

Wichita Falls Police Department

Merchant Fraud Form

[This crime must have occurred within the City of Wichita Falls]

Check the appropriate box to identify the type of report:

Forged/Counterfeit Check Counterfeit Currency

Reporting Party-(Business, Financial Institution, Individual, etc.)

Name -		OFFICE USE ONLY	
Address -		Telephone -	
Date Crime Occurred -		Time Crime Occurred -	
		<input type="checkbox"/> AM <input type="checkbox"/> PM	
Can Suspect Be Identified - <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Business -	
Name of Reporting Person -		Telephone (Home) -	
Address (Home) -		City -	State - Zip -
Name of Person Accepting Check / Currency -		Telephone (Home) -	
Address (Home) -		City -	State - Zip -
Work Schedule -		Days Off -	

Check Information

Type of Check - <input type="checkbox"/> Personal Check <input type="checkbox"/> Business Check <input type="checkbox"/> Counter Check <input type="checkbox"/> Money Order <input type="checkbox"/> Travelers Check <input type="checkbox"/> Other _____	
Check was determined to be: <input type="checkbox"/> Forged <input type="checkbox"/> Counterfeit	
Account Holder (list all account holder names on check) -	
Name and Address of Bank on Check -	
Check Number / Amount of Check -	
Routing # -	Account # -

Counterfeit Currency Information

<input type="checkbox"/> \$1	# of bills -	Serial Number(s) -
<input type="checkbox"/> \$5	# of bills -	Serial Number(s) -
<input type="checkbox"/> \$10	# of bills -	Serial Number(s) -
<input type="checkbox"/> \$20	# of bills -	Serial Number(s) -
<input type="checkbox"/> \$50	# of bills -	Serial Number(s) -
<input type="checkbox"/> \$100	# of bills -	Serial Number(s) -
Describe how the bill(s) was identified to be counterfeit -		

Suspect Information

Name of Suspect (If Known) -			Telephone -	
Address -		City -	State -	Zip -
SSN -	Sex - <input type="checkbox"/> M <input type="checkbox"/> F	Race - <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other _____		
Height - <input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Tall		Weight - <input type="checkbox"/> Thin <input type="checkbox"/> Medium <input type="checkbox"/> Heavy		Approximate Age -
Hair Color -	Eye Color -	Hair Length -	Facial Hair -	
Distinguishing Marks / Scars / Tattoos -				
Clothing Description -				

Vehicle Information

Year -	Make -	Model -		
Color -		License # -	State -	
Distinguishing Features -				

Security Measures

Type of Security Measures Used (Check All That Apply) - <input type="checkbox"/> Video Camera <input type="checkbox"/> Photograph <input type="checkbox"/> Fingerprint
Describe any other Security Methods Used -

Narrative

(Provide all information not listed on the front side. List all property loss including description, serial numbers, and value of the items. Show related case #)	
Signature of Reporting Person -	Date of Report -

All Information is Necessary for Prosecution Purposes

- Notes for Forged Check Reports:
- 1) Attach the Original Check/Certified copy and forgery affidavit to this form
 - 2) Reports involving a Counterfeit Check do not require a forgery affidavit

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