

LONGVIEW POLICE DEPARTMENT

FORGERY CREDIT CARD ABUSE

Have the person who accepted the check or credit card fill out this form. Their name is to be placed in the REPORTEE section, and "SAME" may be placed in the first WITNESS block. If that is not possible, place your name in the REPORTEE section, then fill in all of the required information.

Complete all suspect information on the back of this form. All names are to be filled in LAST NAME, FIRST NAME unless otherwise noted. Handle all checks or documents by the top right corner only.

Incomplete reports will not be accepted or processed. The shaded areas are for Police use only.

**Send completed form to: Longview Police Department
Investigative Services Division
P.O. Box 1952
Longview, TX 75606-1962**

INVESTIGATING OFFICER		ID#		CASE NUMBER				<input type="checkbox"/> FORGERY REPORT		<input type="checkbox"/> CREDIT CARD ABUSE REPORT				
VICTIM	STREET ADDRESS WHERE OFFENSE OCCURRED				BUSINESS NAME				DATE COMMITTED		TIME COMMITTED			
	NAME OF BUSINESS OR PERSON INCURRING LOSS				STREET ADDRESS				APT./SUITE					
	CITY		STATE		RES. PHONE		BUS. PHONE		<input type="checkbox"/> WILL PROSECUTE		<input type="checkbox"/> WILL NOT PROSECUTE			
								<input type="checkbox"/> INSURANCE PURPOSES ONLY						
ARTICLE	BANK OR CREDIT CARD NAME						ACCOUNT OR CREDIT CARD NUMBER							
	MISCELLANEOUS DESCRIPTION (SIGNATURE ON CHECK, ETC.)						CHECK NUMBER			DOLLAR AMOUNT				
REPORTEE	NAME (LAST, FIRST, MIDDLE)				HOME ADDRESS				APT./SUITE		CITY			
	STATE		RELATIONSHIP TO VICTIM		RES. PHONE		CAN THE REPORTEE IDENTIFY THE SUSPECT?				YES / NO			
	BUS. PHONE		EXT.	RACE	SEX	DATE OF BIRTH		IS A FORGERY AFFIDAVIT ATTACHED?				YES / NO		
									HAS THE ACCOUNT HOLDER BEEN CONTACTED?				YES / NO	
WITNESSES	#1 PERSON ACCEPTING CHECK OR CREDIT CARD			HOME ADDRESS				APT./SUITE		CITY		STATE		
	RES. PHONE		BUS. PHONE		RACE	SEX	DATE OF BIRTH		BUSINESS ADDRESS			CAN IDENTIFY SUSPECT?		
													YES / NO	
	#2 ACCOUNT HOLDER'S NAME (AS SHOWN ON CHECK)			HOME ADDRESS (AS SHOWN ON CHECK)				APT./SUITE		CITY		STATE		
#3 CHECK MADE PAYABLE TO (AS SHOWN ON CHECK)														
#4 OTHER WITNESS NAME				HOME ADDRESS				APT./SUITE		CITY		STATE		
RES. PHONE		BUS. PHONE		RACE	SEX	DATE OF BIRTH		BUSINESS ADDRESS			CAN IDENTIFY SUSPECT?			
												YES / NO		

- continued on back -

SUSPECT VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	LICENSE NO., YEAR, STATE				
	MISCELLANEOUS DESCRIPTION OR IDENTIFYING MARKS									
SUSPECTS	NAME (LAST, FIRST, MIDDLE)			ADDRESS			APT./SUITE	CITY	STATE	
	RES. PHONE	BUS. PHONE	RACE	SEX	DATE OF BIRTH	AGE	HEIGHT	WEIGHT	HAIR	EYES
	ARREST <input type="checkbox"/> YES <input type="checkbox"/> NO		RELATIONSHIP TO VICTIM		GLASSES? <input type="checkbox"/> YES <input type="checkbox"/> NO		FACIAL HAIR <input type="checkbox"/> BEARD & MUSTACHE <input type="checkbox"/> GOATEE <input type="checkbox"/> MUSTACHE <input type="checkbox"/> BEARD <input type="checkbox"/> SIDEBURNS			
	SCARS/MARKS/TATOOS			TYPE OF IDENTIFICATION USED (WRITE IN CODE 1 - 6 AND THE IDENTIFICATION NUMBER)						
	CLOTHING OR OTHER DESCRIPTION			1 - DRIVERS LICENSE (PLASTIC) 2 - DRIVERS LIC. (TEMP. PAPER) CODE IDENTIFICATION NO. 3 - TEXAS D.P.S. ID CARD 4 - SOCIAL SECURITY CARD _____ 5 - CREDIT CARD 6 - OTHER ID CARD _____						
	NAME (LAST, FIRST, MIDDLE)			ADDRESS			APT./SUITE	CITY	STATE	
	RES. PHONE	BUS. PHONE	RACE	SEX	DATE OF BIRTH	AGE	HEIGHT	WEIGHT	HAIR	EYES
	ARREST <input type="checkbox"/> YES <input type="checkbox"/> NO		RELATIONSHIP TO VICTIM		GLASSES? <input type="checkbox"/> YES <input type="checkbox"/> NO		FACIAL HAIR <input type="checkbox"/> BEARD & MUSTACHE <input type="checkbox"/> GOATEE <input type="checkbox"/> MUSTACHE <input type="checkbox"/> BEARD <input type="checkbox"/> SIDEBURNS			
	SCARS/MARKS/TATOOS			TYPE OF IDENTIFICATION USED (WRITE IN CODE 1 - 6 AND THE IDENTIFICATION NUMBER)						
	CLOTHING OR OTHER DESCRIPTION			1 - DRIVERS LICENSE (PLASTIC) 2 - DRIVERS LIC. (TEMP. PAPER) CODE IDENTIFICATION NO. 3 - TEXAS D.P.S. ID CARD 4 - SOCIAL SECURITY CARD _____ 5 - CREDIT CARD 6 - OTHER ID CARD _____						
REPORTER COMMENTS										
COMMENTS ABOUT THE OFFENSE OR SUSPECT										
INVESTIGATOR'S NARRATIVE	ON _____ AT _____ OFFICER _____ ID# _____									
IS A CONTINUATION SHEET ATTACHED? YES / NO										