



Case #

POLICE DEPARTMENT
IDENTITY THEFT PACKET

Officer taking report	Badge #	Date report filed

Identity Theft Instruction and Release

- If your case involves more than one victim (spouses, children, etc.) one victim report form will need to be completed for each victim
- Please complete these forms to the best of your ability. If you have any questions, please contact an officer with the Severance Police Department. Once the packet is completed, you will receive a case number. If you do not have time to complete the packet when you receive it, you may take the packet with you, but you will not be issued a case number until you return the completed packet to an officer with the Severance Police Department.
- If you have not already ordered or obtained your credit reports, do so immediately. You can order your credit reports by visiting annualcreditreport.com.
- Place a fraud alert on your credit information. Refer to the Federal Trade Commission's publication Take Charge: Fighting Back Against Identity Theft or visit identitytheft.gov for instructions on how to do so.
- Upon completing the Identity Theft Victim Statement and receiving your case number, contact each company, finance institution or collection agency involving your fraudulent or compromised account(s) and begin the fraud claim process.
- Companies/financial institutions will not typically cooperate with Law Enforcement investigations until you, the victim, file a fraud complaint with them.



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AUTHORIZATION FOR RELEASE OF FINANCIAL INFORMATION

I, _____, authorize the release of any and all financial, business, and any other related records pertaining to the Police Investigation including:

[Empty box for listing records to be released]

It is understood that records may be released to any Officers of the Severance Police Department and the Weld County District Attorney's Office for use to prosecute the above criminal case number.

I further authorize Officers and Agents of the Agencies named above to interview and discuss the contents of any records with all of the professionals whose names appear in any part of the records.

Signature [] Date []

Officer Name []

Witness Signature [] Date []



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Victim full legal name

Legal name at time of occurrence

Date of Birth Driver's License # State

Other states I have had identification issued from

Current full address

I have lived at this address since Email address

Phone # Secondary Phone #

Address when the events occurred (if different from the current address)

I lived at this address from to

TYPES OF IDENTITY THEFT YOU HAVE EXPERIENCED (Check all that apply)

- Credit Card
- Checking or Savings Account
- Loans
- Phone or Utilities
- Securities or Other Investments
- Internet or Email
- Government Documents or Benefits
- Employment
- Other

DETAILS OF THE IDENTITY THEFT

Did you authorize anyone to use your name, personal information or financial information to obtain cash, credit, property, services or any other thing of value or to make a financial payment? Yes No

Did you receive any benefit, money, goods or services as a result of the events described? Yes No

Your personal or financial information documents (for example checks, credit cards, driver's license, social security card, etc.) were Stolen Lost On or about what date



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Date when you noticed you might be a victim of Identity Theft

Date when the Identity Theft first occurred (i.e. first account opened)

How many accounts (credit cards, loans, bank accounts, phone accounts, etc.) were opened or accessed?

How much money, if any, have you had to pay?

How much money, if any did the identity theft obtain from companies in your name?

HOW DID THE IDENTITY THIEF OBTAIN THE PERSONAL INFORMATION?

- Burglary or break in
- Had access through a relationship with victim
- Mail theft or Fraudulent address change
- Wallet or purse containing ID lost or stolen
- Financial or Employment records compromised/pretexting
- Internet – Solicitation, Purchase or Hacking
- Telephone solicitation
- Other (describe in comment field)

WHAT OTHER PROBLEMS, IF ANY, HAVE YOU EXPERIENCED AS A RESULT OF THE IDENTITY THEFT?

- No other harm suffered
- Criminal investigation, Arrest or Conviction
- Denied employment or loss of job
- Time lost to resolve problems (describe and specify amount in comment field)
- Civil suit filed or judgements entered against you
- Denied credit or other financial services
- Harassed by debt collector or creditor
- Other (describe in comment field)

DO YOU SUSPECT OR KNOW WHO IS RESPONSIBLE FOR THE THEFT & TRANSACTIONS? Yes No

Name Male Female Age

Date of Birth Email

Full Address



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Phone # Relationship

Additional information

INACCURATE INFORMATION ON CREDIT REPORT (Name, SSN, DOB, Etc.) other than accounts

Please indicate which of the following steps, if any, you have already taken to deal with the Identity Theft with the following credit bureaus (check all that apply):

- | | | | | | |
|----------------------------------|----------------------------------|-----------------------------------|-------------------------------------|--------------------------------|-------------------------------|
| Called to report the fraud | <input type="checkbox"/> Equifax | <input type="checkbox"/> Experian | <input type="checkbox"/> TransUnion | <input type="checkbox"/> Other | <input type="checkbox"/> None |
| Put a fraud alert on your report | <input type="checkbox"/> Equifax | <input type="checkbox"/> Experian | <input type="checkbox"/> TransUnion | <input type="checkbox"/> Other | <input type="checkbox"/> None |
| Ordered credit report | <input type="checkbox"/> Equifax | <input type="checkbox"/> Experian | <input type="checkbox"/> TransUnion | <input type="checkbox"/> Other | <input type="checkbox"/> None |
| Problem with a credit bureau | <input type="checkbox"/> Equifax | <input type="checkbox"/> Experian | <input type="checkbox"/> TransUnion | <input type="checkbox"/> Other | <input type="checkbox"/> None |

COMPANIES THAT REQUESTED YOUR CREDIT REPORT WITHOUT YOUR KNOWLEDGE

FINANCIAL COMPANIES – List companies/organizations where fraudulent accounts were established or your current accounts were affected.

Company Name:

Account #:

Company's Full Address

Contact Person: Contact Phone #:

Type of Account (credit card, checking/savings account, loans, phone/utilities, securities/investment, internet/email, government documents/benefits, other):

Date Issued or misused:

Amount thief obtained?: \$ Credit Limit: \$

Have you notified this company? Yes No

Have you sent written notification to this company? Yes No



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Company Name:

Account #:

Company's Full Address

Contact Person:

Contact Phone #:

Type of Account (credit card, checking/savings account, loans, phone/utilities, securities/investment, internet/email, government documents/benefits, other):

Date Issued or misused:

Amount thief obtained?: \$

Credit Limit: \$

Have you notified this company? Yes No

Have you sent written notification to this company? Yes No

EMPLOYERS WHERE PERSONAL INFORMATION WAS MISUSED

Employer Name:

Employer Full Address:

Employer Contact Person:

Phone #:

Dates of Employment: From

To

Information that was misused: Social Security Number Name Date of Birth Other (describe)

Describe the identity theft, including but not limited to, how the theft occurred, how you learned about the theft, who may be responsible and what actions you have taken since the theft. Please briefly describe any problems you have had with the companies/employers involved.



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