



POLICE DEPARTMENT

Officer taking report:	Badge #	Date report filed:	SPD Case Report #
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Identity Theft Instruction and Release

Important instruction for the victim to keep:

- 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.**
 - o You can order your credit reports by visiting <http://www.annualcreditreport.com> or by calling AnnualCredit Report Request Service at 1-877-322-8228.
 - o Often when a person's personal identifying information has been compromised, it is used to obtain more than one account. Identifying and addressing these accounts as soon as possible will assist you in limiting your financial exposure.
 - o Identifying as many fraudulent accounts as possible will increase the chances that the investigating officer will locate information that would aid in identifying a suspect or securing evidence.
 - o Upon receiving your credit reports, supply copies to the Severance Police Department as soon as possible clearly marking which accounts are unauthorized.
- Place a fraud alert on your credit information. Refer to the Federal Trade Commission's publication TakeCharge: Fighting Back Against Identity Theft or visit: <http://www.identitytheft.gov>, for instructions on how to do so.
- Upon completing the Identity Theft Victim Statement and receiving your case number, contact each company, financial institution or collections agency involving your fraudulent or compromised account(s) and begin the fraudclaim process.
- **Companies / financial institutions will not typically cooperate with a Law Enforcement investigation until YOU, the victim, file a fraud complaint with them.**
 - o If the company sends you documentation to complete and return to begin their fraud claim, complete the documentation and make copies (keep a copy for your records and provide a copy to the Severance Police Department).



Badge #

Case Report #

POLICE DEPARTMENT

AUTHORIZATION FOR RELEASE FINANCIAL INFORMATION

Case Number: _____

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

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

I further authorize Officer 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 Names Date

Witness Signature Date



Badge #

Case Report #

POLICE DEPARTMENT

Identity Theft Victim Statement

VICTIM FULL LEGAL NAME _____
First Middle Last Sr., Jr. III

LEGAL NAME AT TIME OF OCCURRENCE _____
First Middle Last Sr., Jr. III

DATE OF BIRTH _____
Month/Day/Year

DRIVERS LICENSE OR IDENTIFICATION CARD NUMBER _____ STATE _____

OTHER STATES I HAVE HAD IDENTIFICATION ISSUED FROM _____

CURRENT ADDRESS _____
Street Number City State Zip

I HAVE LIVED AT THIS ADDRESS SINCE _____
Month/Year

PHONE NUMBER(S) _____
Daytime Evening Cell

EMAIL ADDRESS _____

ADDRESS WHEN THE EVENTS OCCURRED (if different than current address)

Street Number City State Zip

I LIVED AT THIS ADDRESS FROM _____ TO _____
Month/Day/Year Month/Day/Year

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

- | | | |
|---|--|--|
| <input type="checkbox"/> CREDIT CARD | <input type="checkbox"/> CHECKING OR SAVINGS ACCOUNT | <input type="checkbox"/> LOANS |
| <input type="checkbox"/> PHONE OR UTILITIES | <input type="checkbox"/> SECURITIES OR OTHER INVESTMENTS | <input type="checkbox"/> INTERNET OR EMAIL |
| <input type="checkbox"/> GOVERNMENT DOCUMENTS OR BENEFITS | <input type="checkbox"/> EMPLOYMENT | <input type="checkbox"/> 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 _____
Month/Day/Year

When did you notice you might be a victim of Identity Theft? _____
Month/Day/Year

When did the Identity Theft first occur (i.e. first account opened)? _____
Month/Day/Year

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?

- | | |
|--|---|
| <input type="checkbox"/> Burglary or Break In | <input type="checkbox"/> Financial or Employment Records Compromised/Pretexting |
| <input type="checkbox"/> Had access through a relationship with victim | <input type="checkbox"/> Internet – Solicitation, Purchase or Hacking |
| <input type="checkbox"/> Mail Theft or Fraudulent address change | <input type="checkbox"/> Telephone Solicitation |
| <input type="checkbox"/> Wallet or purse containing ID lost or Stolen | <input type="checkbox"/> Other (describe in comment field) |

What other problems, if any, have you experienced as a result of the identity theft?

- | | |
|---|--|
| <input type="checkbox"/> No other harm suffered | <input type="checkbox"/> Civil Suit Filed or Judgement Entered Against You |
| <input type="checkbox"/> Criminal Investigation, Arrest or Conviction | <input type="checkbox"/> Denied Credit or other Financial Services |
| <input type="checkbox"/> Denied Employment or Loss of Job | <input type="checkbox"/> Harassed by Debt Collector or Creditor |
| <input type="checkbox"/> Time Lost to Resolve Problems (describe and specify amount in comment field) | |
| <input type="checkbox"/> Other (describe in comment field on page 5) | |

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

NAME _____
☐ Male ☐ Female Age _____
DATE OF BIRTH _____
ADDRESS _____
PHONE(S) _____
EMAIL ADDRESS _____
RELATIONSHIP _____
ADDITIONAL INFORMATION _____

NAME _____
☐ Male ☐ Female Age _____
DATE OF BIRTH _____
ADDRESS _____
PHONE(S) _____
EMAIL ADDRESS _____
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 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 a 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 NUMBER _____
COMPANY ADDRESS _____
CONTACT PERSON _____
CONTACT PHONE/FAX/EMAIL _____
TYPE OF ACCOUNT (Credit Card, Checking/Savings Account, Loans, Phone/Utilities, Securities/Investment, Internet/Email, Government Documents/benefits, Other) _____
DATE ISSUED or MISUSED _____
Month/Day/Year

AMOUNT THIEF OBTAINED \$ _____ CREDIT LIMIT(S) \$ _____
HAVE YOU NOTIFIED THIS COMPANY? ☐ Yes ☐ No
HAVE YOU SENT WRITTEN NOTIFICATION TO THIS COMPANY? ☐ Yes ☐ No

COMPANY NAME _____
ACCOUNT NUMBER _____
COMPANY ADDRESS _____
CONTACT PERSON _____
CONTACT PHONE/FAX/EMAIL _____
TYPE OF ACCOUNT (Credit Card, Checking/Savings Account, Loans, Phone/Utilities, Securities/Investment, Internet/Email, Government Documents/benefits, Other) _____
DATE ISSUED or MISUSED _____
Month/Day/Year

AMOUNT THIEF OBTAINED \$ _____ CREDIT LIMIT(S) \$ _____
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 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 companies/employers involved.

ARE YOU WILLING TO ASSIST IN THE INVESTIGATION AND PROSECUTION OF THE OFFENDER(S)? ☐ Yes ☐ No

Signature

Date