**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 \_\_\_\_**

|  |  |
| --- | --- |
| **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 \_\_\_\_**

|  |  |
| --- | --- |
| **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**