

DATE OF REPORT

IDENTITY THEFT INCIDENT REPORT



CASE NUMBER

FOR ADMINISTRATIVE USE

REPORTING OFFICER _____ ID NUMBER _____

OFFICE LOCATION _____ PHONE _____

VICTIM IDENTIFICATION VERIFIED? Yes No DID VICTIM PROVIDE SUPPORTING DOCUMENTATION? Yes No

VICTIM INFORMATION

VICTIM'S NAME _____ PHONE _____
First Middle Last

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____
MM/DD/YY

CURRENT ADDRESS _____

SUSPECT INFO

SUSPECT KNOWN? Yes No SUSPECT'S NAME _____

SUSPECT'S ADDRESS _____

INCIDENT INFORMATION

When did you become aware of this incident? _____

What has been affected by this theft such as bank accounts, credit cards and credit report? List names and account numbers.

AMOUNT OF LOSS, IF KNOWN

Please list any other details relating to this incident. _____

I do state the above facts are true to the best of my knowledge. I also will testify under oath in a court of law in reference to my complaint if it goes to trial. I am aware that it is unlawful to make a false report to a police officer. I affirm the above information is true and correct.

Signature _____

Date _____