



2007-08 School Conduct Report

Offenses required to be reported under Title 14, *Delaware Code*, §4112 and/or DOE policy. Enter all that apply.

C01 Violent Felony (you **must** also select an offense code and indicate type of Victim)

Victim Type* _____

- | | |
|---|--|
| <input type="checkbox"/> C0101 0513 Conspiracy (to commit felony)
<input type="checkbox"/> C0102 0602 Aggravated Menacing (w/deadly weapon)
<input type="checkbox"/> C0103 0604 Reckless Endangering I
<input type="checkbox"/> C0104 0605 Abuse Pregnant Female 2nd
<input type="checkbox"/> C0105 0606 Abuse Pregnant Female 1st
<input type="checkbox"/> C0106 0612 Assault 2nd
<input type="checkbox"/> C0107 0613 Assault 1st
<input type="checkbox"/> C0108 0614 Assault Sport Offense Victim
<input type="checkbox"/> C0109 0615 Assault by Abuse
<input type="checkbox"/> C0110 0629 Vehicular Assault 1 st
<input type="checkbox"/> C0111 0630 Vehicular Homicide 2nd
<input type="checkbox"/> C0112 0630A Vehicular Homicide 1 st
<input type="checkbox"/> C0113 0631 Criminally Negligent Homicide
<input type="checkbox"/> C0114 0632 Manslaughter
<input type="checkbox"/> C0115 0633 Murder Abuse / Neglect 2nd
<input type="checkbox"/> C0116 0634 Murder Abuse / Neglect 1 st
<input type="checkbox"/> C0117 0635 Murder 2 nd
<input type="checkbox"/> C0118 0636 Murder 1 st
<input type="checkbox"/> C0119 0645 Promoting Suicide
<input type="checkbox"/> C0120 0768 Unlawful Sexual Contact 2nd
<input type="checkbox"/> C0121 0769 Unlawful Sexual Contact 1st
<input type="checkbox"/> C0122 0770 Rape 4th
<input type="checkbox"/> C0123 0771 Rape 3 rd
<input type="checkbox"/> C0124 0772 Rape 2 nd
<input type="checkbox"/> C0125 0773 Rape 1 st
<input type="checkbox"/> C0126 0776 Sexual Extortion
<input type="checkbox"/> C0127 0777 Bestiality
<input type="checkbox"/> C0128 0778 Continuous Sexual Abuse of Child
<input type="checkbox"/> C0129 0779 Dangerous Crime Against Child | <input type="checkbox"/> C0130 0782 Unlawful Imprisonment 1st
<input type="checkbox"/> C0131 0783 Kidnapping 2nd
<input type="checkbox"/> C0132 0783A Kidnapping 1st
<input type="checkbox"/> C0133 0802 Arson 2nd
<input type="checkbox"/> C0134 0803 Arson 1st
<input type="checkbox"/> C0135 0825 Burglary 2nd
<input type="checkbox"/> C0136 0826 Burglary 1st
<input type="checkbox"/> C0137 0831 Robbery 2nd
<input type="checkbox"/> C0138 0832 Robbery 1st
<input type="checkbox"/> C0139 0835 Carjacking 2nd
<input type="checkbox"/> C0140 0836 Carjacking 1st
<input type="checkbox"/> C0141 0846 Extortion
<input type="checkbox"/> C0142 1108 Sexual Exploitation of Child
<input type="checkbox"/> C0143 1109 Unlawful Dealing in Child Pornography
<input type="checkbox"/> C0144 1112A Sexual Solicitation of a Child
<input type="checkbox"/> C0145 1136 Abuse / Mistreatment / Neglect of a Patient
<input type="checkbox"/> C0146 1250 Assault 1st Law Enforcement Animal Victim
<input type="checkbox"/> C0147 1253 Escape After Conviction
<input type="checkbox"/> C0148 1254 Assault in Detention Facility
<input type="checkbox"/> C0149 1256 Promoting Prison Contraband (Deadly weapon)
<input type="checkbox"/> C0150 1302 Riot
<input type="checkbox"/> C0151 1304 Hate Crime
<input type="checkbox"/> C0152 1312A Stalking
<input type="checkbox"/> C0153 1339 Adulteration causing Death / Injury
<input type="checkbox"/> C0154 1353 Promoting Prostitution 1st
<input type="checkbox"/> C0155 1503 Racketeering
<input type="checkbox"/> C0156 3533 Aggravated Act of Intimidation
<input type="checkbox"/> C0157 3913 Abuse/Neglect/Exploitation/ Mistreatment of Infirm Adult |
|---|--|

