



**DISTRICT SCHOOL BOARD OF PASCO
COUNTY NON-STUDENT EVENT REPORT**

MIS # 206
Rev. 04/17

SCHOOL/WORKSITE:	DATE & TIME OF INCIDENT:	REPORTING PERSON:
BRIEF DESCRIPTION:		
INCIDENT LOCATION		OFFENDER(S)
School/Worksite Grounds: <input type="checkbox"/> Bathroom/Restroom <input type="checkbox"/> Bus ramp <input type="checkbox"/> Cafeteria <input type="checkbox"/> Classroom <input type="checkbox"/> Commons/Common Area <input type="checkbox"/> Gymnasium/P.E./Locker Room <input type="checkbox"/> Hallway/Breezeway <input type="checkbox"/> Library/Media Center <input type="checkbox"/> Office	<input type="checkbox"/> Parking Lot <input type="checkbox"/> Playground <input type="checkbox"/> Stadium/Athletic Fields <input type="checkbox"/> Other: _____ <input type="checkbox"/> School-Sponsored Activity/Off campus <input type="checkbox"/> School-Sponsored Transportation <input type="checkbox"/> Bus # _____ <input type="checkbox"/> Bus Stop _____	<input type="checkbox"/> (N) Non-Student(s) only <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (Z) N/A-Unsubstantiated
↓ SESIR INCIDENTS ↓ [See http://www.fldoe.org/safeschools/sesir/]		
Expected to include consultation with Law Enforcement		RELATED ELEMENTS
<input type="checkbox"/> (ALC) Alcohol <input type="checkbox"/> (ARS) Arson <input type="checkbox"/> (BAT) Battery <input type="checkbox"/> (BRK) Breaking & Entering / Burglary <input type="checkbox"/> (DOC) Disruption on Campus – Major <input type="checkbox"/> (DRD) Drug Sale/ Distribution <input type="checkbox"/> Marijuana (M) <input type="checkbox"/> Other Controlled Substance (O) <input type="checkbox"/> Non-Controlled Substance (N) <input type="checkbox"/> (DRU) Drug Use/ Possession <input type="checkbox"/> Marijuana (M) <input type="checkbox"/> Other Controlled Substance (O) <input type="checkbox"/> Non-Controlled Substance (N) <input type="checkbox"/> (HAZ) Hazing <input type="checkbox"/> (HOM) Homicide <input type="checkbox"/> Victims: <input type="checkbox"/> Staff (E) <input type="checkbox"/> Faculty (F) <input type="checkbox"/> Students (S) <input type="checkbox"/> Other (O) <input type="checkbox"/> (KID) Kidnapping	<input type="checkbox"/> (ROB) Robbery <input type="checkbox"/> (PHA) Physical Attack <input type="checkbox"/> (STL) Larceny/ Theft (over \$300) <input type="checkbox"/> (SXA) Sexual Assault <input type="checkbox"/> (SXB) Sexual Battery <input type="checkbox"/> (SXO) Sexual Offenses (other) <input type="checkbox"/> (TRE) Threat Intimidation <i>Basis:</i> <input type="checkbox"/> race <input type="checkbox"/> sex <input type="checkbox"/> disability <input type="checkbox"/> sex orientation <input type="checkbox"/> religion <input type="checkbox"/> (TRS) Trespassing <input type="checkbox"/> (VAN) Vandalism (over \$1000) <input type="checkbox"/> (WPO) Weapons Possession <input type="checkbox"/> (OMC) Other Major (Unlawful Activities)	<i>(Check all that apply)</i> <input type="checkbox"/> Alcohol Related <input type="checkbox"/> Bullying Related <i>Basis:</i> <input type="checkbox"/> Race <input type="checkbox"/> Sex <input type="checkbox"/> Disability <input type="checkbox"/> Sex. Orientation <input type="checkbox"/> Religion <input type="checkbox"/> Drug Related <input type="checkbox"/> Gang Related <input type="checkbox"/> Hate Crime Related <input type="checkbox"/> Hazing Related <input type="checkbox"/> Injury Related (check one) <input type="checkbox"/> (A) More Serious <input type="checkbox"/> (B) Less Serious <input type="checkbox"/> (Z) No Serious Bodily Injury <input type="checkbox"/> Weapon Related <input type="checkbox"/> (1) One non-firearm <input type="checkbox"/> (2) Two or more non-firearms <input type="checkbox"/> (3) One firearm <input type="checkbox"/> (4) Two or more firearms
May not require consultation with Law Enforcement		Weapon Description:
<input type="checkbox"/> (BUL) Bullying <i>Basis:</i> <input type="checkbox"/> Race <input type="checkbox"/> Sex <input type="checkbox"/> Disability <input type="checkbox"/> Sex. Orientation <input type="checkbox"/> Religion <input type="checkbox"/> (UBL) Unsubstantiated Bullying* <i>Basis:</i> <input type="checkbox"/> Race <input type="checkbox"/> Sex <input type="checkbox"/> Disability <input type="checkbox"/> Sex. Orientation <input type="checkbox"/> Religion <input type="checkbox"/> (FIT) Fighting <input type="checkbox"/> (TBC) Tobacco Law Enforcement Consultation/Involvement: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> (UHR) Unsubstantiated Harassment* <i>Basis:</i> <input type="checkbox"/> Race <input type="checkbox"/> Sex <input type="checkbox"/> Disability <input type="checkbox"/> Sex. Orientation <input type="checkbox"/> Religion <input type="checkbox"/> (SXH) Sexual Harassment <i>Basis:</i> <input type="checkbox"/> Sex <input type="checkbox"/> Sex. Orientation <input type="checkbox"/> (HAR) Harassment <i>Basis:</i> <input type="checkbox"/> Race <input type="checkbox"/> Disability <input type="checkbox"/> Religion <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> (F) Firearm, Other <input type="checkbox"/> (H) Handgun <input type="checkbox"/> (K) Knife <input type="checkbox"/> (O) Other Weapon <input type="checkbox"/> (R) Rifle/Shotgun <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (M) Multi. Type Firearms Weapon Discharged: <i>(for, F, H, R or M above)</i> <input type="checkbox"/> No <input type="checkbox"/> Yes
*Use these codes for incidents reported as BUL or HAR, that once investigated, do not meet the definition of BUL or HAR.		
VICTIM(S)		
For SESIR incidents highlighted above (TRE, BUL, HAR, UBL, UHR, SXH or any incident that is Bullying Related), complete the following:		

Victim Name(s) or Student Number Identifier(s): _____

Administrator Signature

Date

Entered by/ Date