



Santa Ana Police Department

ECONOMIC CRIMES UNIT

60 Civic Center Plaza
Santa Ana, California 92702

Dear Santa Ana Merchant:

The Santa Ana Police Department investigates hundreds of fraudulent check cases each year. Unfortunately, many check fraud cases go unsolved or they lack sufficient evidence to ensure a successful prosecution. In conjunction with the Orange County District Attorney's Office, the Police Department has established guidelines to streamline and standardize the reporting process. Through implementation of the following protocol, investigative resources can be focused on those cases that will most likely result in a successful criminal filing and conviction.

The Santa Ana Police Department will accept fraudulent check reports when:

- The check has been reported stolen.
- The check is counterfeit
- The check was written on a closed account.
- The check is a Non-Sufficient Funds (NSF) check in excess of \$2,500. (NSF checks under \$2,500 should be referred to the Orange County District Attorney's Check Restitution Program).

The Santa Ana Police Department will investigate a fraudulent check case when the merchant has done *all three* of the following:

1. Verified the suspect has a valid form of **government issued identification** and noted the document number on the face of the check. The following forms of personal identification are acceptable: California Drivers License or Identification Card, U.S. Military I.D. with photograph, Mexican Matricular Consular Card with photograph, United States Passport.
2. Obtained a **thumbprint** and placed it **on the back of the check**.
3. Had the subject **endorse** the back of the check **in the cashier's presence**.

If you have reason to believe a suspect is in your store and attempting to pass a fraudulent check:

Call the Police Department immediately at (714) 834-4211 or 911. An officer will be dispatched to your location as soon as possible. If the suspect flees prior to the officers arriving, be prepared to provide a description of the suspect (and, when possible, his/her vehicle) to the Dispatcher.

If the suspect has already left your store or the check has been returned to you from the bank:

1. Complete the "Fraudulent Check Report" in black ink, including a short narrative which describes what occurred. Be sure to include the name of the person who accepted the check. The report should be legible and written in **black ink**.
2. Attach the original check and all other related evidence (photos, printouts, suspect information, etc.).
3. Mail the entire packet to the following address: **Santa Ana Police Department**

Economic Crime Unit/Attn: Check Fraud
60 Civic Center Plaza M-96
Santa Ana, CA 92702

After the case is reviewed, you will receive a letter with the assigned case number and a further explanation of the investigative process. All questions may be directed to the **Economic Crime Unit at (714) 245-8461**.

FRAUDULENT CHECK REPORT

SANTA ANA POLICE DEPARTMENT
60 CIVIC CENTER PLAZA, SANTA ANA, CA 92703

SPECIFIC OFFENSE(S)		CASE NUMBER	
ENTRY CODE		PAGE	OF
FOR OFFICE USE ONLY			
WHEN OCCURRED	DAY	DATE	TIME
WHEN REPORTED	DAY	DATE	TIME
WHERE OCCURRED	BUSINESS NAME		ADDRESS OF OCCURRENCE (INCLUDE ZIP CODE)
TYPE OF BAD CHECK:	NON-SUFFICIENT FUNDS -476a <input type="checkbox"/>	STOLEN/LOST 496(a)&470(d) <input type="checkbox"/>	OTHER <input type="checkbox"/>
	COUNTERFEIT/FORGED -470(d) <input type="checkbox"/>	ACCOUNT CLOSED -476a <input type="checkbox"/>	

VICTIM: PERSON OR BUSINESS WHO SUSTAINED LOSS OR ATTEMPTED LOSS

CODE	#	VICTIM NAME	LAST, FIRST, MIDDLE (OR BUSINESS NAME)	SEX	RACE	AGE	DATE OF BIRTH	INTERPRETER NEEDED
V	1							<input type="checkbox"/> TYPE -
HOME ADDRESS		NUMBERS, DIR., STREET, CITY, STATE, ZIP		BUSINESS ADDRESS		NUMBERS, DIR., STREET, CITY, STATE, ZIP		CAN ID SUSPECT?
								YES <input type="checkbox"/> NO <input type="checkbox"/>
BUSINESS PHONE	BUSINESS HOURS	HOME PHONE	CDL NUMBER	REASON FOR REPORT:				
				PROSECUTION DESIRED <input type="checkbox"/>				
				DOCUMENTATION ONLY <input type="checkbox"/>				

REPORTING PERSON: IF SAME AS VICTIM. WRITE "SAME"

