

Victoria Police Department

Forgery Report Packet

Case Number _____
Filled in by Police when packet is completed.

This forgery report packet is only to be completed by financial institutions and businesses.

Forgery Report Instructions

1. Complete the attached Incident Summary Form.
2. Distribute an attached Forgery Witness Form to each employee who witnessed the incident.
3. Ensure that each Forgery Witness Form that is distributed is completed in its entirety.
4. Place a check mark next to, and attach any of the following evidence that may apply to this incident:
 - ___ Surveillance photographs of check presenter.
 - ___ Affidavit of Forgery
 - ___ Original forged check in protective sleeve.
 - ___ Victim account holder information.
 - ___ Contact name and phone number for responsible party.
 - ___ Originals or copies of Identification used by check presenter.
5. **DO NOT SUBMIT THIS FORGERY REPORT PACKET UNTIL ALL WITNESS FORMS ARE COMPLETED AND ALL AVAILABLE EVIDENCE IS OBTAINED.**
6. Mail this cover sheet, the completed Incident Summary Form, all completed Forgery Witness Forms, and any applicable evidence check marked above to:

Victoria Police Department
ATTN: Telephone Response Unit
306 S Bridge St.
Victoria, TX 77901

NOTE: This packet will be reviewed for completeness prior to being assigned to a Financial Crimes Investigator. Please insure that the Incident Summary Form and all Forgery Witness Forms are completed and that all evidence relating to this incident is attached. It may be necessary to delay the submittal of this packet until this information can be collected.

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IMPORTANT: Failure to provide all requested information may result in time delays that could be detrimental to the successful prosecution of this case.

Incident Summary Form

On _____ at approximately _____ (a.m./p.m.), a forged check
(Date) (Time)

was presented at _____ located at
(Name of Business or Financial Institution)

_____ in the City of Victoria, TX.
(Physical Street Address)

The check was presented to employee _____.
(Name/Title)

The forged check contained the following information:

Payee Name: _____
Payee Address: _____
Payee Phone: _____
Pay To Name: _____
Check Number: _____
Check Amount: _____
Account Number: _____

The check was determined to be a forged instrument based on the following reason(s): (e.g. reported as stolen, contact with account holder, quality of document, etc. Be as detailed as possible.)

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Witness Form (Page 1 of 2)

Please Print all Information

1. Witness Name: _____
Last First Middle

2. Date of Birth: ____/____/____
Mon / Day / Year

3. Sex: M / F
(Circle One)

4. Race: _____

5. Business Name: _____

6. Business Address: _____
Address City Zip

7. Business Phone: _____ **8. Other Phone:** _____

9. Business E-Mail Address: _____

10. Description of Suspect: _____
Race Sex (M/F) Hair Color Approx Age

Clothing Description (Include as much detail as possible, e.g. color, wearing hat, writings/designs on clothing).

Other Distinguishable Features (e.g. visible scars, tattoos, birthmarks, acne, glasses, braces, etc.).

Suspect Vehicle Information (If known, e.g. color, make, model, year, license plate number, license plate state).

11. Can you identify suspect? YES / NO **12. Will you aid in prosecution?** YES / NO
(Circle One) (Circle One)

13. Did the suspect present the forged check to you? YES / NO
(If yes, complete the following questions numbered 14 to 18) (Circle One)
(If no, proceed to question number 19)

14. Date and time check was presented: ____/____/____ a.m. / p.m.
Mon / Day / Year (Time) (Circle One)

15. What identification was presented by suspect? _____
(NOTE: Include identification number - e.g. Tx. DL or ID #12345678 etc.).

16. Was the identification number recorded on the forged check? YES / NO
(Circle One)

(Questions continue on next page)

