



IDENTITY THEFT VICTIM INFORMATION

Please complete this form and return it to the police agency investigating your case as soon as possible. Identity theft cases require the assistance of all victims involved, as accurate personal account information is only known by the victim. In many cases an investigation cannot begin until the investigator receives the information requested in this form. The information provided will be used to organize the investigative case, determine where evidence might be found, develop a theory of how the identity crime occurred, and determine what financial institutions should be contacted in the course of the investigation.

Today's Date	Date of Incident	Police Incident Number	
First Name	Middle	Last	
Driver's License Number/State	Date of Birth	Social Security Number	
Home Street Address	City	State	Zip Code
Home Telephone ()	Cell Phone ()	Pager	
E-Mail Address	Employer	Work Address	
Work Telephone ()			
1. How did you become aware of the identity crime? Briefly describe within this section. Describe in detail within the attached timeline.			
2. On what date did you first become aware of the identity crime?			
3. When did the fraudulent activity begin?			
4. What is the full name, address, birth date, and other identifying information under which the fraudulent activity was made?			
5. Are you aware of any documents and/or identifying information that were stolen and/or compromised; i.e., credit cards, ATM cards, checks, driver's license, etc.?			
6. To assist law enforcement in pinpointing when and by whom your information was compromised, it is of value to retrace your actions in recent months with regard to your personal information. This information is not solicited to "blame the victim" for the crime, but to further the investigation toward who might have stolen your personal or financial identifiers. What circumstances and activities have occurred in the last six months may have led to the theft of personal information? Please include activities done by you and on your behalf by a member of your family or a friend.			
<input type="checkbox"/> I carried my Social Security Card in my wallet			
<input type="checkbox"/> I carried my bank account passwords, PINs, or codes in my wallet			
<input type="checkbox"/> I gave out my Social Security Number. If so, to whom?			
<input type="checkbox"/> My mail was stolen. Give approximate date.			
<input type="checkbox"/> I went away, and my mail was held at the post office or collected by someone else.			
<input type="checkbox"/> I traveled to another location outside my home area. Where did you go and when?			

<input type="checkbox"/> Mail was diverted from my home, either by a forwarding order or in a way unknown to me.
<input type="checkbox"/> I did not receive a bill as usual or a credit card bill failed to come in the mail. Which one?
<input type="checkbox"/> Documentation with my personal information was thrown in the trash without being shredded.
<input type="checkbox"/> Credit card bills, pre-approved credit card offers, or credit card convenience checks in my name were thrown away without being shredded.
<input type="checkbox"/> My garbage was stolen or gone through.
<input type="checkbox"/> My ATM receipts and/or credit card receipts were thrown away without being shredded.
<input type="checkbox"/> My password or PIN was given to someone else.
<input type="checkbox"/> My home was burglarized.
<input type="checkbox"/> My car was stolen or burglarized.
<input type="checkbox"/> My purse or wallet was stolen.
<input type="checkbox"/> My checkbook was stolen.
<input type="checkbox"/> I recently provided my personal information to a new source. Please list the source.
<input type="checkbox"/> My personal information was given to a telemarketer or a telephone solicitor. Please list.
<input type="checkbox"/> My personal information was given to a door-to-door salesperson or charity fundraiser. Please list.
<input type="checkbox"/> A charitable donation was made using my personal information. Please list.
<input type="checkbox"/> My personal information was given to enter a contest or claim a prize I had won. Please list.
<input type="checkbox"/> I recently opened a new bank account or a new credit card account. Please list.
<input type="checkbox"/> I re-financed my house or property. Please List.
<input type="checkbox"/> Online purchases were made using my credit card. Purchases were made through what company?
<input type="checkbox"/> My personal information was recently included in an e-mail.
<input type="checkbox"/> I released personal information to a friend or family member. What is the name of that person?
For any items checked above, please explain the circumstances of the situation in as much detail as possible.
7. How many purchases over the Internet (retailer or auction sites) have you made in the last six months?
8. What Internet sites have you bought from? Please list all.
9. In the last six months, whom has your Social Security number been given to? List all.
19. Do your checks have your Social Security number or Driver License number imprinted on them? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list retailer names where checks have been tendered.
11. Have you written your Social Security Number or Driver License Number on any checks in the last six months, or has a retailer written those numbers on a check? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list instances and retailer names.