CODE	#	PERSON FILING REPORT	LAST, FIRST, MIDDLE	SEX	RACE	AGE	DATE OF BIRTH	INTERPRETER NEEDED
R	1							<input type="checkbox"/> TYPE -
HOME ADDRESS		NUMBERS, DIR., STREET, CITY, STATE, ZIP		BUSINESS ADDRESS		NUMBERS, DIR., STREET, CITY, STATE, ZIP		CAN ID SUSPECT?
								YES <input type="checkbox"/> NO <input type="checkbox"/>
HOME PHONE	HOURS	BUSINESS PHONE	HOURS	CDL NUMBER	POSITION WITH BUSINESS			

CODE	#	PERSON FILING REPORT	LAST, FIRST, MIDDLE	SEX	RACE	AGE	DATE OF BIRTH	INTERPRETER NEEDED
W	1							<input type="checkbox"/> TYPE -
HOME ADDRESS		NUMBERS, DIR., STREET, CITY, STATE, ZIP		BUSINESS ADDRESS		NUMBERS, DIR., STREET, CITY, STATE, ZIP		CAN ID SUSPECT?
								YES <input type="checkbox"/> NO <input type="checkbox"/>
HOME PHONE	HOURS	BUSINESS PHONE	HOURS	CDL NUMBER	POSITION WITH BUSINESS			

CHECK INFORMATION

CODE	#	PAYEE ON CHECK	LAST, FIRST, MIDDLE (OR FIRM)	NOTE: Name of person or business to whom the check is made payable to.				
PAY	1							
ADDRESS (IF KNOWN)		NUMBERS, DIR., STREET, CITY, STATE, ZIP		CHECK NUMBER	ACCOUNT NUMBER	AMOUNT OF CHECK		
NAME OF PERSON ACCEPTING CHECK LAST, FIRST, MIDDLE				ID NUMBER WRITTEN ON CHECK (IF ANY)	THUMBPRINT ON CHECK?			
					YES <input type="checkbox"/> NO <input type="checkbox"/>			

CODE	#	ACCOUNT HOLDER ON CHECK	LAST, FIRST, MIDDLE (OR FIRM)	NOTE: Name of person or business on whose account the check was drawn.				
AH	1							
ADDRESS (IF KNOWN)		NUMBERS, DIR., STREET, CITY, STATE, ZIP		PHONE NUMBER	CONTACTED? (DETAIL IN NARRATIVE)			
					YES <input type="checkbox"/> NO <input type="checkbox"/>			
CODE	#	BANK MENTIONED/ CONTACT	LAST, FIRST, MIDDLE	NOTE: Name of contact person at financial institution on which check is drawn (if known).				
M/C	1							
BANK NAME		CONTACTED PERSON'S POSITION		PHONE NUMBER	CONTACTED? (DETAIL IN NARRATIVE)			
					YES <input type="checkbox"/> NO <input type="checkbox"/>			

FOR OFFICE USE ONLY

REPORTING OFFICER	ID #	DATE	TIME	DISTRICT	WATCH	REPORT REVIEW BY	ID #

RECORDS REVIEW: _____ TOTAL COPIES _____ DISTRIBUTION BY/DATE: _____

DISTRIBUTION: COURT LIAISON DISTRICT INV OTHER _____

Narrative For Check Reports

On _____ a person that identified themselves as _____ came
(date) (suspect name)
 into _____ # _____ and presented check number _____ in the amount of
(Store Name) (store #) (check #)
 _____. The suspect presented a _____ as identification, which had
(dollar amount) (type of identification)
 the card number of _____ printed on it. The identification was presented to
(identification number)
 _____ and the photograph on the identification presented _____ the
(manager/cashier) (was/was not)
 same person that was presenting the check.

The check was accepted by cashier _____ and was approved by store manager
(cashier name)
 _____. The suspect signed and placed his fingerprint on the check in
(manager name)
 the presence of _____ and the transaction was completed. The check was then
(manager/cashier)
 submitted to and processed by _____.
(name of bank)

On _____ check number _____ was returned by the
(date) (check #)
 _____ as a _____ check.
(name of bank) (N.S.F., counterfeit, closed account, etc.)

Upon receipt of the check, an attempt to contact _____ by
(suspect name)
 _____ was made. The contact information supplied by the suspect was found
(phone/mail, etc.)
 to be _____.
(wrong number, no response, disconnected, etc.)

Surveillance video or photographs of the suspect _____ available.
(is/Is not)

I am requesting that a copy of this report be forwarded to the OCDA for prosecution purposes.

Signature of person completing form: _____ Date: _____

Printed name of person completing form: _____

Phone Number: () _____ ext. _____