



Instructions For Completing The San Diego Police Department Financial Crime Report Form



This form is made available to businesses and individuals who have accepted fraudulent checks, credit card transactions, or credit applications in the City of San Diego.

The report form must be filled out completely and submitted to the Financial Crimes Unit (FCU) **within 60 days** of the reported incident. Before proceeding, ensure the San Diego Police Department has jurisdiction in your case. The San Diego Police Department has jurisdiction if the reported transaction occurred in the City of San Diego. Exceptions are transactions that involve shipped merchandise. In these cases the jurisdiction is determined by the delivery location. If you are not sure of the jurisdiction or have any questions regarding this form, please contact the FCU Office at 619-531-2545.

Please read the following instructions before completing the attached report form:

1. Please type or print. Complete each block as requested. If this form is not filled out completely, the case will not be assigned and the form will be returned.
2. Attach **original documents** to the report when submitting. If originals are not available, attached legible copies, and note in your statement as to why the original documents were not available.
3. If there are any Bank, ATM, or Store photos or videotapes of the suspect, they **MUST** be submitted with this report as evidence.
4. **A full written statement describing the details of the transaction MUST be attached to this report.** The person who helped the suspect with the transaction should write the narrative
5. In completing the report you must provide a reason as to why the document/transaction was not honored. For example: Forged, Altered, Counterfeit or Fictitious, False Application, Non-Sufficient Funds (NSF), or Account Closed. **“Refer to Maker”** and/or **“Unable to Locate”** are vague and **not acceptable reasons**. Include in your narrative what you did to determine why the document/transaction was not honored.
6. **“Operation Thumbprint”** is designed to deter identity theft, check fraud and credit fraud. It applies to all forms of legal and negotiable financial instruments used to conduct person-to-person business.

Your participation is voluntary, although obtaining a thumbprint will provide an additional tool to prevent fraud and assist law enforcement in identifying fraud suspects.

If you have obtained a thumbprint it is **“mandatory”** you provide the information of the witness who obtained the thumbprint. If you fail to do so it could make the thumbprint useless in a court of law.

7. If mailing in your report, please mail to:
San Diego Police Department
Financial Crime Unit, MS 723
1401 Broadway
San Diego, CA 92101

FINANCIAL CRIME UNIT’S ACCEPTANCE CRITERIA

THIS UNIT WILL NOT ACCEPT THE FOLLOWING ITEMS FOR INVESTIGATION.

1. **Any** account closed or NSF checks totaling less than \$5,000.00. You may wish to pursue a civil remedy in these cases.
2. **Any** post-dated checks, two-party checks, or checks that have been returned as Stop Payment.
3. **Any** out of state or out of country checks.
4. **Any** checks in which the victim has received any type of restitution or payment.
5. **ANY** account closed or non-sufficient funds checks \$5,000.00 or more, which have not been reported to the police using the attached form, **within 60 days** of the acceptance of the item(s).



SAN DIEGO POLICE DEPARTMENT FINANCIAL CRIME REPORT FORM



Section #1

GENERAL INFORMATION

SHADED AREAS FOR POLICE USE ONLY			INCIDENT NUMBER		CASE NUMBER		
Code Section and Description (One Incident Only)			1. Month	Day	Year	Day of Week	Time
2. Location of Incident (or Address) City						Beat	District
3. Victim's Name (Last, First, Middle / or Business)			4. Residence Address City State Zip <small>(If Business skip to #11)</small>				
5. Residence Phone	See Race Code Legend on Top of Next Page	6. Race	7. Sex	8. Date of Birth	9. Drivers Lic #	9a. State	
10. Employer (Rank if Military)	11. Business / Military Address City State Zip						
12. Business Phone	Additional Information						
13. Type of document (Check, Credit Card, Money Order, Credit Application)				14. Reason item was not honored:			
15. Was check post dated? <input type="radio"/> Yes <input type="radio"/> No	16. Any agreement to hold check or charge? <input type="radio"/> Yes <input type="radio"/> No		17. Has any payment been received from suspect? <input type="radio"/> Yes <input type="radio"/> No				
18. Amount of Loss?	19. Type of Property Obtained						

Section #2

DOCUMENT INFORMATION

1. Check number/or credit card transaction number:	2. Bank or Name of Firm Issuing Card:
3. Checking or Credit card account number:	

Section #3

ACCOUNT HOLDER'S INFORMATION

1. Account Holders Name:	2. Account Holders Address:
3. Account Holders Home Phone Number:	4. Account Holders Work Phone Number:
5. Was Account Holder Contacted by Victim? (If yes, please give details in comments/information section of this report): If Yes; Date: _____ Time: _____ By Whom: _____	

