



**Fruita Police Department**

**157 S. Mesa St.**

**Fruita, CO 81521**

**970-8583008**

Financial Crimes Reporting Form

**Instructions**

**Please complete the relevant information needed for your report in the forms included in this packet. Supporting documentation (i.e. copies of checks, bank statements, credit card statements, original or copies of forged documents) is required before filing a report. Once the pages are completed, please contact the Fruita Police Department non-emergency dispatch line at 970-242-6707 to schedule an appointment to have your report taken. If you wish to report a crime which is not included in this packet, please contact the Fruita Police Department non-emergency dispatch line at 970-242-6707.**

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| CRITERIA FOR ACCEPTING FORGERIES  The forged document must have been issued or passed within the city limits of Fruita. Victims of Forgeries must comply with the following:   1. Complete an Affidavit of Forgery, properly sign in the presence of a Notary public. Please use attached form or one provided by your bank. 2. Provide original or copy of the front and back of the forged or fraudulent documents. |

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| CRITERIA FOR ACCEPTING IDENTITY THEFT  If you are a victim of Identity Theft in which your personal or financial identifying information has been used fraudulently, you may report the crime to the law enforcement agency in the jurisdiction where you live. Cases may be forwarded to another jurisdiction for follow-up and prosecution. |

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| CRITERIA FOR ACCEPTING NON-SUFFICIENT  If you have received a check that has been returned by the issuing bank as Non-Sufficient Funds (NSF) and is in an amount less than $2,000.00, the Fruita Police Department does not accept these reports. Recipients of these checks are encouraged to file a complaint with the 21st Judicial District Attorney’s Office Bad Check Restitution Program at 877-269-4109 or at [www.checkprogram.com/21stjudicialco](http://www.checkprogram.com/21stjudicialco).  For a NSF check in the amount of $2,000.00 and up, the following criteria must be met:   1. The check was issued, offered, or passed within the city limits of Fruita for an immediate exchange of goods or services. 2. At the time the check was accepted, the person who received the check: 3. Obtained a valid state, military or government photo I.D. from the person presenting the check and wrote the I.D. number on the check. 4. The person accepting the check compared the photo/physical description on the I.D. with the person passing the check. |

Case report # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fruita Police Department**

Financial Crimes Reporting Form

Please check one of the following to describe your report:

Forgery Identity Theft Account Closed/NSF Check Unauthorized use of Credit/Debit Card

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| **Victim:** Last Name, First, Middle or **Business** | | Date of Birth | | Sex | Race |
| Home Address | City | State | Zip Code | Home Phone | |
| Email Address | | | | | |
| Social Security Number | | | Driver’s License Number | | |
| Employer/School | | | Position | | |
| Work Address | City | State | Zip Code | Work Phone | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Suspect Info:** Please provide any information you may have about the suspect: any name, address, phone, email, I.P. address used by suspect: | | | | | | | | | | |
| Name: Last, First Middle | | | | | | Date of Birth | | | Sex | Race |
| Home Address | | | City | | | State | Zip Code | | Home Phone | |
| Employer Name | | | | | Position, if known: | | | | | |
| Employer Address | | | City | | | State | Zip Code | Work Phone | | |
| Height | Weight | Hair | | Eyes | | | Facial Hair: Mustache Beard  Glasses: Yes No | | | |
| Scars/Marks/Tattoos (location and description) | | | | | | | | | | |
| Vehicle:  Make \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model \_\_\_\_\_\_\_\_\_\_\_\_\_ Color \_\_\_\_\_\_\_\_ License Plate \_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_ | | | | | | | | | | |
| Email: I.P. Address: | | | | | | | | | | |
| Your relationship or other knowledge of the suspect, if any:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |

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| Were Check(s)/Credit or Debit Cards Stolen: Yes No  If yes, was a police report filed for the stolen check(s)/ credit or debit card:  Yes, with Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Have you made a report with any other police department: Yes No  Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_  Report Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Did you report this to your bank: Yes No  Name of Bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reference/Claim # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Case report # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fruita Police Department**

Financial Crimes Reporting Form

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| **Type of Crime**: Complete all that apply. **NOTE: Please attach copies of below listed documents** | | | | | | | |
| **Check Fraud: (Attach Additional of this page if more than three (3) checks)** | | | | | | | |
| Reason Check not Honored: Forgery Altered NSF (over $2,000) Other | | | | | | | |
| Check writer’s name as it appears on the check: | | | | | | | |
| Address | | | | | | | |
| City | | State | | Zip Code | | Phone | |
| Driver’s License # | | State | | Expiration | | | |
| How did you obtain the check writer’s identification: | | | | | | | |
| Was the check handed to you by someone other than the check writer: Yes No | | | | | | | |
| Check # | Date Received | | Amount | | Person Accepting Check | | Can person ID check writer |
|  |  | |  | |  | | Yes NO |
|  |  | |  | |  | | Yes NO |
|  |  | |  | |  | | Yes NO |

