



**MIAMI-DADE COUNTY PUBLIC SCHOOLS  
SCHOOL OPERATIONS  
INCIDENT REPORT**

Date: \_\_\_\_\_

TO: Members of The School Board of Miami-Dade County, Florida  
Administrative Assistants

FROM: Mr. Freddie Woodson, Associate Superintendent  
School Operations

**SUBJECT: INCIDENT REPORT FOR** \_\_\_\_\_  
(NAME OF SCHOOL)

DATE OF OCCURRENCE: \_\_\_\_\_ TIME: Approximately \_\_\_\_\_

1. NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_  
GENDER: \_\_\_\_\_ RACE/ETHNICITY: \_\_\_\_\_  VICTIM  OFFENDER  
 STUDENT  TEACHER  OTHER: \_\_\_\_\_

2. NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_  
GENDER: \_\_\_\_\_ RACE/ETHNICITY: \_\_\_\_\_  VICTIM  OFFENDER  
 STUDENT  TEACHER  OTHER: \_\_\_\_\_

3. NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_  
GENDER: \_\_\_\_\_ RACE/ETHNICITY: \_\_\_\_\_  VICTIM  OFFENDER  
 STUDENT  TEACHER  OTHER: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_

DESCRIPTION:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INJURIES:  YES  NO RECESS:  YES  NO RESCUE CALLED:  YES  NO

HOSPITALIZED:  YES  NO HOSPITAL: \_\_\_\_\_

POLICE/AGENCY RESPONDING: \_\_\_\_\_ CASE #: \_\_\_\_\_

M-DSPD SPAR #: \_\_\_\_\_

SCHOOL CONTACT: \_\_\_\_\_ TITLE: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

cc: Dr. Rudolph F. Crew  
Superintendent's Cabinet  
Regional Centers

