

City of Oakley Police Department

Identity Theft Counter Report

3231 Main Street, Oakley, CA 94561

Office: (925) 625-8855 / Dispatch (24hr): (925) 625-8060

FOR OFFICE USE ONLY:

DR # : _____

Before you complete this form:

1. Place a fraud alert on your credit reports and review the reports for fraud.
2. Close the accounts that you know, or believe to have been tampered with or opened fraudulently.

PERSON REPORTING THE CRIME

1. NAME (Last, First, Middle):

2. DATE OF BIRTH:

3. SOCIAL SECURITY NUMBER:

4. DRIVER LICENSE # / STATE:

5. EXPIRATION DATE:

6. CURRENT HOME ADDRESS (STREET, CITY, STATE):

7. DAYTIME PHONE #:

8. CELL PHONE #:

9. EMAIL ADDRESS:

AT THE TIME OF THE FRAUD, WAS YOUR NAME / ADDRESS DIFFERENT ? (If different than above)

10. NAME (Last, First, Middle):

11. HOME ADDRESS (STREET, CITY, STATE):

DECLARATIONS

12. I did OR did not authorize anyone to use my name or personal information to obtain money, credit, loans, goods, or services-or for any other purpose- as described in this report.

13. I did OR did not receive any money, goods, services, or other benefit as a result of the events described in this report.

14. I am OR am not willing to work with law enforcement if charges are brought against the person or persons who committed this fraud.

ABOUT THE FRAUD

15. I believe the following person or persons used my information or identification documents to open new accounts, use my existing accounts, or commit other fraud.

NAME:

ADDRESS:

PHONE #:

NAME:

ADDRESS:

PHONE #:

16. Additional information about this person / people:

17. Information about the crime (for example, how you became aware of this crime, how the suspect gained access to your information or which documents or information were used):

PLEASE ATTACH ANY DOCUMENTS THAT YOU HAVE REGARDING THE FRAUD TO THIS REPORT

18. Who have you contacted (Name / Phone Number) regarding this crime ? What have you learned that will aid us in investigating this crime ?

YOUR CREDIT REPORT

19. Credit inquiries from these companies appear on my credit report as a result of this identity theft:

COMPANY NAME:

COMPANY NAME:

COMPANY NAME:

COMPANY NAME:

20. Below are the details about the different frauds committed using my personal information (if there were more than three, add at the end of the report).

NAME OF INSTITUTION:

CONTACT PERSON:

TELEPHONE # / EXTENTION:

ACCOUNT #:

ROUTING #:

AFFECTED CHECK NUMBERS:

ACCOUNT TYPE:

CREDIT BANK PHONE/UTILITY LOAN GOVERNMENT BENEFITS
 INTERNET OR EMAIL OTHER: _____

SELECT ONE:

- THIS ACCOUNT WAS OPENED FRAUDULENTLY
 THIS WAS EXISTING ACCOUNT THAT SOMEONE TAMPERED WITH

DATE ACCOUNT OPENED OR MISUSED:

DATE DISCOVERED:

TOTAL \$ LOSS:

NAME OF INSTITUTION:

CONTACT PERSON:

TELEPHONE # / EXTENTION:

ACCOUNT #:

ROUTING #:

AFFECTED CHECK NUMBERS:

ACCOUNT TYPE:

CREDIT BANK PHONE/UTILITY LOAN GOVERNMENT BENEFITS
 INTERNET OR EMAIL OTHER: _____

SELECT ONE:

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AFFECTED CHECK NUMBERS:

ACCOUNT TYPE:

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