<p>12. Do you own a business(es) that may be affected by the identity crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list names of businesses.</p>
<p>13. Do you have any information on a suspect in this identity crime case? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How do you believe the theft occurred?</p>
<p>19. Please list all fraudulent accounts that were obtained by use of your name and/or personal identity information (If multiple accounts, please include on the time line.)</p>
<p>Type of account and account number . If a bank account, please list the account numbers for checking and savings, as well as any other accounts, such as brokerage, pension, etc.</p>
<p>Were there any fraudulent charges? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>15. Please list all legitimate accounts in your name/personal identity information which have incurred fraudulent charges or activity.</p>
<p>16. Please list any documents fraudulently obtained in your name; i.e., driver license, Social Security cards, etc.</p>
<p>17. Have you contacted the following organizations and requested a Fraud Alert be placed on your account? Check all that you have contacted about a Fraud Alert.</p> <p><input type="checkbox"/> Equifax . Date of contact? <input type="checkbox"/> TransUnion . Date of contact? <input type="checkbox"/> Experian . Date of contact? <input type="checkbox"/> Secretary of State / Department of Motor Vehicles <input type="checkbox"/> Social Security Administration <input type="checkbox"/> Other . Please list.</p>
<p>18. Have you requested a credit report from each of the three credit bureaus? Check all from which you have requested a credit report.</p> <p><input type="checkbox"/> Equifax . If you have in your possession, please attach it to this document. <input type="checkbox"/> TransUnion . If you have in your possession, please attach it to this document. <input type="checkbox"/> Experian . If you have in your possession, please attach to this document.</p>
<p>19. Have you contacted a financial institution, concerning either legitimate or fraudulently opened accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list.</p> <p>Please give the name of financial institution and phone number, and person with whom you spoke.</p>
<p>In the Time Time Line below, please list all fraudulent activity that you are aware of to date, with the locations and addresses where fraudulent applications or purchases were made, such as retailers, banks, etc. List in chronological order, if possible.</p> <p>For example, On On 9/18/02, I received a letter from MM Collections, stating that I had accumulated \$5,000 worth of charges on American Express Account 123456789. On 9/18/02, I called American Express and spoke with Jennifer Martin. She informed me that the account was opened on 5/12/02 by telephone. I did not open this account, even though it was in my name. The account address was 123 Main St. Anytown, NE. Ms. Martin said she would send me an Affidavit of Forgery to complete and return to her.+Please include this information in the time line section.</p>
<p>TIME LINE</p>
<ul style="list-style-type: none"> • Please bring with you to the meeting with the Investigator: all account documents, letters, correspondence, phone records, credit reports, and other documents regarding this case.
<ul style="list-style-type: none"> • Please make a copy of this completed form for your records.
<ul style="list-style-type: none"> • Keep and maintain a detailed log of all your correspondence and contacts since completing this form. Keep and maintain all original copies of correspondence related to the crime.

<p>Authority: 1935 PA 59 Compliance: Voluntary</p>

City of Plymouth Police Department
 201 South Main Street
 Plymouth, MI 48170
 (734) 453-1234
 FAX 734-455-1664



Complaint Number: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

To Whom It May Concern:

I hereby authorize any representative of the Plymouth Police Department bearing this release to obtain information from your files or other sources pertaining to my personal background including, but not limited to, the histories/records as indicated below:

Medical Records

Insurance Records

Financial Records
 (Includes Checking/Savings)

Employment History

Telephone Records
 (Includes Cellular)

Credit Records

Other
 (Specify Information Requested) _____

I hereby direct you to release such information upon the request of the bearer. This release is executed with the full knowledge and understanding that the information is for official use by the Plymouth Police Department. Consent is granted for the Plymouth Police Department to furnish such information as indicated above, to law enforcement entities in the course of the Police Department fulfilling its official responsibilities.

I hereby release you, the institution or establishment which you represent, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this Authorization for Release of Information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below:

Full Name	Social Security No.	Date of Birth
Current Address	Telephone No.	
Signature		Date

Requesting Officer's Name Printed: _____

Requesting Officer's Signature: _____