



# Property Loss Form

Only use this form to report crimes that occurred in the *City of Adams*. If the incident occurred elsewhere, please contact the appropriate agency where the incident occurred.

Please complete as many lines of the report as you possibly can. This will help us investigate the crime that you are reporting and / or screen it for potential investigation. If you only have partial information (like part of a license number, or a person's description), please give us whatever you have.

Please include whenever possible, the serial number, license number, account number (for credit cards and or checks), owner applied number, etc., of the lost or stolen property you are reporting. If you need to report more than one incident, please use a separate report form for each one.

NOTE: If we need additional information to properly file your report, we will ask for this information to be submitted before a report number will be issued, so please fill out the form as completely as possible. Fields with asterisks (\*) are **MANDATORY** - These must be completed for the report to be accepted.

### PERSONAL INFORMATION

\*Full name (First, MI, Last): \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City, State, Zip: \_\_\_\_\_ \*Phone: \_\_\_\_\_

\*Birthdate: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Gender: M/F Race: White/Black/Asian/Hispanic/American Indian/Other \_\_\_\_\_

Victim's name (if other than reporting person): \_\_\_\_\_

Victim's address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

### LOCATION, TIME, DATE

\*Address where incident occurred: \_\_\_\_\_

\*Location of incident (vehicle, home, etc.): \_\_\_\_\_

\*Date(s) when incident occurred or was discovered: \_\_\_\_\_

\*Time(s) when incident occurred or was discovered: \_\_\_\_\_

### IF A VEHICLE WAS INVOLVED

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

License plate: \_\_\_\_\_ License State: \_\_\_\_\_ Owner: \_\_\_\_\_

