

IDENTITY THEFT

SPD #205a

TO WHOM THIS MAY CONCERN:

This packet contains the forms necessary to file a complaint of MISAPPROPRIATION OF PERSONAL IDENTIFYING INFORMATION OR PERSONAL IDENTIFICATION DOCUMENTS UNDER Wisconsin Statute 943.201 with the Sheboygan Police Department. **ONLY** those incidents occurring **AFTER** April 27, 1998, will be accepted.

It is important that all forms are complete, accurate, and legible. TYPING is encouraged, though neat printing is acceptable. We suggest that you TELEPHONE the Criminal Investigation Division to clarify any questions you may have about the forms, or about the process. When the forms are completed, set up an APPOINTMENT TO FILE THE COMPLAINT IN PERSON. Telephone calls should be made weekdays, Monday through Friday, between 8:00 a.m. and 5:00 p.m. Mail-in forms are NOT acceptable.

To make an appointment, or ask a question, telephone the Criminal Investigation Division at (920) 459-3355.

NOTE: A CERTIFIED CERTIFICATE OF BIRTH IS REQUIRED to accompany this packet AND any and all original documents, notes, exemplars, letters, video or audio tapes, or other items of an evidentiary nature **MUST** be filled out for **EACH** incident you wish to report.

SIGNED AFFIDAVIT MUST BE NOTARIZED.

1. Contact your banking institution(s) and have assurances that your compromised accounts are closed.
2. Contact the Federal Trade Commission www.consumer.gov/idtheft.
3. Contact Credit Bureaus (Experian, Equifax and Trans Union) to have a "Fraud Alert" placed on your credit reports. This fraud alert will show up on your credit report when companies make inquiries about your credit and may stop additional fraud. Ask the credit bureaus how long this fraud alert will stay on your account and how you can go about renewing it.

Experian 1-888-397-3742 or www.experian.com
Trans Union 1-800-680-7289 or www.transunion.com
Equifax 1-800-525-6285 or www.equifax.com

4. Contact utilities (power, water, phone, cable, etc) to inform them that you may be the victim of an identity crime, to check for any unusual or suspect account activity and to establish passwords for your accounts.
 5. Contact Social Security Administration Inspector General Fraud Hotline – Contact this hotline if your Social Security Number was compromised or misused (1-800-269-0271).
- Keep a log or diary of everything you do regarding this identity crime (every contact with name, phone number, address, date of contact and result of contact).
 - Start a folder or binder to keep a record of all correspondence you send and receive (letters, bills, notices, reports, etc)

REPORTING PERSON:

Name _____ Race _____ Sex _____
(Last) (First) (Middle)
Date of Birth _____ Address _____
City _____ State _____ Zip Code _____
Phone: Home _____ Work _____
Employed at _____ Address _____
City _____ State _____ Zip Code _____
Phone: _____
Social Security Number _____
Your Drivers License # _____
Your Bank Numbers (if involved) _____

PRECISE LOCATION OF OCCURRENCE:

Address _____
(City) (State)
-If a store or company-
Name of Business _____
Business Address _____ Phone _____
Name of Employee receiving the information, application, order etc:
_____ Race _____ Sex _____ DOB _____
(Last) (First) (Middle)
Home address of employee _____
(City) (State)
Home Phone _____ Can this person identify the suspect? Yes No
If yes, how?

-If not a store or business-

Exact location of occurrence _____
(City) (State)
Type of location _____
Name of person receiving the information, application, order, etc:
_____ Race _____ Sex _____ DOB _____
(Last) (First) (Middle)
Home address _____
(City) (State)
Phone: Home _____ Work _____

SUSPECT:

Name used in this occurrence _____
(Last) (First) (Middle)
Claimed DOB _____ Race _____ Sex _____
Claimed Social Security Number _____

Claimed Address _____
Claimed Phone Home _____ Work _____ (City) (State)
Claimed Place of Employment _____
Claimed work ID Number _____
Claimed DL # _____
Bank numbers claimed _____

TRUE IDENTITY OF SUSPECT (IF KNOWN):

Name _____ Race _____ Sex _____ DOB _____
(Last) (First) (Middle)
True Address _____ (City) (State)
True Phone: Home _____ Work _____
True Place of Employment _____ Work ID# _____
True DL # _____
Bank #'s _____

Description of Suspect:

Race _____ Sex _____ Age _____ Height _____ Weight _____ Build _____
Complexion _____ Hair Color _____ Eye Color _____ Scars, Marks, Moles, Tattoos, Jewelry, etc.

