| This form is to be completed by **businesses/banks** when a suspect is not on scene. Individuals reporting fraud on their personal accounts should call 817-274-4444 to file a report. | ARLINGTON
POLICE DEPARTMENT
Forgery / Credit Card Abuse | ☐ FORGERY REPORT
☐ CREDIT CARD ABUSE REPORT |

STREET ADDRESS WHERE OFFENSE OCCURRED	BUSINESS NAME	DATE COMMITTED	TIME COMMITTED

VICTIM (Last, First Middle) – Name of Business or Person incurring loss			Race	Sex	Date of Birth	Age
Drivers License No.	D/L State	Email Address	Did victim suffer a financial loss?			
Home Address (Street Address)	Apt / Suite No.	City	State	Zip Code		
Work Address (Street Address)	Apt / Suite No.	City	State	Zip Code		
Home Phone	Work Phone	Employment/School	Position/Grade		Work Hours	

ARTICLE – Bank/Credit Card Name or Other (withdrawal slip, title, etc.)	Account or Credit Card Number	Check Number	Dollar Amount

ACCOUNT HOLDER (Last, First Middle) – Name of Business or Person on check, credit card or other			Race	Sex	Date of Birth	Age
Drivers License No.	D/L State	Email Address	Did account holder suffer a financial loss?			
Home Address (Street Address)	Apt / Suite No.	City	State	Zip Code		
Work Address (Street Address)	Apt / Suite No.	City	State	Zip Code		
Home Phone	Work Phone	Employment/School	Position/Grade		Work Hours	

CHECK PAYABLE TO (Last, First Middle) – Name of Business or Person	Race	Sex	Drivers License No. used	D/L State
Street Address	Apt / Suite No.	City	State	Zip Code

REPORTEE (Last, First Middle) – Name of Person reporting fraudulent activity			Race	Sex	Date of Birth	Age
Drivers License No.	D/L State	Email Address	Did reportee suffer a financial loss?			
Home Address (Street Address)	Apt / Suite No.	City	State	Zip Code		
Work Address (Street Address)	Apt / Suite No.	City	State	Zip Code		
Home Phone	Work Phone	Employment/School	Position/Grade		Work Hours	

WITNESS 1 (Last, First Middle) – Name of Person accepting fraudulent article				Race	Sex	Date of Birth		Age

Drivers License No.	D/L State	Email Address	Did witness suffer a financial loss?

Home Address (Street Address)		Apt / Suite No.	City	State	Zip Code

Work Address (Street Address)		Apt / Suite No.	City	State	Zip Code

Home Phone	Work Phone	Employment/School	Position/Grade	Work Hours

WITNESS 2 (Last, First Middle) – Name of additional person witnessing fraudulent activity				Race	Sex	Date of Birth		Age

Drivers License No.	D/L State	Email Address	Did witness suffer a financial loss?

Home Address (Street Address)		Apt / Suite No.	City	State	Zip Code

Work Address (Street Address)		Apt / Suite No.	City	State	Zip Code

Home Phone	Work Phone	Employment/School	Position/Grade	Work Hours

SUSPECT (Last, First Middle)						Race	Sex	Date of Birth	Age

Height	Weight	Hair	Eyes	Glasses ☐ Yes ☐ No	Facial ☐ Beard ☐ Mustache	Hair ☐ Goatee ☐ Sideburns	Scars/Marks/Tattoos	Location (Body Part)	Description (What it looks like)

Drivers License No.	D/L State	Email Address	State ID No.

Home Address (Street Address)		Apt / Suite No.	City	State	Zip Code

Work Address (Street Address)		Apt / Suite No.	City	State	Zip Code

Home Phone	Work Phone	Employment/School	Position/Grade	Work Hours

Vehicle Year	Make	Model	Body Style	Color	License #, Year, State	Misc. Description or Identifying Marks

Description of the chain of events around the offense being reported:

(Use another form for additional suspect or witness information)

Mail completed report with evidence to:

Arlington Police Department
Economic Crimes Unit
620 W. Division St
Arlington TX 76011

For questions, call:

(817) 459-5308

Please provide all documents related to the offense including a disk with the video of the transaction if captured by video surveillance. Incomplete reports will not be processed. We will contact you with a report number once the report is entered.