



## PLEASE READ ALL INSTRUCTIONS BEFORE YOU FILL OUT YOUR OFFENSE REPORT

- You may only report incidents that have occurred in the UNINCORPORATED areas of Monterey County and those jurisdictions that do not have their own police departments. Incidents occurring within city limits of the following cities must be reported to that city's Police Department: Carmel, Del Rey Oaks, Gonzales, Greenfield, Fort Ord (CSUMB incidents should be reported to the campus police), King City, Marina, Monterey, Pacific Grove, Salinas, Sand City, Seaside, Soledad, and Watsonville
- Use one report form per incident. You may also make copies of the offense report to report other incidents.
- Be specific when describing damage or property. Include the make, model, license plate, and serial number of any vehicle or piece of property. Owner applied or inscribed numbers (i.e. driver license numbers) are helpful in identifying property. Include any distinguishing marks, stickers, or equipment attached. *Note: Stolen Vehicles should be reported to the California Highway Patrol.*
- Additional narrative sheets, property description sheets, and victim/witness sheets may be attached as necessary.
- If you have suspect information, please include it on the offense report. A deputy will contact you if additional information or statements are needed.
- Please date and sign the form prior to submission. You may make copies for your records prior to submission.
- Once the report is submitted, a report number will be assigned and copies may be obtained through the Sheriff's Office for a minimal fee. A Public Information Release Request form must be completed and submitted to the Records Division, and a report will be mailed up to 10 days later. No reports will be released the same day as a Release Request is completed.
- **Completed forms may be mailed or returned in person to the nearest station:**

**CENTRAL STATION**  
1414 Natividad Road  
Salinas, CA 93906  
(831) 755-3700

**COASTAL STATION**  
1200 Aquajito Road, Room #002  
Monterey, CA 93940  
(831) 647-7702

**SOUTH COUNTY STATION**  
250 Franciscan Drive  
King City, CA 93930  
(831) 385-8312



# VANDALISM

**THIS BLOCK FOR OFFICIAL USE ONLY**

REPORT DATE	REPORT TIME	BEAT	REPORT #
DATE OCCURRED	TIME OCCURRED	CLASSIFICATION	FEL / MISD / SUPPLEMENT
CRIME CODE	CRIME		

## INCIDENT

INCIDENT LOCATION / ADDRESS		CITY	ZIP
LAST DATE WITHOUT DAMAGE	LAST TIME WITHOUT DAMAGE	DATE DAMAGE DISCOVERED	TIME DAMAGE DISCOVERED
<b>TYPE OF LOCATION</b> <input type="checkbox"/> HOUSE <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS <input type="checkbox"/> VEHICLE <input type="checkbox"/> STREET / PARKING LOT <input type="checkbox"/> OTHER	<b>TYPE OF VANDALISM</b> <input type="checkbox"/> GRAFFITI <input type="checkbox"/> BROKEN GLASS <input type="checkbox"/> SCRATCHES / KEYED <input type="checkbox"/> SLASHED / CUT TIRES <input type="checkbox"/> LAWN TIRE MARKS <input type="checkbox"/> SMASHED MAILBOX	INSURANCE COMPANY (IF APPLICABLE)	
		ESTIMATED AMOUNT OF DAMAGE \$	

## VICTIM

NAME (LAST, FIRST, M.I.)		DOB	RACE	SEX (M/F)
STREET ADDRESS		CITY		ZIP
HOME PHONE	CELL PHONE	DRIVER'S LICENSE		STATE
WORK ADDRESS		CITY		ZIP
OCCUPATION		WORK PHONE		

## VICTIM VEHICLE (IF APPLICABLE)

YEAR	MAKE	MODEL	# OF DOORS	COLOR	LICENSE PLATE	STATE
VEHICLE IDENTIFICATION NUMBER						

## SUSPECT (IF APPLICABLE)

NAME (LAST, FIRST, M.I.)		DOB	RACE	SEX (M/F)
STREET ADDRESS		CITY		ZIP
HOME PHONE	CELL PHONE	DRIVER'S LICENSE		STATE

## SUSPECT VEHICLE (IF APPLICABLE)

YEAR	MAKE	MODEL	# OF DOORS	COLOR	LICENSE PLATE	STATE
OTHER DESCRIPTORS						

<b>FOR OFFICIAL USE ONLY</b>		REVIEWING SUPERVISOR	ID	DATE / TIME
ENTRY INITIALS	DATE	ASSIGNED DEPUTY	ID	DATE / TIME



# VANDALISM

NARRATIVE (PLEASE PROVIDE A DETAILED STATEMENT OF THE INCIDENT)

REPORT #

I declare under penalty of perjury, under the laws of the State of California, that the foregoing statements are true and correct.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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<i>DATE/TIME RECEIVED</i>	<i>DEPUTY/INVESTIGATOR</i>	<i>CASE # PROVIDED TO RP</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>DATE/TIME CONTACTED</i>
<i>CASE STATUS</i> <input type="checkbox"/> <b>CLOSED</b> <input type="checkbox"/> <b>SUSPENDED</b> <input type="checkbox"/> <b>CONTINUED</b> <input type="checkbox"/> <b>REFERRED TO:</b> _____			
<i>COMMENTS</i>			

<i>FOR OFFICIAL USE ONLY</i>		<i>REVIEWING SUPERVISOR</i>	<i>ID</i>	<i>DATE / TIME</i>
<i>ENTRY INITIALS</i>	<i>DATE</i>	<i>ASSIGNED DEPUTY</i>	<i>ID</i>	<i>DATE / TIME</i>