CEMETERY VANDALISM/DAMAGE REPORT FORM

Cemetery: Number of Stones/Objects Involved: Are Human Remains Involved: ☐ yes ☐ no

Grave #: Section #: Lot #:

Date/Time Damage was First Observed: am/pm Name of Observer:

Date Last Observed Undamaged: am/pm Name of Observer:

Potential Witnesses:

Nature of Damage (attach photographs of damage):

Date Reported to Police: Investigating Officer:

Police Incident No: (Attach a legible copy of police report to this form)

Estimate of Damage (attach justification, conservation treatment proposals): $ 

Owners of Monuments Identified: ☐ yes ☐ no Owners Will Repair: ☐ yes ☐ no ☐ not certain

Follow Up with Police:

Repairs Undertaken by Cemetery (attach conservation treatment reports):

Total Cost of Repairs: $ Insurance Eligible: ☐ yes ☐ no Date Claim Submitted: 

Date Claim Approved/Paid: Amount of Claim Payment: $ 

Internal Evaluation for Future Prevention:

Form Completed By: Date(s):