

# TYLER 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. Handle all checks or documents by the top right corner only.*

*On all FORGERY cases, you **must** attach the **ORIGINAL** check and **ORIGINAL** forgery affidavit. On all CREDIT CARD ABUSE cases, you **must** attach any **ORIGINAL** receipts or paperwork.*

*This form is to be completed by the victim business only. **Do not** give this form to the person whose check was forged and request them to complete the form. We will not accept self-reporting forms completed by anyone other than the business where the forgery occurred.*

**Incomplete reports will not be accepted or processed and will be returned to you for corrections. The policy of the Tyler Police Department is not to accept forgery cases unless the report is filed within 45 days of the date on which the forged instrument was passed.** The shaded areas of this report are for Police use only.

**Send completed form to:** **Tyler Police Department**  
**Investigative Services Division - Forgery**  
**711 W. Ferguson**  
**Tyler, TX 75702**

Investigating Officer	ID#	Case Number				<input type="checkbox"/> Forgery Report <input type="checkbox"/> Credit Card Abuse Report	
<b>Victim</b>	STREET ADDRESS WHERE OFFENSE OCCURRED			BUSINESS NAME		DATE/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		
<b>Article</b>	BANK OR CREDIT CARD NAME				ACCOUNT OR CREDIT CARD NUMBER		
	MISCELLANEOUS DESCRIPTION (SIGNATURE ON CHECK, ETC.)				CHECK NUMBER	DOLLAR AMOUNT	
	ACCOUNT HOLDER'S NAME (AS APPEARS ON CHECK)			ADDRESS	APT.	CITY	STATE
	CHECK MADE PAYABLE TO (AS SHOWN ON CHECK)						
<b>Reportee</b>	NAME (LAST, FIRST, MIDDLE)		HOME ADDRESS		APT.	CITY	STATE
	RES. PHONE		BUS. PHONE	EXT.	CAN REPORTEE IDENTIFY SUSPECT		Yes / No
	RACE	SEX	DATE OF BIRTH	D.L./I.D. NUMBER	HAS ACCOUNT HOLDER BEEN CONTACTED		Yes / No
<b>Witness</b>	PERSON ACCEPTING CHECK/CREDIT CARD			HOME ADDRESS		APT.	CITY
	RES. PHONE			BUS. PHONE	RACE	SEX	DATE OF BIRTH
	BUS. ADDRESS			CAN I.D. SUSPECT		Yes / No	

- continued on back -

		OTHER WITNESS NAME		HOME ADDRESS			APT.	CITY	STATE
RES. PHONE		BUS. PHONE		RACE	SEX	DATE OF BIRTH	BUS. ADDRESS		CAN I.D. SUSPECT Yes / No
Suspect Vehicle	YEAR	MAKE	MODEL	BODY STYLE	COLOR	LICENSE NO., YEAR, STATE			
	MISCELLANEOUS DESCRIPTION OR IDENTIFYING MARKS								
Suspects	NAME			ADDRESS			APT.	CITY	STATE
	RES. PHONE		BUS. PHONE		RACE	SEX	DATE OF BIRTH	APPROXIMATE AGE	
	HEIGHT	WEIGHT	HAIR	EYES	GLASSES YES / NO	FACIAL HAIR	<input type="checkbox"/> BEARD & MOUSTACHE	<input type="checkbox"/> GOATEE	<input type="checkbox"/> SIDEBURNS
	SCARS/MARKS/TATTOOS			TYPE OF IDENTIFICATION USED (WRITE IN CODE 1-6 AND THE IDENTIFICATION NUMBER)					
	CLOTHING OR OTHER DESCRIPTION			1 - DRIVERS LICENSE (PLASTIC)			2 - DRIVERS LICENSE (PAPER)		
				3 - TEXAS D.P.S. ID CARD			4 - SOCIAL SECURITY CARD		
			5 - CREDIT CARD			6 - OTHER ID CARD			
			CODE _____ NUMBER _____			CODE _____ NUMBER _____			
Suspects	NAME			ADDRESS			APT.	CITY	STATE
	RES. PHONE		BUS. PHONE		RACE	SEX	DATE OF BIRTH	APPROXIMATE AGE	
	HEIGHT	WEIGHT	HAIR	EYES	GLASSES YES / NO	FACIAL HAIR	<input type="checkbox"/> BEARD & MOUSTACHE	<input type="checkbox"/> GOATEE	<input type="checkbox"/> SIDEBURNS
	SCARS/MARKS/TATTOOS			TYPE OF IDENTIFICATION USED (WRITE IN CODE 1-6 AND THE IDENTIFICATION NUMBER)					
	CLOTHING OR OTHER DESCRIPTION			1 - DRIVERS LICENSE (PLASTIC)			2 - DRIVERS LICENSE (PAPER)		
				3 - TEXAS D.P.S. ID CARD			4 - SOCIAL SECURITY CARD		
			5 - CREDIT CARD			6 - OTHER ID CARD			
			CODE _____ NUMBER _____			CODE _____ NUMBER _____			
Reportee Comments	COMMENTS ABOUT THE OFFENSE OR SUSPECT								
Signature of reporting person _____						Date written _____			
<p><b>"I understand that making a false report to a police agency is a Class B Misdemeanor, punishable by up to 180 days in the County Jail and/or a fine not to exceed \$2,000." (Texas Penal Code Section 37.08)</b></p> <p style="text-align: center;">- attach additional sheets if necessary -</p>									

*Note to reporting person: If you would like to be notified of the case number assigned to this case and have an e-mail address, please write your e-mail address below. The case number will be sent to your e-mail unless you wish to be notified by other means. Please check a selection below:*

- Send case number to e-mail address: \_\_\_\_\_
- Notify me of the case number by calling: \_\_\_\_\_
- I do not wish to be notified of the case number assigned to this report