



MEDICINE HAT POLICE SERVICE

FILE NO. _____

FALSE PRETENCES FRAUD, FORGERY & UTTERING

DATE	Time of Complaint	Radio Control Time Dispatched	Mobile Unit Arrival Time
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Offence:

Accused Name Address

Person or Business Defrauded

Address Phone# Manager's Name Residence Address Phone#

Person Accepting Cheque Full Name Address Phone#

Person Confirming Cheque Full Name Address Phone#

Amount of Fraud Amount Cash If Chattel Received, Full Description

Can Articles Be Identified? (full details)

Date Cheque Accepted Approx. Time Did Passer Write In Front Of Victim?

Did Passer Endorse Cheque in Front of Victim? Did Victim Write On Any Part Of Face? Explain

..... Was Cheque Accepted On Date Of Cheque

Did Victim Contact Passer In Any Way?

DESCRIPTION OF CHEQUE: Date Bank Drawn On

Amount Payable To Account Number

Signed By Name Address

Endorsed By Name Address

DESCRIPTION OF PASSER: Name

Address Phone Occupation

Sex Approx. Age Height Weight Hair Eyes Complexion

D.O.B. Racial Origin

Peculiar Physical Description

Dress

Can Be Identified By Name Address Phone#

Other Particulars of Offence

I, Complainant Request The Police To Lay A Charge On My Behalf.

POLICE USE ONLY

Warrant Requested Request Subject Be Place On CPIC If Not Charged, Explain

DATED SIGNED