

1 COPIES TO

SHERIFF'S DEPARTMENT, ORANGE COUNTY
SANTA ANA, CALIFORNIA

CASE NO.

SANDRA HUTCHENS, SHERIFF-CORONER Shaded areas for POLICE USE ONLY WORTHLESS DOCUMENT REPORT

3 NSF <input type="checkbox"/>	RTM <input type="checkbox"/>	Sig Irreg <input type="checkbox"/>	Act Closed <input type="checkbox"/>	UTL <input type="checkbox"/>	Forged <input type="checkbox"/>	Stolen <input type="checkbox"/>	Fict. <input type="checkbox"/>	Print <input type="checkbox"/>	Money Ord. <input type="checkbox"/>	Personal <input type="checkbox"/>	Payroll <input type="checkbox"/>	Cr. Card <input type="checkbox"/>	4 GRID
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5 Can vict. ID Suspect? YES <input type="checkbox"/> NO <input type="checkbox"/>	6 Will Victim Prosecute? YES <input type="checkbox"/> NO <input type="checkbox"/>	7 Was Check Postdated? YES <input type="checkbox"/> NO <input type="checkbox"/>	8 Was Check Predated? YES <input type="checkbox"/> NO <input type="checkbox"/>	9 Agreement to Hold? YES <input type="checkbox"/> NO <input type="checkbox"/>	10 Any Payment Rec'd? YES <input type="checkbox"/> NO <input type="checkbox"/>
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11 OFFENSE	12 WHERE COMMITTED
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13 DATE - TIME COMMITTED	14 DATE - TIME REPORTED	15 REPORTED TO
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16 VICTIM'S NAME (Firm Name if Business)	17 RESIDENCE ADDRESS (Business Address if Firm)	18 PHONE BUS: RES:
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19 PERSON REPORTING OFFENSE	20 RESIDENCE ADDRESS (Inc. Zip Code)	21 PHONE BUS: RES:
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22 PERSON WHO ACCEPTED DOCUMENT	23 RESIDENCE ADDRESS (Inc. Zip Code)	24 PHONE BUS: RES:
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25 CHECK NUMBER	26 CHECK AMOUNT	27 WAS THE DOCUMENT WRITTEN IN THE ACCEPTOR'S PRESENCE? YES <input type="checkbox"/> NO <input type="checkbox"/>	28 SPECIFY WHAT PARTS (Face or Endorsement)
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29 CREDIT CARD HOLDER	30 RESIDENCE ADDRESS	31 PHONE BUS: RES:
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32 CREDIT CARD COMPANY	33 CREDIT CARD NUMBER	34 AMOUNT OF VOUCHER
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35 VICTIM'S OCCUPATION	36 DRIVERS LIC # INCLUDING STATE OF ISSUE USED FOR IDENTIFICATION PURPOSES
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37 TYPE OF BUSINESS (Hotel, Dept. Store, Market, etc.)	38 MERCHANDISE, SERVICES, OR AMOUNT OF CASH REC'D. BY SUSPECT
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39 SUSPECT	1	SEX	RACE	HAIR	EYES	HEIGHT	WEIGHT	AGE/DOB	CLOTHING
	2							/	

40 VEH.	LICENSE NO	STATE	MAKE/MODEL	YEAR	TYPE	COLOR TOP/BOTTOM	41 OTHER
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42 NAME USED BY SUSPECT	43 ADDRESS USED BY SUSPECT	44 PHONE USED BY SUSPECT
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45 WITNESS	46 ADDRESS	47 PHONE BUS: RES:
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48 ACCOMPANIED BY: NAME, DESCRIPTION, RELATIONSHIP, ETC. OF ANYONE WITH SUSPECTS
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49 SUSPECTS: NAME AND BOOKING NUMBER ONLY IF ARRESTED	SEX RACE AGE EYES	HT. WT. HAIR
NAME		
ADDRESS		

50 INVESTIGATION OFFICERS	51 DATE OF REPORT	52 APPROVED BY
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FILL OUT REVERSE SIDE

AFFIDAVIT OF ACCEPTOR

SUSPECT NAME:

This is to certify that on _____ I, personally, received for encashment a check signed by _____, drawn on the
Check # _____, in the amount of \$ _____. At the time of encashment, California Drivers Lic. # _____ was
offered as identification. I personally observed that the name on the driver's license was the same as the maker's name
on the check and that the photograph on the license appeared to be the same as the person presenting the check.

I WILL TESTIFY UNDER PENALTY OF PERJURY (CPC118) THAT THE ABOVE INFORMATION IS TRUE.

NAME: _____ SIGNATURE _____
FIRM NAME _____ DATE _____

Prior to the acceptance of this report for investigation, there must be satisfactory evidence of the victim's attempt to
collect from the suspect. Please provide information on at least one written request for restitution. List additional
details not itemized on the front of this form and any additional witnesses known to you, including phone numbers.

BE SURE TO INCLUDE ORIGINAL CHECK OR CREDIT CARD VOUCHER

Was check accepted in payment: on a loan , rent , wages , past due credit .

If check was accepted in payment for labor, the Labor commission must be contacted and civil recourse may be taken
by victim.

If receipt is required, enclose your completed receipt form and self-addressed stamped envelope. Your receipt will be
signed and returned to you.

After filling out this form, mail to Orange County Sheriff's Department, P.O. Box 449, Santa Ana, CA 92702

ATTENTION: FORGERY DETAIL