



Vandalism Report Form

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

SUSPECT INFORMATION (IF KNOWN)

Name: _____ Address: _____

Vehicle description: _____

