

GUIDELINES FOR USE OF THE ECPD COMMERCIAL FORGERY SELF-REPORT FORM:

The Eau Claire Police Department Forgery Report Form is intended for **businesses and financial institutions located in the City of Eau Claire** to report incidents of forged check transactions. By using this mechanism to report forged check transactions at your business or financial institution, you will help our detectives handle your complaint in the most efficient manner possible. At the same time you will help your neighborhood patrol officers focus their efforts on crime prevention endeavors and emergency calls for service.

The forgery report form should **ONLY** be used under the following conditions:

1. The suspect is **no longer at the business** location.
2. The check is determined to be a **forgery** or counterfeit, and not an **NSF, stop Payment, or account closed** check.

If the forgery is **in progress** (i.e. the suspect is still there) contact the Communications Center at **(715) 839-4972**, or **911** in an emergency. Ask to have a police officer respond to the business location.

NSF or account closed checks should be filed directly with the District Attorney's Office for the county that the business is located in. Stop payment or 3rd party checks are civil matters, and thus will not be investigated by the Eau Claire Police Department or the District Attorney's Office.

WHAT TO SUBMIT TO ECPD:

1. This **Forgery Report Form** filled out as completely as possible. **Use one Form for each check.**
2. An **Affidavit of Forgery** signed by the account holder, if available.
3. The **original check** or certified copy in lieu of the original. Please avoid handling the check, as it may be examined for handwriting, fingerprints and/or DNA. **Place the check in a separate envelope** to preserve evidence.
4. **Surveillance video** of the transaction and suspect if available. Please position cameras so that an identifiable facial photo is captured during the transaction or at some other point in the business (i.e. entry/exit door).
5. A printed copy of the **receipt** or register journal.
6. An **ECPD statement form** completed by the employee that accepted the check.

SUBMIT REPORTS AND MATERIALS TO:

Financial Crimes Unit
Eau Claire Police Department
PO Box 496
Eau Claire, WI 54702-0496

Reports and materials may be submitted by mail or in person at the Eau Claire Police Department. Upon receipt of the report, ECPD will contact you with a case number assignment. If you have any questions, please contact the ECPD Detective Division at **(715) 839-4978** or the Records Division at **(715) 839-4984**.

TIPS TO AVOID ACCEPTING FORGED CHECKS:

The Eau Claire County District Attorney's Office has established criteria for accepting prosecution of "non-sufficient funds", "no account" and "account closed" checks. The District Attorney's policy on worthless checks can also be downloaded at the City's website. By following these steps each time you take a check you should also avoid accepting forged checks.

1. Make sure the **check is filled out properly and completely** before accepting it.
2. Physically examine a Driver's License, State-Issued ID card, or membership card (where applicable). **Compare the ID to the person and to the check.** Simply asking a customer for an expiration date or other information is not sufficient.
3. **Note the date and time of the transaction on the check.** If not automatically printed, the employee accepting the check should note the date and time on the face of the check at the time of the transaction.
4. **Note the identity of the clerk who accepted the check.**

Eau Claire Police Department Forgery Report Form

Self-Report form for Commercial Victims
See reverse side for instructions.

Official Use Only

Case Number:

Date Received:

Detective Assigned:

BUSINESS INFORMATION (VICTIM)

Business Name	Store Number	Financial Loss Amount (\$)	
Business Address	City	State	Zip Code
Business Phone Number	Fax Number		
Person Reporting (First, MI, Last)	Date of Birth	Position/Title	
Employee (s) Involved in the Transaction (First, MI, Last)	Date of Birth		
Date/Time of Transaction	Location of Transaction (Register/Station Number)		
Surveillance Video of Suspect(s)?	Yes	No	What form of ID was examined at the time of the transaction?
Did any employee give the suspect(s) permission to commit this crime?	Yes	No	

FORGED CHECK INFORMATION

Account Holder Name (First, MI, Last)	Date of Birth (if known)	Phone Number	
Account Holder Address	City	State	Zip
Issuing Bank Name	Affidavit Received? Yes No		
Check Number	Amount (\$)		

SUSPECT INFORMATION

Suspect Name (if known)	Date of Birth	Phone Number		
Address	City	State	Zip Code	
Can you provide a description of the suspect (provide your best estimate of the following)?				
Sex	Race	Age	Hair Color / Style	Eye Color
Male Female Unknown				Height Weight
Clothing Description?				
Vehicle Description?	License Plate Number?		State of License?	
Other Information?				

Signed _____
(Signature of person submitting report)

Eau Claire Police Department 740 Second Ave., Eau Claire, WI 54703
Voluntary Written Statement

Case Number _____ Date _____ Time _____

Name _____ DOB _____

Address _____ Phone _____

Miranda Yes No Work Phone _____

Cell Phone _____

I, _____ voluntarily give the following statement:

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____

11 _____

12 _____

13 _____

14 _____

15 _____

16 _____

17 _____

18 _____

19 _____

20 _____

21 _____

22 _____

23 _____

24 _____

25 _____

26 _____

Author _____ Officer _____ Page _____ of _____