**LAGUNA BEACH POLICE DEPARTMENT**

**IDENTITY THEFT INVESTIGATION**

**SUPPLEMENTAL WORKSHEET**

**\*\*One form for each fraudulently obtained/misused account or incident\*\***

**Not to be used as an initial Crime Report**

**PAGE \_\_\_\_ OF \_\_\_\_**

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| **SECTION 1:** | | | | | | | | | | | | | **VICTIM INFORMATION** | | | | | | | | | | | | | | |
| **LBPD DR #:** | | | Click here to enter text. | | | | | | | **SUPP #:** | | | | | Click here to enter text. | | | | | | **REPORT DATE:** | | | | | Click here to enter a date. | |
| **VICTIM LAST NAME:** | | | | | Click here to enter text. | | | | | | | | | | | **FIRST NAME:** | | | Click here to enter text. | | | | | | | | |
| **ADDRESS:** | | Click here to enter text. | | | | | | | | | | | | | | | | | | **PHONE:** | | | | | Click here to enter text. | | |
| **SOCIAL SECURITY #:** | Click here to enter text. | | | | | | | | | **DRIVER’S LICENSE/ID #:** | | | | | | Click here to enter text. | | | | | | **DATE OF BIRTH:** | | | Click here to enter a date. | | |
| **SECTION 2:** | | | |  | | | | | **FRAUDULENT ACCOUNT INFORMATION** | | | | | | | | | | | | | | | | | | |
| **ACCOUNT OR SERVICE NAME:** | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | **ACCOUNT #** | | Click here to enter text. | | | |
| **COMPANY PHONE #** | | | | | | Click here to enter text. | | | | | | | | | | | **CONTACT PERSON:** | | | | | Click here to enter text. | | | | | |
| **IS THIS A NEW FRAUD ACCOUNT** (SELECT) | | | | | | | | | | | Choose an item. | | | | | | **EXISTING ACCOUNT, BUT USED FRAUDULENTLY** (SELECT) | | | | | | | | | | Choose an item. |
| **ACCOUNT OPEN DATE:** | | | | | | | Click here to enter a date. | | | | | **ACCOUNT CLOSE DATE:** | | | | | | Click here to enter a date. | | | | | **LOSS DUE TO FRAUD:** | | | | Click here to enter text. |
| **AFFIDAVIT OF FRAUD FILED WITH CREDITORS:**  (Select: Not Required if creditors does not require affidavit) | | | | | | | | | | | | | Choose an item. | | | | | **DO YOU HAVE COPY(S) OF AFFIDAVIT**  (If yes, please attach to report. If no, submit this report and request affidavit and mail in when received) | | | | | | | | | Choose an item. |
| **HOW DID YOU DISCOVER ABOVE FRAUDULENT ACTIVITY?** (Please indicate if it was a fraudulent attempt only) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 3:** | | | |  | | | | | | | | | | **METHOD OF FRAUD** | | | | | | | | | | | | | |
| **INDICATE BELOW HOW THE SUSPECT APPLIED FOR OR OBTAINED ACCOUNT / SERVICE / GOODS**  (Please select and explain. Attach additional pages if necessary) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MAIL / PHONE / INTERNET / FAX / IN PERSON / UNKNOWN** (If internet please provide e-mail address, if available)  Choose an item.  Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **(Proceed to Section 4 -5 on Reverse Side)** | | | | | | | | |  | | | | |  | | | | | |  | | | | | |  | |

**PLEASE COMPLETE AND SUBMIT FORM WITHIN 30 DAYS  
FAILURE TO DO SO MAY CAUSE THE CASE TO BE SUSPENDED OR CLOSED (OVER)**

#### C:\Users\jrabine\Desktop\laguna beach seal.jpgLAGUNA BEACH POLICE DEPARTMENT

#### IDENTITY THEFT INVESTIGATION

## SUPPLEMENTAL WORKSHEET (Cont.)

**PAGE \_\_\_\_ OF \_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 4:** | | | | **SUSPECT INFORMATION (IF AVAILABLE)** | | | | | | | | | | |
| **LOCATION(S) INVOLVED: (Provide known involvement locations and phone numbers)** | | | | | | | | | | | | | | |
| **BILLING ADDRESS:** | Click here to enter text. | | | | | **CITY:** | Click here to enter text. | | | | | **PHONE:** | Click here to enter text. | |
| **SHIPPED TO ADDRESS:** | Click here to enter text. | | | | | **CITY:** | Click here to enter text. | | | | | **PHONE:** | Click here to enter text. | |
| **MAILED TO ADDRESS** | Click here to enter text. | | | | | **CITY:** | Click here to enter text. | | | | | **PHONE:** | Click here to enter text. | |
| **SERVICE ADDRESS:** | Click here to enter text. | | | | | **CITY:** | Click here to enter text. | | | | | **PHONE:** | Click here to enter text. | |
| **PICK-UP SITE:** | Click here to enter text. | | | | | **CITY:** | Click here to enter text. | | | | | **PHONE:** | Click here to enter text. | |
| **TRANSACTION SITE:** | Click here to enter text. | | | | | **CITY:** | Click here to enter text. | | | | | **PHONE** | Click here to enter text. | |
| **SUSPECTED PERSON OR GROUP INVOLVED:** | | | | | | | | | | | | | | |
| **List Full Names, ID#, SSN#, Employee ID#, Birthdates.** Please list names (if available) and explain below: | | | | | | | | | | | | | | |
| **POSSIBLE SUSPECT(S):** | | Click here to enter text. | | | | | | |  | Click here to enter text. | | | | |
|  | | Click here to enter text. | | | | | | |  | Click here to enter text. | | | | |
| **EXPLAIN:** | |  | | | | | | |  |  | | | | |
| Click here to enter text. | | | | | | | | | | | | | | |
| **In the event a suspect(s) is/are arrested, are you willing to prosecute?** | | | | | Choose an item. | | | **In the event a criminal complaint is filed, are you willing to testify in court?** | | | | | | Choose an item. |
| **SECTION 5:** | |  | **ADDITIONAL PERTINENT INFORMATION** | | | | | | | | Attach additional pages as necessary. | | | |
| Click here to enter text. | | | | | | | | | | | | | | |

**THE UNDERSIGNED AFFIRMS THAT THE ABOVE IS TRUE & ACCURATE, SUBJECT TO THE PENALTY OF PERJURY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **VICTIM OR** | | | | |
| **RESPONSIBLE PARTY SIGNATURE:** | Click here to enter text. | **DATE:** | Click here to enter a date. |

**PLEASE MAIL COMPLETED ORIGINAL FORM(S) TO: LAGUNA BEACH POLICE DEPARTMENT, ECONOMIC CRIMES UNIT,**

**505 FOREST AVENUE, LAGUNA BEACH, CA 92651**

**FOR SPECIFIC QUESTIONS ABOUT COMPLETING THIS PLEASE CALL (949) 497-0701**