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| --- | --- | --- | --- | --- |
| **Unauthorized use of Debit/Credit Card** | | | | |
| Card was: Lost Stolen was in my possession was not in my possession  Type of card: VISA Master Card Discover American Express  Card number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (attach additional of this page for multiple cards)  Bank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Associated Bank Account (if debit card) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name on Card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Was this reported to your bank  Yes Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Date of Transaction | Amount | Locations Used | City | State |
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Case report # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fruita Police Department**

Financial Crimes Reporting Form

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| **Describe in detail your complaint (this must be completed for the case to be accepted)**  Provide a chronological description of how and when you discovered the crime, and whom or what is involved. List any additional details you feel would be important, or for which there was not sufficient room on the previous pages to describe. This page can be duplicated as necessary to fully describe or document the incident: |
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| **AFFIDAVIT**  I affirm that this information is true, accurate and complete to the best of my knowledge. That another person obtained or recorded, by means of fraud, theft or other violation, my personal identifying information without my authorization, and the person used the information to obtain or attempt to obtain credit, goods, services or monies in my name without my consent. I understand that any falsification, omission, or concealment of material fact may subject me criminal liability.  Signature of person completing report \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |



**AFFIDAVIT OF FRAUD/FORGERY/IDENTITY THEFT**

**&**

**CONSENT FOR RELEASE OF RECORDS**

**Fruita Police Department Case Report # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full legal name of reporting person) SSN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (reporting person’s home address)

in the City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

am the person named as “victim”/“reporting party” in the above listed police case report. On \_\_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_ (date of report) I reported the following type of incident (s) to the Fruita Police Department:

* **Forged Signature or Endorsement / Unauthorized Transaction:** My signature or endorsement on the attached check(s), draft(s), note(s), application(s), transaction receipt(s), numbered account(s), contract(s), or other document(s), was not written or authorized by me and is a forgery. Further, I have not received he proceeds or benefits, or any part thereof, from the same. Nor have I authorized the transaction(s) from/to my account.
* **Identity Theft:**  To the best of my knowledge and belief, I, the undersigned, did not authorize anyone to use, or possess with criminal intent to use, my personal identifying or financial information, as those terms are defined in Colorado Revised Statute 18-5-901. Said identifying information having been used to obtain, or attempt to obtain, money, credit, loans, goods, services, employment, or anything of value or benefit.

I further state that this affidavit is given for the purpose of assisting in the prosecution of such person(s) who may have committed such act(s).

**\_\_\_\_\_\_\_ (initials) Pursuant to the Fair Credit Reporting Act, 15 U.S.C. § 1681, Section 609€, by placing my initials next to this paragraph, and upon my signature below, I hereby authorize any business or entity or person associated with this complaint to release account and/or transaction information to any law enforcement agent of the FRUITA POLICE DEPARTMENT, 157 S. MESA ST., FRUITA, CO 81521.**

**Pursuant to the aforementioned United States Code, the business/entity/person is hereby notified they are required to produce such records, free of charge, within 30 days of the receipt of this authorization and written request for information.**

The forgoing statement has been made under oath, voluntarily, and with full knowledge that this statement is made under penalty of perjury.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Reporting Person Date

The foregoing instrument was subscribed and sworn to me this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary

My Commission Expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_

**Fruita Police Department**

Financial Crimes Reporting Form

Resources Page

**Please keep this page for your records**

|  |  |  |
| --- | --- | --- |
| Report Number | Date Report Filed | Officer Accepting Report |
|  |  |  |

**ID Theft Resources:**

* Equifax - Fraud Line: 1-800-525-6285
* Experian - Fraud Line 1-888-397-3742
* Trans Union - Fraud Line 1-800-680-7289
* Federal Trade Commission ID Theft Hotline: 1-877-438-4338 or [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft)
* Internet Fraud Complaint Center – [www.ic3.gov](http://www.ic3.gov)
* <https://www.identitytheft.gov/> - Report ID Theft with the Federal Trade Commission and get a Recovery Plan to help you
* Social Security Fraud Hotline: 1-800-269-0271 (if your Social Security Number is involved in employment-related fraud)
* Colorado License or ID Theft: <http://www.colorado.gov/cs/Satellite/Revenue-MV/RMV/1206604920464>
* Postal Inspection Service Guide to preventing mail fraud [http://about.usps.com/publications/pub300a/  
  pub300a\_tech\_001.html](http://about.usps.com/publications/pub300a/pub300a_tech_001.htm)
* State of Colorado Attorney General - <http://www.ago.state.co.us/idtheft/IDTheft.cfm>
* <http://www.consumer.gov/idtheft/>

**Fraud Resources:**

* Stopfraudcolorado.gov – to report consumer complaints for business located in the state of Colorado
* [www.bbb.org/denver](http://www.bbb.org/denver) - Better Business Bureau of Colorado

**Scam Resources:**

* Ftc.gov/complaint
* OnGuardOnline.gov
* www.fbi.gov/scams-safety/fraud