Victim Full Name_____ Case Report (CR) #_____

FINANCIAL CRIMES INFORMATION PACKET

Columbine Valley Police Department

Serving the Towns of Columbine Valley and Bow Mar

2 Middlefield Road, Columbine Valley, CO 80123
ColumbineValley.org, 303-795-1434, fax 303-795-7325

This packet must be completed by the victim or their personal representative (if active Power of Attorney status exists).

COMPLETING THIS PACKET

Please complete this form after filing a report and obtaining a case report (CR) number from the Columbine Valley Police Department.

- You only need to complete and submit this packet if you are pursuing a criminal investigation.
- If you are only interested in correcting your credit and/or seeking reimbursement from your financial institution(s)—and you do not want a criminal investigation—you do not need to submit this packet.
- If you do not want further involvement from the police, the CR number should suffice for your financial institution and creditors.

If at any point in completing this packet you are unsure how to proceed, please call dispatch at 303-795-4711. Ask for an officer to call you for assistance.

ESTABLISHING JURISDICTION

Colorado law provides that victims may report identity theft and financial crimes to a local law enforcement agency. If you want a criminal investigation to proceed, it's best to file a report with the law enforcement agency where the crime occurred.

- **The authority of the Columbine Valley Police Department to investigate these financial crimes requires that the victim resides within the Town of Columbine Valley or the Town of Bow Mar or the crime occurred in the Town of Columbine Valley or Town of Bow Mar.**
- If you live within another city or county's limits, file a report with your local law enforcement agency. If the crime occurred within another city or county's limits, file a report with the law enforcement agency of the city or county where the crime occurred.

- That agency may coordinate with the law enforcement agency that has the best jurisdiction to investigate if you have been the victim of a multi-jurisdictional crime.

INELIGIBLE INCIDENTS

The following incidents are not eligible for a financial crimes investigation by the Columbine Valley Police Department unless there are substantive investigative leads and the investigation is approved by a supervisor:

- Cases with no indication of venue, such as online transactions.
- Well-known and recognized scams, such as the gift card (Green Dot/iTunes/VISA Prepay, Amazon, etc.), reshipping/repacking, lottery winner, computer phishing, grandchild in accident/jail, customer/technical support, sextortion, etc.

RETURNING THIS PACKET

Please return this completed packet and supporting documentation to the Columbine Valley Police Department **within 10 calendar days of filing your report.** To return the packet:

- Drop it off at the Columbine Valley Town Hall (2 Middlefield Road, Columbine Valley, CO 80123, 8 a.m.–1 p.m., weekdays)
- Email the packet as a PDF to jmilliman@columbinevalley.org with the case report (CR) number in the subject line.
- Call dispatch at 303-795-4711 and ask for an officer to pick it up.

This completed packet provides information to Columbine Valley Police Department investigators, which allows for the preservation of available evidence and potential development of additional leads to resolve your case. By completing this packet, you understand and consent to the Columbine Valley Police Department using the information in this packet in its investigative activities, including sharing such information with its law enforcement partners.

An investigator will contact you as soon as possible after receiving your packet and documentation. Please note that failure to provide requested information or communicate with the investigator in a timely manner will result in your case being closed.

In accordance with the Colorado Criminal Justice Records Act, codified at C.R.S. §§ 24-72-301 to -309, the *sensitive financial and/or personal identifying information contained in this packet is not subject to release pursuant to a public records request. See C.R.S. § 24-72-305(5); accord C.R.S. § 24-72-204(3)(a)(IV) (requiring denial of right to inspection of confidential financial data, including Social Security Numbers furnished by or obtained from any person).*

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FINANCIAL CRIMES INCIDENT SUMMARY

Please provide all the information requested on the following pages. Enter "n/a" if a question does not apply or "unknown" if you are unsure.

PERSON COMPLETING THIS FORM

Last Name _____First Name _____

Email _____Phone _____

The Colorado Revised Statutes defines a "financial device" as: Any instrument or device that can be used to obtain cash, credit, property, services, or any other thing of value, or to make financial payments, including but not limited to:

- Credit card, banking card, debit card, electronic funds transfer card, or guaranteed check card
- Check
- Negotiable order or withdrawal
- Share draft
- Money order

Do you wish to prosecute this crime if a suspect is identified? ☐ Yes ☐ No

What information has been compromised (check all that apply)?

☐ Social Security Number
☐ Driver's License Number
☐ Name
☐ Date of Birth
☐ Address
☐ Financial Device (Credit/Debit Card, Check, Bank Account, IRA, Stocks, Bitcoin, etc.)
☐ Unknown

Was your information compromised through a data breach?

☐ Yes ☐ No ☐ Unknown

If so, which data breach? _____

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Have you authorized anyone to use your personal identity information or financial information?

☐ Yes ☐ No

If so, who?_____

Have you revoked your authorization?

☐ Yes ☐ No

If so, when?_____

Do you have suspect information?

☐ Yes ☐ No

If so, who do you suspect? _____

Do you personally know the suspect? ☐ Yes ☐ No

Have you closed or suspended your account(s) with your financial institution(s)?

☐ Yes ☐ No

If so, when?_____

Are you being held financially responsible for the fraudulent charge(s)?

☐ Yes ☐ No

Have you been reimbursed or have provisional credit from your financial institution(s)?

☐ Yes ☐ No

Have you sustained any monetary loss that is ***not*** being considered for reimbursement?

☐ Yes ☐ No

If so, how much?_____

Have you filed a credit bureau alert and/or freeze?

☐ Yes ☐ No

Did you have credit monitoring at the time of the crime?

☐ Yes ☐ No

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TRANSACTIONS

If more than one financial device was used,
please complete an additional sheet with the information for each financial device.

Financial Institution (Bank) Name _____

Full Credit Card/Bank Account Number _____

Full Checking Account Number _____

Full Savings Account Number _____

Routing Number _____

Do you currently have the financial transaction device in your possession? ☐ Yes ☐ No

If not, did you report that it was lost or stolen to law enforcement? ☐ Yes ☐ No

If yes, what is the law enforcement agency and case report number? _____

Who else is authorized to use this financial device and what is your relationship to the person?

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Were there fraudulent online transactions? ☐ Yes ☐ No

Have you contacted the website or the associated business? ☐ Yes ☐ No

If yes, please include all attachments provided to you and any correspondence.

Were there fraudulent in-person transactions? ☐ Yes ☐ No

Have you contacted the businesses? ☐ Yes ☐ No

If yes, please include all attachments provided to you and any correspondence.

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LIST ALL FRAUDULENT TRANSACTIONS BELOW

Date	Time (MST)	Amount	Merchant & Store #	In-Person or Online Transaction	Attempted or Completed Transaction	Merchant Physical Address or Full Website Address	Check # or Last 4 digits of card # or Last 4 digits of account # used

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Date	Time (MST)	Amount	Merchant & Store #	In-Person or Online Transaction	Attempted or Completed Transaction	Merchant Physical Address or Full Website Address	Check # or Last 4 digits of card # or Last 4 digits of account # used