Robert H. Gustafson, Chief of Police

MISUSE OF ACCESS CARD

ATTENTION: UNLAWFUL DISEMINATION OF THIS RESTRICTED INFORMATION IS PROHIBITED. ANY VIOLATION WILL SUBJECT THE OFFENDER TO CRIMINAL AND CIVIL LIABILITY UNDER CALIFORNIA STATE LAWS AND STATUTES.

Code	Location	RD	DR#

Date Reported	Time Reported	Translator Required: Yes No Language:	Event #

DO NOT WRITE IN SHADED AREA

VICTIM INFORMATION

Last Name	First Name	Middle Initial	Date of Birth

Home address	City	State	Zip Code	Home Phone Number
Business name/address	City	State	Zip Code	Work Phone Number

Driver's License Number / State	Cell Phone or alternative number	Email address

CREDIT CARD INFORMATION

Type of Credit Card (Visa, MasterCard, etc)	Bank/Business name & phone number	Account/Credit Card Number

ANSWER THE FOLLOWING QUESTIONS

1.	Date you discovered the misuse of your access card/information:
2.	How did you discover the misuse of your access card/information?
3.	When the crime(s) occurred, was the card in your possession? *YES* *NO*
	a) If no, where was the card?
4	Did you ever report the card lost/stolen?
5.	Where were you when the card/information was misused?

Officer Name/ID:	Date/Time	Supervisor Name/ID	Date/Time

FOR RECORDS BUREAU ONLY: ☐ COURT ☐ D/A ☐ INVESTIGATIONS ☐ OTHER AGENCIES _____ _____ _____

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LOCATIONS WHERE MISUSE OCCURRED

Store Name	Address/City	Date/Time	Amount

EXPLAIN IN DETAIL WHAT OCCURRED (include information regarding what you have done to rectify the problem):

ATTACHMENTS: YES NO

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I certify under penalty of perjury the information provided in this report is accurate and factual.

Signature Date/Time

Officer Name/ID:	Date/Time	Supervisor Name/ID	Date/Time

FOR RECORDS BUREAU ONLY: ☐ COURT ☐ D/A ☐ INVESTIGATIONS ☐ OTHER AGENCIES _____ _____

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