



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.)

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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](http://www.equifax.com)

**Experian**  
PO Box 9532  
Allen, TX 75013  
888-397-3742  
[www.experian.com](http://www.experian.com)

**TransUnion Corp**  
PO Box 6790  
Fullerton, CA 92834  
800-680-7289  
[www.transunion.com](http://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? \_\_\_\_\_

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**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: \_\_\_\_\_  
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14. Is there anything else you would like to add to the report? \_\_\_\_\_  
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**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**







