ASSAULT REPORT FORM

(To be completed by person assaulted)

[redacted]

Assault Date 2/7/2018 Time 11:20 Assault Reported To [redacted]

Please provide a detailed description of the incident. Add pages as needed.

During the assembly, multiple fights broke out. I was in the freshman bleacher section at the far end (if facing the bleachers, it would be to the left). Multiple [redacted] were heading to the doors, trying to follow [redacted] who had been removed out those set of doors for fighting. I tried to prevent [redacted] from leaving out those doors and one [redacted] (I don't know their name), pushed me into a wall. I do have some minor pain in my left shoulder now.

Action taken by Administrator:

Was incident filed with law enforcement authorities?

By Administrator Yes _____ No _____

By Injured Party Yes _____ No X

Time Lost: Class — Days —

Building Principal/Designee (please checkmark as executed)

Send original* to _____ Business Office – Keil Administration Building

Send copies to:

_____ Building Records File

_____ Union President

_____ Assistant Superintendent of Schools

_____ Police Department (mandatory for assault cases)

*Send original and copies within 5 days of the incident.

ASSAULT REPORT FORM

(To be completed by person assaulted)

Assault Date 2-7-18 Time 11:20 AM Assault Reported To: _____

Please provide a detailed description of the incident. Add pages as needed.

Several fights Broke out at that time and I noticed [redacted] and another teacher Pinned on the ground. So [redacted] the Security guard and I Broke threw the crowd around [redacted] and teacher thats when I [redacted] got Elbowed in the face by a [redacted]

Action taken by Administrator:

Was incident filed with law enforcement authorities?

By Administrator Yes _____ No _____
By Injured Party Yes _____ No _____

Time Lost: Class _____ Days _____

Building Principal/Designee (please checkmark as executed)

Send original* to _____ Business Office – Keil Administration Building

Send copies to:
_____ Building Records File
_____ Union President
_____ Assistant Superintendent of Schools
_____ Police Department (mandatory for assault cases)

*Send original and copies within 5 days of the incident.