C02 Assault III (indicate type of Victim)

Victim Type* _____

- C0201 0611 Assault III

C03 Unlawful Sexual Contact III (indicate type of Victim)

Victim Type* _____

- C0301 0767 Sexual Contact III

C04 Offensive Touching (Employee Victim)

- C0401 0601 Offensive Touching

C05 Terroristic Threatening (Employee Victim)

- C0501 0621 Terroristic Threatening

*Victim Type	
Student	Nurse
Parent/Guardian	Cafeteria Staff
Teacher	Custodial Staff
Substitute Teacher	Volunteer
Principal/Asst. Principal	Office Staff
Librarian	Discipline Staff
Aide/Paraprofessional	None
Counselor/Advisor	State
Bus Staff	

C06 Weapons Offenses (you **must** also select an offense code)

- | | |
|--|--|
| <input type="checkbox"/> C0601 1442 Concealed Deadly Weapon - Handgun | <input type="checkbox"/> C0613 1442 Brass Knuckles, Bat, or Club |
| <input type="checkbox"/> C0602 1442 Concealed Deadly Weapon - Rifle, Shotgun | <input type="checkbox"/> C0614 1457 Pellet Gun (Possession Safe School & Rec. Zone) |
| <input type="checkbox"/> C0603 1444 Possession Destructive Weapon | <input type="checkbox"/> C0615 1457 Starter Gun (Possession Safe School & Rec. Zone) |
| <input type="checkbox"/> C0604 1445 Unlawful Dealing with Dangerous Weapon | <input type="checkbox"/> C0616 1457 BB Gun (Possession Safe School & Rec. Zone) |
| <input type="checkbox"/> C0605 1447 Possession of a Dangerous Weapon
During Commission of a Felony | <input type="checkbox"/> C0617 1449 Wear Body Armor During Commission of a Felony |
| <input type="checkbox"/> C0606 1447 Possession of a Firearm
During Commission of a Felony | <input type="checkbox"/> C0618 1457 Handgun (Possession Safe School & Rec. Zone) |
| <input type="checkbox"/> C0607 1455 Firearms Trans. on Behalf of Another | <input type="checkbox"/> C0619 1457 Rifle, Shotgun (Possession Safe School & Rec. Zone) |
| <input type="checkbox"/> C0608 1457 Knife (Possession Safe School & Rec. Zone) | <input type="checkbox"/> C0620 1457 Destructive Weapon
(Possession Safe School & Rec. Zone) |
| <input type="checkbox"/> C0609 1442 Knife | <input type="checkbox"/> C0621 1443 Dangerous Instrument |
| <input type="checkbox"/> C0610 1457 Razor Blade/Box Cutter
(Possession Safe School & Rec. Zone) | <input type="checkbox"/> C0622 1338 Explosives/Incendiary Device |
| <input type="checkbox"/> C0611 1442 Razor Blade/Box Cutter | <input type="checkbox"/> C0623 1453 Unlawfully Dealing with Martial Arts Throwing Star |
| <input type="checkbox"/> C0612 1457 Brass Knuckles, Bat, or Club
(Possession Safe School & Rec. Zone) | <input type="checkbox"/> C0624 1457 Unlawfully Dealing with Martial Arts Throwing Star
(Possession Safe School & Rec. Zone) |
| | <input type="checkbox"/> C0625 1448 Possession and Purchase of Deadly Weapons by
Persons Prohibited |
| | <input type="checkbox"/> C0626 1457 Possession and Purchase of Deadly Weapons by
Persons Prohibited (Possession Safe Sch & Rec. Zone) |

C07 Prohibited Controlled Substances - Title 16 (you **must** also select an offense code)

