Victoria Police Department
Forgery Report Packet

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.
Victoria Police Department
Forgery Report Packet

Reportee / Management Form

Please Print all Information

1. Reportee Name: ____________________________________________________________
   First       Last       Mi.

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

3. Sex: __M / __F

4. Race: __________

5. Home Address: ____________________________________________________________

6. Home Phone: ________________________________

7. Business Name: ____________________________________________________________

8. Business Address: _________________________________________________________

9. Business Phone: ________________________________

10. Job Title: ________________________________

11. Business E-Mail Address: ________________________________
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 was presented at ____________________________________ located at __________________________________________ in the City of Victoria, TX. The check was presented to employee __________________________________________. The forged check contained the following information:

<table>
<thead>
<tr>
<th>Payee Name:</th>
<th>Payee Address:</th>
<th>Payee Phone:</th>
<th>Pay To Name:</th>
<th>Check Number:</th>
<th>Check Amount:</th>
<th>Account Number:</th>
</tr>
</thead>
</table>

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.)
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
    (Circle One)               12. Will you aid in prosecution? YES / NO
    (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: ____/____/______
    Mon / Day / Year               a.m. / p.m.
    (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
    (Questions continue on next page)
    (Circle One)
Victoria Police Department
Forgery Report Packet

(Cont’d from Page 1)

17. If a photo ID was used, was the picture compared to the suspect? 
   YES / NO
   (Circle One)

   If yes, did the picture appear to be of the suspect? 
   YES / NO
   (Circle One)

18. Did the suspect endorse/sign the forged check in your presence? 
   YES / NO
   (Circle One)

19. Describe the events that you witnessed in regards to this forgery incident. If
    known, describe how the check was determined to be a forged instrument:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

20. Do you have any additional information that will assist in locating the suspect?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________