

city of plano



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Chief of Police

P.O. Box 860358
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FORGERY/CREDIT CARD ABUSE REPORT FORMS

The Plano Police Department has implemented a Forgery/Credit Card Abuse self-reporting program for merchants. The Police Department would like to assist you in the filing of your police report. Below is a list of instructions for you to review and use when you file your self-reporting form. If you have any questions concerning your report, please call the Plano Police Department Fraud Unit at 972-941-2445 or 972-941-2446. Thank you.

HOW TO FILE YOUR FORGERY/CREDIT CARD ABUSE REPORT WITH THE PLANO POLICE DEPARTMENT

1. Obtain your Forgery/Credit Card Abuse self-reporting form from the Plano Police Department by calling 972-941-2445 or stop by the police station at 909 14th Street, Plano, Texas, 75074. Forms may also be picked up from the Plano Chamber of Commerce, 1200 East 15th Street, Plano, Texas, 972-424-7547.
2. Complete both sides of the Forgery/Credit Card Abuse self-reporting form (one report per check or credit card charge). Note: Incomplete reports will not be accepted and will be returned to you for completion.
3. Place the check into an envelope for protection of latent fingerprints and attach to the self-reporting form. Checks that are mishandled, written on, stapled, or damaged will cause destruction and loss of fingerprint evidence.
4. Attach the Forgery Affidavit to the self-reporting form for each forged check. Only checks with a Forgery Affidavit will be accepted by the Plano Police Department. The absence of a Forgery Affidavit indicates the check is a civil matter and should be handled by the Justice of the Peace Court or the Collin Count District Attorney hot check section.
5. Credit Card Abuse reports will be accepted without a Forgery Affidavit. The charge slip must be sent to the Plano Police Department Fraud Unit, along with the self-reporting form. The credit card, if retained, should also be sent at the same time.
6. Complete the Forgery/Credit Card Abuse self-reporting form and use the instructions on the back side of the letter as a guide.

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COMPLETING THE FORGERY/CREDIT CARD ABUSE SELF-REPORTING FORM

VICTIM

The victim of a Forgery or Credit Card Abuse is the person or merchant who incurred the loss. Complete all information blocks, and indicate if you will prosecute the offender in this incident. Also indicate if this report is for insurance purposes only.

BRIEF NARRATIVE

Describe in a brief narrative how the incident occurred. You may continue the narrative on the back of the self-reporting form, and if needed you may add additional pages to this report.

ARTICLE

Identify the check or credit card used to commit the crime. Include the bank or credit card company name, check, or credit card account number, check number, dollar loss, and any other identifiers.

REPORTEE

Identify the person who is reporting the incident to the Plano Police Department Fraud Unit.

WITNESSES

The witness section must include the name and information of the cashier or employee that accepted the check or credit card for the merchant. Also, include the names of other witnesses to the crime. Be sure to complete all blocks of information, and check if the witness can identify the suspect.

ACCOUNT HOLDER

Identify the Account Holder information as listed on the face of the check, credit card, or other document(s) which you may have available to you. Be sure to list all information as shown on the document.

SUSPECT VEHICLE

Describe the vehicle being operated by the suspect. Always note the vehicle's license plate number, along with the other vehicle descriptions. Note any unusual markings, paint, damage, or attachments to the vehicle. If no vehicle was observed, leave boxes blank.

SUSPECT

This is the most important part of the report. Have the person that accepted the check or credit card complete this section in detail. It is very important to describe the suspect in great detail.

MAIL CHECKS AND/OR DOCUMENTS TO:

**PLANO POLICE DEPARTMENT
ATTENTION: FRAUD UNIT
P.O. Box 860358
Plano, Texas, 75086-0358**



PLANO POLICE DEPARTMENT FORGERY/CREDIT CARD ABUSE REPORT FORMS

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 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. Place all checks or documents into an envelope and attach to this form.

**Incomplete reports will not be accepted or processed.
(PRINT OR TYPE ONLY!)**

INVESTIGATING OFFICER:	ID#:	CASE NUMBER:	<input type="checkbox"/> FORGERY <input type="checkbox"/> CREDIT CARD ABUSE <input type="checkbox"/> THEFT BY CHECK		
VICTIM					
STREET ADDRESS WHERE OFFENSE OCCURRED:		BUSINESS NAME/STORE #:		DATE COMMITTED:	TIME COMMITTED:
NAME OF BUSINESS/PERSON INCURRING LOSS:				WILL PROSECUTE:	YES__ / NO__
				INSURANCE PURPOSES ONLY:	YES__ / NO__
STREET ADDRESS:	APT./SUITE:	CITY:	STATE:	BUSINESS PHONE:	FAX NUMBER:
BRIEF NARRATIVE (continued on back)					
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):		RACE:	SEX: M__ F__	D.O.B.:	RELATIONSHIP TO VICTIM:
HOME ADDRESS:	APT./SUITE:	CITY:	STATE:	CAN THE REPORTEE IDENTIFY THE SUSPECT?: YES__ / NO__	
RES. PHONE:	BUS. PHONE:	EXT.:	IS A FORGERY AFFIDAVIT ATTACHED?: YES__ / NO__		
			HAS THE ACCOUNT HOLDER BEEN CONTACTED?: YES__ / NO__		
WITNESS					
PERSON ACCEPTING CHECK/CREDIT CARD:		RACE:	SEX: M__ F__	D.O.B.:	BUSINESS ADDRESS:
HOME ADDRESS:		APT./SUITE:	CITY:	STATE:	CAN IDENTIFY SUSPECT? YES__ / NO__
RES. PHONE:	BUS. PHONE:				
ACCOUNT HOLDER INFORMATION					
ACCOUNT HOLDER'S NAME (as shown on check):		ADDRESS (as shown on check):		APT./SUITE:	CITY:
ACCOUNT HOLDER'S PHONE NO:		CHECK MADE PAYABLE TO (as shown on check):			
NAME OF OTHER WITNESS:		RACE:	SEX: M__ F__	D.O.B.:	BUSINESS ADDRESS:
HOME ADDRESS:		APT./SUITE:	CITY:	STATE:	CAN IDENTIFY SUSPECT? YES__ / NO__
RES. PHONE:	BUS. PHONE:				

