

Lawton Police Department Merchant Check Fraud Form

This crime must have occurred within the City of Lawton

Business Information

| | | | |
|---|--------------------|-----------------------|-----------------------|
| Name of Business - | | Report # | For Official Use Only |
| Address - | | Telephone - | |
| Type of Crime Reported (Check One) - <input type="checkbox"/> Forgery <input type="checkbox"/> Counterfeit <input type="checkbox"/> Other _____ | | | |
| Date Crime Occurred - | | Time Crime Occurred - | |
| | | __ AM __ PM | |
| Can Suspect Be Identified - <input type="checkbox"/> Yes <input type="checkbox"/> No | Type of Business - | | |

Reporting Person

| | | | |
|----------------------------------|------------|--------------------|-------|
| Name of Reporting Person - | | Telephone (Home) - | |
| Address (Home) - | City - | State - | Zip - |
| Work Schedule - | Days Off - | | |
| Name of Person Accepting Check - | | Telephone (Home) - | |
| Address (Home) - | City - | State - | Zip - |
| Work Schedule - | Days Off - | | |

Check Information

| | | | |
|---|---------------|------------------|--|
| Type of Check - <input type="checkbox"/> Personal Check <input type="checkbox"/> Business Check <input type="checkbox"/> Counter Check <input type="checkbox"/> Money Order <input type="checkbox"/> Travelers Check <input type="checkbox"/> Other _____ | | | |
| Name of Bank on Check - | | City / State - | |
| Check Number - | Bank Number - | Account Number - | |
| Was Check for - <input type="checkbox"/> Purchase of Goods <input type="checkbox"/> Pay on Account <input type="checkbox"/> Cash <input type="checkbox"/> Merchandise & Cash <input type="checkbox"/> Other _____ | | | |

Suspect Information

| | | | |
|---|---|--|---------------|
| Name of Suspect (If Known) - | | Telephone - | |
| Address - | City - | State - | Zip - |
| SSN - | Sex - <input type="checkbox"/> M <input type="checkbox"/> F | Race - <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other _____ | |
| Height - <input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Tall | Weight - <input type="checkbox"/> Thin <input type="checkbox"/> Medium <input type="checkbox"/> Heavy | Approximate Age | |
| Eye Color - | Hair Color - | Hair Length - | Facial Hair - |
| Distinguishing Marks / Scars / Tattoos - | | | |
| Clothing Description - | | | |
| | | | |

Vehicle Information

| | | | |
|---------------------------|-------------|---------|--|
| Year - | Make - | Model - | |
| Color - | License # - | State - | |
| Distinguishing Features - | | | |

Security Measures

