Annual Admin. <input type="checkbox"/> Principal/Asst. Princ. <input type="checkbox"/> Annual Support (Para) <input type="checkbox"/> Regular Teacher <input type="checkbox"/> Custodial Staff <input type="checkbox"/> School Safety Staff <input type="checkbox"/> Guidance Counselor, Psych., Social Worker <input type="checkbox"/> School Secretary <input type="checkbox"/> Hourly Admin. <input type="checkbox"/> Student <input type="checkbox"/> Hourly Support (Aides) <input type="checkbox"/> Substitute Teacher <input type="checkbox"/> Intruder <input type="checkbox"/> Supervisor <input type="checkbox"/> NYPD <input type="checkbox"/> Visitor - BOE <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Visitor - Non-BOE <input type="checkbox"/> Other <input type="checkbox"/> Volunteer		<input type="checkbox"/> EMS Date: _____ Time: _____ <input type="checkbox"/> not treated <input type="checkbox"/> treated onsite <input type="checkbox"/> taken to hospital _____ Accompanied to the hospital by: _____	
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Telephone #				<input type="checkbox"/> Made <input type="checkbox"/> Attempted <input type="checkbox"/> Made by Parent			
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If student, Student ID #		If faculty, File #		<input type="checkbox"/> Annual Admin. <input type="checkbox"/> Principal/Asst. Princ. <input type="checkbox"/> Annual Support (Para) <input type="checkbox"/> Regular Teacher <input type="checkbox"/> Custodial Staff <input type="checkbox"/> School Safety Staff <input type="checkbox"/> Guidance Counselor, Psych., Social Worker <input type="checkbox"/> School Secretary <input type="checkbox"/> Hourly Admin. <input type="checkbox"/> Student <input type="checkbox"/> Hourly Support (Aides) <input type="checkbox"/> Substitute Teacher <input type="checkbox"/> Intruder <input type="checkbox"/> Supervisor <input type="checkbox"/> NYPD <input type="checkbox"/> Visitor - BOE <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Visitor - Non-BOE <input type="checkbox"/> Other <input type="checkbox"/> Volunteer		<input type="checkbox"/> EMS Date: _____ Time: _____ <input type="checkbox"/> not treated <input type="checkbox"/> treated onsite <input type="checkbox"/> taken to hospital _____ Accompanied to the hospital by: _____	
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				Shield: _____ Arrest #: _____			
				Accompanied to Precinct by: _____			

Prepared by (PLEASE PRINT):

Signature:

Date:

Telephone Number: