



CITY OF ELK GROVE
Police Department
Financial Crimes Report



Report # _____

Person Completing Report _____

The purpose of this form is to assist the Elk Grove Police Department in gathering important facts that are needed to document the criminal activity that you are reporting. Please provide all of the information that is requested within this report. The information that you provide is confidential and will ONLY be used for investigative purposes. This report can either be completed by the report taker or the victim.

When submitting this report to the Elk Grove Police Department, please provide a copy of the victim's Driver's License, a copy of the victim's signature, copies of all bank statements and/or credit card statements related to the fraudulent activity, and copies of any other documentation that has been collected by the victim that is related to the fraudulent activity that is being reported.

VICTIM INFORMATION:

Name: Last, First Middle _____ Date of Birth _____ Social Security Number _____

Home Address _____ Home Telephone # _____ Cell # _____

Employer _____ Employer Address _____ Work # _____

Signature _____

PLEASE COMPLETE ALL SECTIONS THAT APPLY

SECTION 1: Credit Card Information (If there were no credit cards affected in this report, go to section 2)

1. What type of credit card was compromised? If more than one credit card was compromised, please indicate all cards.

VISA _____ # of cards MasterCard _____ # of cards American Express _____ # of cards Discover _____ # of cards

Other _____ # of Cards _____

2. What company/bank is the issuer of the credit card(s)? _____

3. What are the credit card number(s)? _____

4. Have you notified the company/bank of the fraudulent credit card charges? YES NO

5. Have you obtained financial statements related to the fraudulent charges? YES NO

6. What is the financial loss to you? _____

7. What is the total financial loss to the company/bank? _____

8. Have you been reimbursed for any loss you sustained? YES NO

9. Are all of your credit cards accounted for? YES NO

10. If your credit cards were lost or stolen, what was the date you noticed they were missing? _____

11. If you previously reported your credit cards as being lost or stolen, what was the report #? _____

12. When was the fraudulent activity discovered? _____ How? _____

13. Date of first fraudulent charge? _____

14. Date of last fraudulent charge? _____

15. Did you complete the fraudulent activity log sheet attached to this report? YES NO

16. Have you provided monthly statements containing all fraudulent charges and a monthly statement for one month prior to the beginning of the fraudulent activity? YES NO

17. Do you know who committed the fraud? YES NO

Who? _____

Why? _____

18. Any other comments you would like to add to this report? _____

SECTION 2: Victim of Identity Theft

1. List all of your identifying information that was used by the suspect to obtain credit, goods, or service? (Example: "YOUR" Name, Date of Birth, Social Security Number, Address, Telephone Number, etc.)

2. When did you first discover you were a victim of identity theft? _____

3. How did you discover that you were a victim of identity theft? _____

4. Have you notified all of the banks where fraudulent activity has taken place and canceled all of the Fraudulent accounts? YES NO

5. Have you obtained copies of all bank statements and/or purchase contracts that are related to the fraudulent activity completed by the suspect? YES NO

6. Have you been a victim of burglary or theft? Are you missing any of your credit cards, social security cards, and/or driver's license? YES NO

If YES, was it reported? YES NO Report # _____

7. Have you completed an identity theft kit or an affidavit of fraud with all of the financial institutions where fraudulent accounts have been opened? YES NO

8. Have you notified the three credit reporting agencies and placed fraud alerts on your credit reports? (Note: All three agencies must be notified). YES NO

Equifax
PO Box 74024
Atlanta, GA 30374
800-525-6285
www.equifax.com

Experian
PO Box 9532
Allen, TX 75013
888-397-3742
www.experian.com

TransUnion Corp
PO Box 6790
Fullerton, CA 92834
800-680-7289
www.transunion.com

9. Have you contacted the Federal Trade Commission (FTC) to report that you where a victim of identity theft? YES NO

Federal Trade Commission: **1-877-ID-THEFT**

10. Did not notify your bank and advise them to flag your bank accounts and to contact you to confirm any unusual activity? YES NO

11. To your knowledge, did the suspect use identification in your name to complete the fraudulent activity? YES NO

12. Have you sustained a financial loss as a result of the identity theft? List amount: _____

13. What is the total financial loss as a result of the identity theft? List amount: _____

14. Have you attached a copy of all notes or log sheets that you have completed regarding any of the contacts you have made with financial institutions or businesses since you first discovered you were a victim of identity theft? YES NO

15. Do you know who committed the fraud? YES NO

Who? _____

Why? _____

16. Any other comments you would like to add to this report? _____

SECTION 3: Check Fraud (If there were no checks effected in this report, skip this section)

1. What company/bank is the checking account through? _____

2. What is the checking account number? _____

3. Have you notified the company/bank of the fraudulent activity? YES NO

4. What is the total financial loss sustained? _____

5. Have you been reimbursed for the loss? YES NO

6. Have you lost or have your checks been stolen, was it reported? YES NO

Report # _____

7. When did you first discover the fraud? _____ How? _____

8. Please list all checks in question on a separate sheet: Attached. YES NO

9. Do you have the original checks in question? YES NO Copies? YES NO

10. Have you provided monthly statements containing all fraudulent charges and a monthly statement for one month prior to the beginning of the fraudulent activity? YES NO

11. Do you know who committed the fraud? YES NO

Who? _____

Why? _____

12. Do you know the person(s) listed on the check(s)? YES NO

13. Is there any other suspected fraud occurring that you are aware of? YES NO
If YES, please explain: _____

14. Is there anything else you would like to add to the report? _____

PLEASE ATTACH ALL PHOTOCOPIES OR ORIGINAL DOCUMENTS TO THIS REPORT

Fraudulent Activity Log Sheets:

The activity log sheets should be completed at the time the initial report is taken. If there are too many entries, or the victim does not have all of the information required to complete the activity log sheet, the victim may take the activity log sheets with them to be completed at a later time. Please complete all areas within this report as soon as possible.

Return completed report to:

Elk Grove Police Department . 8400 Laguna Palms Way . Elk Grove, California 95758 . 916.478.8000