- | | |
|--|---|
| <input type="checkbox"/> C0701 T-16 Prescription Drug | <input type="checkbox"/> C0708 4753A Trafficking in Marijuana, Cocaine, Illegal
Drugs, Methamphetamine, LSD, or Designer Drugs |
| <input type="checkbox"/> C0702 T-16 Cocaine / Powder Substances | <input type="checkbox"/> C0709 4754A Non-controlled Prescription Drug |
| <input type="checkbox"/> C0703 T-16 Marijuana | <input type="checkbox"/> C0710 4761 Distribution to Minors |
| <input type="checkbox"/> C0704 T-16 Look-Alike (Drugs) | <input type="checkbox"/> C0711 4767 Controlled Substance within 1000' of School
Property |
| <input type="checkbox"/> C0705 4751 Counterfeit Controlled Substance
Causing Death | <input type="checkbox"/> C0712 4768 Controlled Substance within 300' of
a Park or Recreation Area |
| <input type="checkbox"/> C0706 4752 Counterfeit Controlled Substance | <input type="checkbox"/> C0713 4773 Delivery of Drug Paraphernalia to a Minor |
| <input type="checkbox"/> C0707 4752A Unlawful Delivery of a
Noncontrolled Substance | |

Department of Education (DOE) Offenses

- | | |
|--|---|
| <input type="checkbox"/> D0101 Pornography: Possession and Production | <input type="checkbox"/> D0801 Offensive touching (Student victim) |
| <input type="checkbox"/> D0301 Criminal mischief (vandalism) | <input type="checkbox"/> D0901 Terroristic Threatening (Student victim) |
| <input type="checkbox"/> D0401 Tampering with public records | <input type="checkbox"/> D1001 Sexual Harassment |
| <input type="checkbox"/> D0501 Alcohol, possession and use | <input type="checkbox"/> D1101 Fighting/Disorderly conduct |
| <input type="checkbox"/> D0601 Felony theft offenses (\$1,000 or more) | <input type="checkbox"/> D1201 Inhalants |
| <input type="checkbox"/> D0701 Bullying | <input type="checkbox"/> D1301 Drug Paraphernalia |

Description of Incident:

Date: ____ Time: ____ Location Code: ____ Gang Related: Yes No Sexual Orientation Related: Yes No
Brief Description of Incident: ____

Police Notification and Charges:

Police Notified: Yes No Agency Code: ____ Complaint #: ____ Date of Notification: ____
Date of Response: ____ Officer's Name: ____ Police Action: Arrest No Arrest Summons Exceptionally Cleared
Charges Filed: Yes No Specific Charges Filed: ____ Parent Name ____ Parent Phone: ____
Parent Notified: Yes No Parent Address: ____

Student Offender(s): If persons are **not** charged with the same offense(s) from the same incident, fill out separate report for each Offender. List student's age at time of incident. If there are additional Offenders, attach sheet with below information.

Student's Name: ____ STATE ID No: ____
Birth date: ____ Age: ____ Grade: ____ Race: ____ Sex: ____ M F
Disciplinary Action: Suspension: Internal External Bus Pending (Follow-up Required)
Number of Days: ____
Expulsion: Yes No Pending (Follow-up Required) Number of Days: ____
If Expelled, Alternative School Placement Yes No
Other Action (explain): ____

FOR ADDITIONAL OFFENDER(S) or VICTIM(S) PLEASE ATTACH SEPARATE SHEET

Non-Student Offender(s): If there are additional offenders, attach sheet with below information.

Name: ____ Offender Type: ____
(Teacher, parent, volunteer, etc)
Address: ____ Phone: ____

Victim Information: If there are additional victims, attach sheet with below information.

Name: ____ DOB: ____ Race: ____ Sex: M F
State ID No. (if student): ____ Parent Notified: Yes No
Victim Type (if non-student): ____
(Teacher, parent, volunteer, bus staff, etc.)

Follow-Up Information:

Date of District Hearing: ____ Offenses Charged: ____
District Board Action: ____
Other: ____

Filing Reports: All reports should be filled electronically eSchoolPlus (If you are a eSchoolPlus user) or DELSIS (if you are not a eSchoolPlus user). If this is not possible, contact Melvin D'Souza at (302)857-3320 or by e-mail at mdsouza@doe.k12.de.us within 5 working days of the incident per Title 14, Delaware Code, §4112 & DOE Regulation 601.
Please retain hard copy.

Name of Administrator Filing Report: ____ Name of Person Entering Data If Other than Administrator: ____
Phone Number: ____ Date: ____ District Code ____ School Code ____ Follow-Up Required: Yes No