PORT HURON POLICE DEPARTMENT IDENTITY CRIME INCIDENT DETAIL FORM

Complaint	#	

Please fill out this form and return it to the police department as soon as possible. The information you provide will be used to understand what occurred, organize the investigative case, and determine what financial institutions should be contacted in the course of the investigation.

Date t	his form was filled out:
Full N	lame (first, middle, last):
Social	Security Number:
	rs License Number:
Date c	of Birth:
Home	Address:
Home	Telephone Number:
	hone Number:
	il Address:
Emplo	oyer Information:
1.	What is the best time to reach you at home?
2.	How and when did you become aware of the identity crime?
3.	When did the fraudulent activity begin?
4.	What is the full name, address, birth date, and other indentifying information that the fraudulent activity was made under?
5.	Please list all fraudulent activity that you are aware of to date, with locations and address of fraudulent applications or purchase made (bank, retailers, ect). Please list any documents fraudulently obtained in your name (drivers license, Social Security card, ect). List in chronological order if possible. Please be concise and state the facts. You may attach a separate piece of paper if needed.

6.	To assist law enforcement in pinpointing when and by whom your information was compromised it is of value to retrace your action in recent months with regard to your personal information. This information is not solicited to "blame the victim" for the crime, but to further the investigation toward who might have stolen your personal or financial identifiers. What circumstances and activities have occurred in the last six months (include activities done by you, and on your behalf by a member of your family or a friend).
	Carried Social Security card in my wallet.
	Carried my bank account password or PIN number in my wallet.
	Gave out my Social Security number. To whom?
	My mail was stolen. When?
	I went away and my mail was held at the Post Office or collected by someone else.
	I traveled to another location outside my home area (business or pleasure). Where and when?
	Mail was diverted from my home (either by forwarding order or in a way unknown).
	I did not receive a bill as usual (i.e.: credit card bill did not come). When and which one?
	A new credit card I was supposed to receive did not arrive in the mail as expected. Which one?
	Bills I was paying were left in an unlocked mailbox for pickup by the Postal Service.
	Service people were in my home (from which company and when?)
	Documentation with my personal information was thrown in the trash without being shredded.
	Credit card bills, pre-approved credit card offers, or credit card "convenience checks" in my name were thrown out without being shredded.
	My garbage was stolen or gone through.
	My ATM receipts and/or credit card receipts were thrown away without being shredded.
	My password or PIN number was given to someone else.

My h	ome was burglarized.
Му с	ar was stolen or burglarized.
Му р	urse or wallet was stolen.
My cl	neck book was stolen.
- 1	ersonal information was provided to a service business or non-profit (i.e.: I gave blood, donated y, took out insurance, or saw a financial planner (please list):
	redit report was queried by someone claiming to be a legitimate business interest.
I appl	ied for credit and/or authorized a business to obtain my credit report (i.e.: shopped for a new car,
applie	d for a credit card, or refinanced a home. Please list:
A legi	timate purchase was made where my credit card was out of my sight. ersonal information was given to a door to door salesperson or charity fundraiser. e list:
	ersonal information was given to a telemarketer or telephone solicitor.
A cha	ritable donation was made using my personal information.
Му ре	ersonal information was given to enter a contest or claim a prize I had won.
A new	bank account or new credit card was legitimately opened in my name.
l refin	anced my home or property. Please list:
A legi	timate loan was applied for or closed in my name.
A legi	timate lease was applied for or signed in my name.
Legiti	mate utility accounts were applied for or opened in my name.

	A license or permit was applied for legitimately in my name.
	My name and personal information was mentioned in the newspaper or a magazine.
	Online purchases were made using my credit card. List company:
marray and the state of the sta	Personal information was included in an e-mail.
	I released personal information to a friend or family member.
	y items checked above please, in as much detail as possible, explain the circumstances of the situation:
,	·
7.	
	List all:
8.	In the last six months whom has your Social Security number been given to?
	List all:

9.	Do your checks have your Social Security number or drivers license number printed on them? Have you written your Social Security number or drivers license number on any checks in the last six months, or has the retailer written those numbers on a check?				
	Yes. Please list	•			
	No				
10.	Do you own a busine	ess that may be affected by the identity crime?			
	Yes. Please list	:			
	No				
11.	Do you have any inf How do you believe	ormation on a suspect in this identity crime case? the theft occurred?			
12.		counts and charges (example: utility, credit card, bank, merchant, financial, ect)			
		the following organizations and requested a Fraud Alert be put on your account? ave contacted about a Fraud Alert)			
	Equifax*	Date:			
	TransUnion*	Date:			
	Experian*	Date:			
	Your Bank(s)	List Bank(s)			
	Secretary of St	ate Office			
	Social Security	Administration			
	Other Inlease li	st·			

		a credit report from a ve requested a credi	each of the three credit bure it report from.	aus?	
Еc	juifax*	(Please attach a co	py to this form)		
	ansUnion*	(Please attach a co	py to this form)		
En	perian*	(Please attach a co	py to this form)		
*To rep	ort identity	theft and request co	pies of your credit reports,	contact telephone numbers are as	
follows:	Equi	fax = 1-800-525-628	5		
	Expe	rian – 1-888-397 - 37	42		
	Tran	sUnion – 1-800-680-	-7289		
	ou contacte s? If yes ple		titutions concerning either	legitimate or fraudulently opened	
Name o	f Financial	Institution	Phone Number	Person you spoke to	
					
EMEMBER:	Keep a deta		correspondence and contacts	since realizing you were a victim	
Plea	ise return th	is completed form	to: Port Huron Police Dep 100 McMorran Blvd Port Huron, Michigan 4		

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(revised 5/18/16)