

File with your local police department

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 _____

File with your local police department