



PALM BAY POLICE DEPARTMENT FRAUD PACKET

Report #:	

ONLINE FRAUD PACKAGE INSTRUCTION SHEET

NOTE – Do not sign any included documents until in the presence of a sworn of a sworn law enforcement officer.

- 1. Please complete the fraud packet in its entirety leaving no black spaces. (Example: If the answer to a question is unknown, write "UNKNOWN"; if not applicable, write "N/A")
- 2. Collect all appropriate documents, to include but not limited to:
 - Bank statement(s) that document the date, time, amount and location of each alleged fraudulent transaction. All bank documents MUST reflect the TRANSACTION time not the posting time.
 - Original bank checks on cases involving forged and uttered checks. (NOTE: If the bank is unable to provide you with the original checks, then you must obtain a front and back copy of each check.)

IT IS MANDATORY THAT:

- Debit and Credit Card numbers MUST be provided.
- Document transaction times, dates, AM or PM and location information MUST be listed using the enclosed "Fraud Activity Worksheet" and/or the "Financial Crime Narrative" worksheets provided, for each fraudulent transaction. (NOTE: Posting dates are not acceptable)
- **3.** On cases where the fraudulent transaction occurred at your bank, request that bank personnel provide you with bank security contact information, as well as research and copy any surveillance footage of the event and the n provide it to you.
- **4.** After completing the Fraud Package, call the Palm Bay Police Department Non-emergency number at (321) 952-3456 Option 0 to speak with a dispatcher to have an officer come and retrieve the completed package and all required documentation.
- **5.** The officer will complete the notary portion when they arrive, do not write in any information in the notary certification until then.

PALM BAY POLICE DEPARTMENT

130 MALABAR ROAD SE PALM BAY, FL 32909 (321) 952-3456

IDENTITY THEFT VICTIM'S FRAUDULENT ACCOUNT INFORMATION REQUEST

To:	Fax:	
From:		
not open or apply for the consider this account to local Police Department must provide information	nis account and have not authorized be fraudulent. Below is my identifying , (see above report number). Under Fe n relating to fraudulent accounts opene	een opened or applied for with you. I did anyone else to do so for me. You may information. I have filed a report with my ederal Law, all credit grantors and utilities d or applied for in an identity theft victim's e charges associated with the account.
must be provided free of victim's identifying information to some personal to the result of the result in the resu	of charge within 10 business days of transfer. The victim is generally perrespecified law enforcement agency. I a). In most cases, the account information your receipt of the police report and the mitted to authorize your release of the lam designating the PALM BAY POLICE documents. I authorize the release of all e Department.
Application Reco	rds or screen prints of internet and ph	one applications
 Statements 		
Payment Charge	Slips	
 Delivery Address 	es	
Any other docum	ents associated with the account	
All records of pho	one numbers used to activate the acco	ount or used to access account
NAME:		SSN:
ADDRESS:		
	FAX:	
DESIGNATED LAW EN	FORCEMENT AGENCY: PALM BA	Y POLICE DEPARTMENT
REPORT:		
SIGN	ATURE	 DATE



Date:_____

INSTRUCTIONS



FINANCIAL CRIME REPORT

Case Number:

If the suspect is known, contact provide ORIGINAL copies of bareports (Equifax, Experian, Trans	ank statements, cred	lit card state	ments, checks (both	sides), credit
Sign this form in the presence of and be prepared to show proper		it Officer witl	n the Palm Bay Police	e Department
Financial Crime involves unautho Name SSN	rized use of a(n): Drivers License / ID	Check	Credit Card	Identity
If initially lost or stolen, was a Pol	ice report made?	Yes	No	N/A
lf yes, which Law Enforcement Ac	gency took the report	t?		
Case #:	Investigator:		Phone:	
Location of the unauthorized use	(Business and addre	ess):		
Date or between what days/time v	when the unauthorize	ed use occu	rred: From	_To
Name (Last, First, Middle):				
DOB:SSN:_		_Driver's Lice	ense/ ID #:	
Home Address (Street City, Zip):				
Business Address (If Applicable):				
Home Phone:	Work Phone:		Cell Phone:	
The following items are attached:	Bank Statem	ents	Credit Cards	Checks (both
sides) Credit Report	Affidavit of Forgery	Rela	ted Correspondence	Other
(describe)				
Financial Institution (Name and A	ddress):			
Credit Card/Debit Card #:				
Did the bank refund your money?		No		
Contact Person:				
Phone #:	Account #:			

I understand that in order to adequately investigate this case, it may be necessary for the Palm Bay Police Department to request bank statements, credit reports, loan documents, etc. I hereby authorize the Palm Bay Police Department to act as my agent concerning all matters related to this case or any associated financial crime. I request that any business, agency, or person with information or documents concerning this case, provide that information to the Palm Bay Police Department upon their request.

STATE OF		
COUNTY OF		
The foregoing instrument was acknowledged before	e me by means of	physical presence
or online notarization, this (date) by (na	ame of person ackno	wledging), who is personally
known to me or who has produced (type of identificat	ion) as identification.	
(Signature of Victim)		
(Name of Victim typed, printed or stamped)		
STATE OF		
COUNTY OF		
Sworn to (or affirmed) and subscribed before me, b	y means of	physical presence or
online notarization, thisday of		,(year),
by		
(Signature of person taking acknowledgment)		
(Name typed, printed or stamped)		
(Title or rank)		
(Serial number, if any)		

Notary Public, State of Florida or Law Enforcement Officer Conducting Official Business F.S.S. 117.10



FINANCIAL CRIME NARRATIVE

Case #:
Provide a clear and concise statement of the facts surrounding the crime.
You are hereby advised that making a false statement and/or false police report is a criminal violation under FSS 837.05, and 837.06 and is punishable by law. Initial here signifying your understanding
l,, do here by solemnly sear or affirm that this statement give by me, is the truth, the whole truth and nothing but the truth, so help me God.
Affiant Signature
Comments:

FINANCIAL CRIME NARRATIVE (Continued) Notarization Section

STATE OF			
COUNTY OF			
The foregoing instrument was acknowledged befor on online notarization, this (date) by known to me or who has produced (type of identity).	name of person ack	nowledging), who is pe	
(Signature of victim)	_		
(Name of victim typed, printed or stamped)			
STATE OF	_		
COUNTY OF	_		
Sworn to (or affirmed) and subscribed before me online notarization, this d	_		
by	_		
(Signature of person taking acknowledgment)	_		
(Name typed, printed or stamped)	_		
(Title or rank)	_		
(Serial number, if any)	_		

Notary Public, State of Florida or Law Enforcement Officer Conducting Official Business F.S.S. 117.10



FRAUD ACTIVITY WORKSHEET

Please complete a separate worksheet for each Credit/Debit Card that was compromised.

Case #:	
Bank:	
Debit /Credit Card #:	
Checking Account # (if check fraud):	

NOTE: Transaction (NOT POSTING) dates/times are needed.

Transaction Date	Transaction Time	Transaction Location	Amount	Check Number	Notes



FRAUD ACTIVITY WORKSHEET (PAGE 2)

Transaction Date	Transaction Time	Transaction Location	Amount	Check Number	Notes