



# GREATER SUDBURY POLICE SERVICE

## COUNTERFEIT CURRENCY OCCURRENCE REPORT

**Reporting institutions are required to fill-in all areas printed in blue.  
Submit completed document, along with DVD and Purchase Receipt, to the**

**COMMUNITY INFORMATION OFFICER UNIT,  
GREATER SUDBURY POLICE SERVICE, 190 Brady Street, Sudbury.**

**Inquiries should be directed to the CIO Unit at 675-9171 ext. 6253 or 6254.**

<b>ADMINISTRATIVE AREA</b>		
<b>Date submitted to police</b>		
<b>Occurrence No.</b>		
<b>Type of Occurrence</b>	<i>Counterfeit Currency</i>	
<b>REPORTING INSTITUTION INFORMATION:</b>		
<b>Occurrence Date</b>		
<b>Occurrence Address</b>		
<b>Address Type</b>	<i>Bank / Financial Institution / Convenience Store, Gas Station, Jewelry Store, other business type: _____</i> <i>(select one)</i>	
<b>Report Type</b>	<i>General Occurrence Report</i>	
<b>Reporting Business Details</b>	Classification: <i>Other</i>	
	<b>Institution Name:</b>	
	Address Type: <i>Business</i>	
	<b>Address details:</b>	
<b>Telephone No:</b>		
<b>Reporting Employee Details (person filling in this form)</b>	Classification: <i>Other</i>	
	<b>Surname:</b>	
	<b>Given name:</b>	
	<b>Sex: M / F</b>	<b>Date of Birth:</b>
	<b>Employer:</b>	
	<b>Address Type: Business OR Residence</b>	<i>(select one)</i>
	<b>Address details:</b>	<b>City:</b> _____ <b>Postal code:</b> _____
	<b>Telephone number:</b> (1)	<b>Telephone number:</b> (2)
<b>Involved Employee Details (witness to the offence - if different from Reporting Employee)</b>	Classification: <i>Other</i>	
	<b>Surname:</b>	
	<b>Given name:</b>	
	<b>Sex: M / F</b>	<b>Date of Birth:</b>
	<b>Employer:</b>	
	<b>Address Type: Business OR Residence</b>	<i>(select one)</i>
	<b>Address details:</b>	<b>City:</b> _____ <b>Postal code:</b> _____
	<b>Telephone number:</b> (1)	<b>Telephone number:</b> (2)
<b>Date detected</b>		
<b>Depositing institution</b>		
<b>Depositing institution address details</b>	<b>City:</b> _____ <b>Postal code:</b> _____	
	<b>Telephone number:</b>	
<b>Denomination</b>	<i>\$5    \$10    \$20    \$50    \$100</i> <i>(select one)</i>	
<b>Serial number</b>		

WITNESS INFORMATION (Supplied by the person who received the counterfeit currency as payment.)						
Person details [for retail employee]	Classification: <i>witness</i>					
	Surname:					
	Given name:					
	Sex: <i>M / F</i>	Date of Birth:				
	Employer:					
	Address Type: <i>Business OR Residence</i> (select one)					
	Address details:	City: Postal code:				
	Telephone number: (1)	Telephone number: (2)				
Details of any conversation with suspect						
Suspect actions when advised bill was counterfeit	(ie:took bill back, fled, etc.)					
Unusual suspect actions before or after uttering counterfeit						
Suspect Details	Classification: <i>special interest person / suspect</i>					
	Surname: <b>unknown</b> <input type="checkbox"/>					
	Given name: <b>unknown</b> <input type="checkbox"/>					
	Sex: <i>M / F</i>	Age: (approx.)				
	<b>Description:</b> select options below or indicate <b>unknown</b> <input type="checkbox"/>					
	Height:	Weight:				
	<i>Thin</i>	<i>Medium</i>	<i>Heavy</i>	<i>Muscular</i>	<i>Athletic</i>	<i>Obese</i>
	<b>Race:</b> select options below or indicate <b>unknown</b> <input type="checkbox"/>					
	<i>White</i>	<i>Aboriginal</i>	<i>Black</i>	<i>Hispanic</i>	<i>Asian</i>	<i>E.Indian</i>
	<b>Complexion:</b>					
	<i>Dark</i>	<i>Medium</i>	<i>Light</i>	<i>Ruddy</i>	<i>Sallow</i>	<i>Albino</i>
	<b>Facial Skin:</b> select options below or indicate <b>unknown</b> <input type="checkbox"/>					
	<i>Pimples / pockmarked</i>	<i>Freckled</i>	<i>Moles</i>			
	Hair colour:	Second hair colour:				
	<b>Hair Style:</b> select options below or indicate <b>unknown</b> <input type="checkbox"/>					
	<i>Afro</i>	<i>Bushy</i>	<i>Braided</i>	<i>Curly</i>	<i>Dreadlocks</i>	
	<i>Mohawk</i>	<i>Ponytail</i>	<i>Punk</i>	<i>Rat tail</i>	<i>Spiked</i>	
	<i>straight</i>	<i>Unkempt</i>	<i>Wavy</i>			
	Facial hair color:					
	<b>Beard Style:</b> select options below or indicate <b>unknown</b> <input type="checkbox"/>					
	<i>None</i>	<i>Unshaven</i>	<i>Full</i>			
	<i>Partial</i>	<i>Scraggly</i>	<i>Goatee</i>			
	<b>Moustache Style:</b> select options below or indicate <b>unknown</b> <input type="checkbox"/>					
	<i>None</i>	<i>Unshaven</i>	<i>Thin</i>			
	<i>Medium</i>	<i>Thick</i>	<i>Fumanchu</i>			
	Eye Colour:					
	<b>Marks:</b> select options below or indicate <b>unknown</b> <input type="checkbox"/>					
	<i>Pierced</i>	<i>Tattoos</i>	<i>Scar / burn scar</i>			
	<i>Birthmark</i>	<i>Wart</i>	<i>mole</i>			
	Exact location:	Size:				
	Description of mark:					
	Clothing Description:					
Surveillance images	Available: <i>Y / N</i>	Submitted to police: <i>Y / N</i>				
	Image quality: <i>good / poor</i>	Image imprint time:				