Description of Vehicle _____ (License #) _____

Are there any security videos or photos? _____

PERSONS INVOLVED

Supply the following information about everyone listed you have contacted to gather information, including, but not limited to: you – the person filling out this report; ALL witnesses; the person who accepted the check; the suspect; any accomplices; the account holder; any other persons having information concerning this offense. Provide all information you can reasonably obtain, and fill in all spaces if at all possible. If this section is not filled out, the complaint will NOT be accepted.

Name _____ DOB _____ Home phone _____
Home address, city, state, zip code _____
Employer _____ Work phone _____
Work address, city, state, zip code _____
How involved? (owner, teller, cashier, suspect, etc.) _____

Name _____ DOB _____ Home phone _____
Home address, city, state, zip code _____
Employer _____ Work phone _____
Work address, city, state, zip code _____
How involved? (owner, teller, cashier, suspect, etc.) _____

Name _____ DOB _____ Home phone _____
Home address, city, state, zip code _____
Employer _____ Work phone _____
Work address, city, state, zip code _____
How involved? (owner, teller, cashier, suspect, etc.) _____

Name _____ DOB _____ Home phone _____
Home address, city, state, zip code _____
Employer _____ Work phone _____
Work address, city, state, zip code _____
How involved? (owner, teller, cashier, suspect, etc.) _____

Name _____ DOB _____ Home phone _____
Home address, city, state, zip code _____
Employer _____ Work phone _____
Work address, city, state, zip code _____
How involved? (owner, teller, cashier, suspect, etc.) _____

Name _____ DOB _____ Home phone _____
Home address, city, state, zip code _____
Employer _____ Work phone _____
Work address, city, state, zip code _____
How involved? (owner, teller, cashier, suspect, etc.) _____

INCIDENT SUMMARY

In this section, type or legibly print a telling of what occurred, in the chronological order in which it occurred, including who did what, who observed what, who heard what, and what happened. Also include information documenting what you learned about the incident, and how it is that you know that (example: If you know the suspect is JaneDoe because you showed a security video to the account holder, who said "That's my friend, Jane Doe!", include that information. Do not make a guess how you know it, or have us duplicate what has already occurred in this investigation). Use as many sheets as necessary to provide this information. IF THIS PAGE IS NOT FILLED OUT LEGIBLY, YOUR COMPLAINT WILL NOT BE ACCEPTED.

AFFIDAVIT OF MISAPPROPRIATION OF IDENTIFICATION OR PERSONAL IDENTIFICATION DOCUMENTS (RE: S.S. 943.201)

STATE OF WISCONSIN
COUNTY OF _____ : SS

I am _____, and reside at _____, phone number _____, in the City of _____, State of _____. Being duly sworn under penalty of perjury (§946.31) or false swearing (§946.32) declare that I was born on the _____ day of _____, in the year _____. I further swear that my personal identification and/or documents have been misappropriated in this single particular incident in the following manner:

and that due to this misappropriation, I have suffered the following harm or loss: _____

I further swear that I did not give any person in the world permission or consent to use my identifying information or documents, including, but not limited to, my name, address, phone number, Department of Transportation unique identifying number, social security number, my place of employment and or employee identification number, my mother's maiden name, and/or identifying number of any depository accounts. I further swear that I have received no benefits or proceeds directly or indirectly through this unauthorized use of my identifying information and/or documents. I further swear that by affixing my signature to this document, I agree to fully cooperate with all Federal, State, County or Municipal law enforcement agencies, and to appear and testify, as needed, in criminal court at my own expense beyond the usual minimal witness fees. I also authorize the release of any and all financial, professional, official, government, credit, insurance, educational, employment, utility, or medical records and/or documents as the investigating authority may reasonably deem to be necessary, pertinent, or helpful in the investigation of this offense, and that a true copy of this affidavit may be accepted by said institution(s) as a proper release form.

(Signed/Victim) _____

Signed and sworn to before me on _____ day of _____, 20 __, by

SEAL _____
Notary Public
My commission expires _____