

(Staple check here)

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Omak Police Department FRAUDULENT CHECK REPORT

Case#
<input type="checkbox"/> 11.01-01 UIBC \$200 + <input type="checkbox"/> 11.01-02 UIBC - \$200 <input type="checkbox"/> 10.01.03 FORGERY <input type="checkbox"/> 9.35.020 IDENTITY THEFT

DO NOT WRITE ABOVE THIS LINE

INSTRUCTIONS:

1. Form **MUST** be completed by Complainant/Victim and signed by person accepting check(s).
2. Please **PRINT** or **TYPE** legibly.
3. Incomplete forms will be returned without investigation.
4. Include the original check(s) with this form and remit to:

Omak Police Department
P.O. Box 569
8 North Ash
Omak, WA 98841

(509) 826-0383

IMPORTANT: The person who accepted the check must be able to identify the person who presented the check from a photograph line-up. The driver's license photograph (supplied by the Washington State Department of Licensing only) is our primary means of obtaining a photograph of the suspect and forming such a line-up. For this reason, the recording of the Washington State Driver's license/identification number and expiration date is crucial to a successful investigation. This information should be recorded on the front of the check to avoid obliteration by bank cancellation stamps.

VICTIM/FIRM NAME:		PHONE:		
VICTIM/FIRM ADDRESS:		CITY:	STATE:	ZIP:
NAME OF PERSON ACCEPTING CHECK (WITNESS):	DATE OF BIRTH:	POSITION HELD	WORK PHONE	
HOME ADDRESS:	CITY:	STATE:	ZIP:	HOME PHONE
PERSON WRITING REPORT (COMPLAINANT):	DATE OF BIRTH:	POSITION HELD	WORK PHONE	
HOME ADDRESS:	CITY:	STATE:	ZIP:	HOME PHONE

DESCRIPTION OF THE CHECK PASSER

NAME USED:							PHONE NO. GIVEN		
ADDRESS:							CITY:	STATE:	ZIP:
DOB:	AGE:	RACE:	SEX:	HAIR:	EYES:	HEIGHT:	WEIGHT:		
ADDITIONAL DESCRIPTION: (SCARS, MARKS, TATTOOS)									
<input type="checkbox"/> I WITNESSED THE PERSON SIGN THE CHECK. <input type="checkbox"/> I BELIEVE I CAN IDENTIFY THE PERSON WHO PRESENTED THE CHECK. <input type="checkbox"/> I DID THE PHOTO CHECK PROCEDURE. <input type="checkbox"/> I PERSONALLY KNOW THE INDIVIDUAL PRESENTING THE CHECK.									
DRIVER'S LICENSE NO.					STATE:		EXPIRATION DATE:		
WHAT OTHER IDENTIFICATION WAS SHOWN AND/OR NOTED?									

SUSPECT VEHICLE DESCRIPTION

48. COLOR:	49. YEAR:	50. MAKE:	51. MODEL:	52. LICENSE #:	53. STATE:
54. ADDITIONAL DESCRIPTION:					

COMPLETE INFORMATION ON PAGES 1 & 2

Check #1: Bank Name: _____ Account #: _____ Date Accepted: _____
 Amount check written for: _____ Check made payable to: _____
 Account Holders Name: _____ Check presented for CASH / SERVICES / PROPERTY

Check #2: Bank Name: _____ Account #: _____ Date Accepted: _____
 Amount check written for: _____ Check made payable to: _____
 Account Holders Name: _____ Check presented for CASH / SERVICES / PROPERTY

Check #3: Bank Name: _____ Account #: _____ Date Accepted: _____
 Amount check written for: _____ Check made payable to: _____
 Account Holders Name: _____ Check presented for CASH / SERVICES / PROPERTY

Check #4: Bank Name: _____ Account #: _____ Date Accepted: _____
 Amount check written for: _____ Check made payable to: _____
 Account Holders Name: _____ Check presented for CASH / SERVICES / PROPERTY

Check #5: Bank Name: _____ Account #: _____ Date Accepted: _____
 Amount check written for: _____ Check made payable to: _____
 Account Holders Name: _____ Check presented for CASH / SERVICES / PROPERTY

Check #6: Bank Name: _____ Account #: _____ Date Accepted: _____
 Amount check written for: _____ Check made payable to: _____
 Account Holders Name: _____ Check presented for CASH / SERVICES / PROPERTY

Check #7: Bank Name: _____ Account #: _____ Date Accepted: _____
 Amount check written for: _____ Check made payable to: _____
 Account Holders Name: _____ Check presented for CASH / SERVICES / PROPERTY

Check #8: Bank Name: _____ Account #: _____ Date Accepted: _____
 Amount check written for: _____ Check made payable to: _____
 Account Holders Name: _____ Check presented for CASH / SERVICES / PROPERTY

Check #9: Bank Name: _____ Account #: _____ Date Accepted: _____
 Amount check written for: _____ Check made payable to: _____
 Account Holders Name: _____ Check presented for CASH / SERVICES / PROPERTY

Check #10: Bank Name: _____ Account #: _____ Date Accepted: _____
 Amount check written for: _____ Check made payable to: _____
 Account Holders Name: _____ Check presented for CASH / SERVICES / PROPERTY

WITNESS DECLARATION

I, _____, BORN ____/____/____, live at the previously listed address with a phone number of ____-____-____. On ____-____-____, while working as a _____ in the City of Omak, County of Okanogan, I accepted the above listed check(s) made payable to, and in the amount(s) listed above. The suspect presented identification in the form of a (Driver's License/State ID/Other) bearing the ID number(s) _____ in the name of _____.

I (did/did not) compare the photograph to the person who presented the check. I (did/did not) examine the signature on the ID. It (did/did not) match the signature on the check. The person who presented the check (did/did not) sign the check in my presence. I (can/cannot) identify the person who presented the check if I saw his person again. The check (was/was not) post-dated and I (was/was not asked to hold it until a later date of deposit).

"I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct, that I accepted this check (described above) in good faith, on reliance of its validity, and am willing to testify to this in a court of law."

Witness Signature: _____ Date: ____/____/____ Phone: _____

(Attach additional pages as necessary)
Witness involved agrees to testify in court if called upon for Charges arising from this complaint.

INVESTIGATING OFFICER:	PERS #	SUPERVISOR REVIEWING	PERS #	DATE/TIME APPROVED:
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