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 #:	
T. SATTIME FROM E.M.	o. ollermone ".	
9. EMAIL ADDRESS:		
AT THE TIME OF THE FRAUD, WAS YOUR NAM	F / ADDRESS DIFFE	FRENT 2 (If different than above)
10. NAME (Last, First, Middle):	E / ADDREGG DII I E	TRENT: (II different than above)
11. HOME ADDRESS (STREET, CITY, STATE):		
DECLARATIONS		
12. I □ did <u>OR</u> □ did not authorize anyone to us goods, or services-or for any other purpose- as des		nal information to obtain money, credit, loans,
13. I □ did <u>OR</u> □ did not receive any money, go this report.	ods, services, or othe	er benefit as a result of the events described in
14. I □ am <u>OR</u> □ am not willing to work with law who committed this fraud.	enforcement if charg	ges are brought against the person or persons
ABOUT THE FRAUD		
15. I believe the following person or persons used use my existing accounts, or commit other fraud.	myinformation or ide	ntification documents to open new accounts,
NAME:		
ADDRESS:		
PHONE #:		
FIGNE#.		
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:				
20. Below are the details about the different fraucthree, add at the end of the report).	ds committe	d using my personal information (if there were more than		
NAME OF INSTITUTION:				
CONTACT PERSON:	1	TELEPHONE # / EXTENTION:		
ACCOUNT #:	F	ROUTING #:		
AFFECTED CHECK NUMBERS:	ı	ACCOUNT TYPE: □ CREDIT □ BANK □ PHONE/UTILITY □ LOAN □ GOVERNMENT BENEFITS □ INTERNET OR EMAIL □ OTHER:		
SELECT ONE:	DATE ACCOUNT	T OPENED OR MISUSED:		
☐ THIS ACCOUNT WAS OPENED FRAUDULENTLY	DATE DISCOVE	RED: TOTAL \$ LOSS:		
☐ THIS WAS EXISTING ACCOUNT THAT SOMEONE TAMPERED WITH	27.1.2.3.00012	10 1/2 \$ 2000.		
NAME OF INSTITUTION:				
NAME OF INSTITUTION:				
NAME OF INSTITUTION: CONTACT PERSON:	1	TELEPHONE # / EXTENTION:		
		TELEPHONE # / EXTENTION: ROUTING #:		
CONTACT PERSON:	, ,			
CONTACT PERSON: ACCOUNT #:	,	ROUTING #: ACCOUNT TYPE: CREDIT BANK PHONE/UTILITY LOAN GOVERNMENT BENEFITS		
CONTACT PERSON: ACCOUNT #: AFFECTED CHECK NUMBERS:	,	ROUTING #: ACCOUNT TYPE: □ CREDIT □ BANK □ PHONE/UTILITY □ LOAN □ GOVERNMENT BENEFITS □ INTERNET OR EMAIL □ OTHER: T OPENED OR MISUSED:		
CONTACT PERSON: ACCOUNT #: AFFECTED CHECK NUMBERS: SELECT ONE: THIS ACCOUNT WAS OPENED FRAUDULENTLY	I L L L L L L L L L L L L L L L L L L L	ROUTING #: ACCOUNT TYPE: □ CREDIT □ BANK □ PHONE/UTILITY □ LOAN □ GOVERNMENT BENEFITS □ INTERNET OR EMAIL □ OTHER: T OPENED OR MISUSED:		
CONTACT PERSON: ACCOUNT #: AFFECTED CHECK NUMBERS: SELECT ONE: THIS ACCOUNT WAS OPENED FRAUDULENTLY THIS WAS EXISTING ACCOUNT THAT SOMEONE TAMPERED WITH	DATE ACCOUNT	ROUTING #: ACCOUNT TYPE: □ CREDIT □ BANK □ PHONE/UTILITY □ LOAN □ GOVERNMENT BENEFITS □ INTERNET OR EMAIL □ OTHER: T OPENED OR MISUSED:		
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21. Is there any other information that you believe would aid the police in solving this crime?				
ATTESTATION (SIGN IN THE PRESENCE OF A LAW I	ENFORCEMENT OFFICER)			
I certify that, to the best of my knowledge and belief, all the information correct, and complete and made in good faith. I understand that this complete available to federal, state and/or local law enforcement agencies deem appropriate. I understand that knowingly making any false or frau government may violate federal, state, or local criminal statutes, and making any statutes.	on and attached to this complaint is true, mplaint or the information it contains may be for such action within their jurisdiction as they idulent statements or representation to the ay result in a fine, imprisonment or both.			
SIGNATURE:	DATE:			
PRINTED NAME:				