

RICHFIELD POLICE DEPARTMENT

CREDIT CARD FRAUD REPORT



NOTE TO REPORTING PARTY: All items in GRAY on this report must be completed in order for the Richfield Police Department to accept and prosecute this report. If this information is not provided, a report will not be made.

Victim

Full Name:		Date of Birth:	
Address:			
Phone:		First Date of	
		Last Date of Theft:	
		Total Value:	

Account Info: USE A SEPARATE SHEET FOR EACH STOLEN CARD

Bank Name:		<input type="checkbox"/> Credit or <input type="checkbox"/> Debit	Report Requested by bank? <input type="checkbox"/> Yes <input type="checkbox"/> No
Bank Account		<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover <input type="checkbox"/> OTHER	Has the victim been reimbursed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Card #			Is the card in possession of the victim? <input type="checkbox"/> Yes <input type="checkbox"/> No

FRAUDULENT ACTIVITY:

All fields must be filled out for each charge.

Charge Date	Charge Time	Business Name (where charged)	Address (where charge took place)	Charge Amount

PD USE ONLY:	CASE#	
OFFICER:	BADGE#	