Section #4

CASH LOSS VICTIM

(Company or person who will suffer the money loss)

1. Cash Loss Victim's Point of Contact (Financial Institution and Businesses. List a PERSON we can call and talk with about this incident.):		
Name:	Title:	Phone number:

Reviewing Detective: _____ ID# _____

CONTINUED

RACE	A - OTHER ASIAN	D - CAMBODIAN	H - HISPANIC	K - KOREAN	P - PACIFIC ISLANDER	V - VIETNAMESE
CODE	B - BLACK	F - FILIPINO	I - INDIAN	L - LAOTIAN	S - SAMOAN	W - WHITE
LEGEND	C - CHINESE	G - GUAMANIAN	J - JAPANESE	O - OTHER	U - HAWAIIAN	Z - ASIAN INDIAN

Section #5

SUSPECT INFORMATION

Suspect's Name (if known):	Race	Sex	Age	DOB	Ht	Wt	Build	Hair Color	Eye Color
Suspect's Address (if known):				Phone	ID Type	ID Number			
Additional Description: (i.e. Glasses, Tattoos, Teeth, Birthmarks, Scars, Jewelry, etc.)				Clothing Description					
Suspect's Vehicle Information: (i.e. Make, Model, Type, Style, Color, Distinguishable Characteristics)									

Section #6

ACCEPTOR INFORMATION

(Clerk, Teller, or Other person who handled transaction)

1. Name:				2. Home Address:					
3. Home Phone Number:	4. Work Phone Number:	5. Drivers License #	5a. State	6. Can Acceptor I.D. Suspect? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Possibly					
7. Indicate Parts of Document Completed in presence of Accepting Person <input type="checkbox"/> Unk <input type="checkbox"/> None <input type="checkbox"/> All <input type="checkbox"/> Endorsement <input type="checkbox"/> Maker's Signature									

Section #7

WITNESS WHO OBTAINED THUMBPRINT. THIS IS MANDATORY.

Name:	<input type="checkbox"/> Same as Acceptor in Section #6	Work Address:
Home Address:		Work Phone:
		Digit Obtained: Right Thumb <input type="checkbox"/>
Home Phone:		Other <input type="checkbox"/> Please Identify:

Section #8

MULTIPLE REPORTS

(List Additional Items Passed by the Same Suspect at the Same Location)

2	Indicate Parts of Document Completed in presence of Accepting Person: <input type="checkbox"/> Unk <input type="checkbox"/> None <input type="checkbox"/> All <input type="checkbox"/> Endorsement <input type="checkbox"/> Maker's Signature						Date / Time Occurred
	Person Accepting Document		DOB	Business Address of Person Accepting			Zip
	Resident Address of Person Accepting			Home Phone #	Business Phone #	Driver's Lic #	
	Check or Transaction #	Type of Property Obtained	Amount of Loss?	Name Used by Suspect	Driver's Lic Used		

3	Indicate Parts of Document Completed in presence of Accepting Person: <input type="checkbox"/> Unk <input type="checkbox"/> None <input type="checkbox"/> All <input type="checkbox"/> Endorsement <input type="checkbox"/> Maker's Signature						Date / Time Occurred
	Person Accepting Document		DOB	Business Address of Person Accepting			Zip
	Resident Address of Person Accepting			Home Phone #	Business Phone #	Driver's Lic #	
	Check or Transaction #	Type of Property Obtained	Amount of Loss?	Name Used by Suspect	Driver's Lic Used		

4	Indicate Parts of Document Completed in presence of Accepting Person: <input type="checkbox"/> Unk <input type="checkbox"/> None <input type="checkbox"/> All <input type="checkbox"/> Endorsement <input type="checkbox"/> Maker's Signature						Date / Time Occurred
	Person Accepting Document		DOB	Business Address of Person Accepting			Zip
	Resident Address of Person Accepting			Home Phone #	Business Phone #	Driver's Lic #	
	Check or Transaction #	Type of Property Obtained	Amount of Loss?	Name Used by Suspect	Driver's Lic Used		

SAN DIEGO POLICE DEPARTMENT

Case #:

Statement

MANDATORY INFORMATION & SIGNATURE

I am aware that it is unlawful to make a false report of a crime to a peace officer. I am willing to sign a criminal complaint against the party/suspect involved in this case. I affirm that all the above information is true and correct to the best of my knowledge.

Print Name _____

Signature _____

Date report submitted to police: _____

Daytime phone number: _____

SHADED AREAS FOR POLICE USE ONLY

Detective Assigned: _____

Evidence: _____

Disposition of Evidence: _____ Tag No.: _____