## **CANYON COUNTY SHERIFF'S OFFICE**

#### **General Report of Identity Theft/Fraud**

(For Crimes Originating outside of Canyon County Jurisdiction)

For Sheriff's Office Use Only					
Report Date	:	Case #:			
Crime:					
UCR code	Incident	Action	Area		

#### □ Victim

Name (Last, First, Middle)	AKA / Nickname	e DOB	Age		Race	Sex	Н	W	Hair	Eyes
Residence Address		Residence Phone		DLN tate			Relati	l onship Type	e	
Business Address / School		Cell Phone	S	SN			Victin	n Type		
Occupation		Business Phone	P	roper	ty Loss/A	mount	Loss	Гуре		

#### □ Suspect

Loans

Name (Last, First, Middle)	AKA / Nickname	DOB	Age	Race	Sex	Н	W	Hair	Eyes
Residence Address	I	Residence Phone	OLN			Relati	onship Typ	e	
			State						
Business Address / School	(	Cell Phone	SSN			Victir	n Type		
Occupation	H	Business Phone	Prope	erty Loss/A	mount	Loss	Гуре		

#### **Type of Identity Theft/Fraud:**

Credit Cards	Securities or Other Investments	Phone or Utilities
Checking or Savings Accounts	Government Documents or Benefits	Internet or E-Mail

Exact name used to open account	Creditor / Lender name	Account #	Date of Identity Theft / Fraud

Did suspect use the Internet to open the acc	ount or purchase the goods/services?	<b>Yes</b>	<b>No</b>	<b>Don't Know</b>
Did you authorize anyone to use your name	or personal information to obtain the	e money, cr	edit, loans,	goods, services, or

Did you receive any benefit, money, goods, or services as a result of the events described?  $\Box$  Yes  $\Box$  No

Have you been, or are you expecting to be reimbursed or credited by any company or person as a result of the events described? 
Yes No If "yes", please explain:

**Please read carefully before you sign below:** Providing false information to police or government agencies is a misdemeanor in violation of **IDAHO CODE 18-5413**. If this report is false and used in conjunction with making a false or fraudulent insurance claim, it is a felony, in violation of **IDAHO CODE 41-293** punishable by up to 15 years in prison and a \$15,000 fine.

### Summary of Complaint: (To be filled out by the victim)

Please give us information about the identity theft, including, but not limited to, how and when the theft or fraudulent use occurred, who may be responsible for the theft, and what actions you have taken since the theft.

# THIS REPORT IS NOT VALID UNTIL SIGNED By my signature, I certify that I have read and understand the above statement When you have completed this

and I also certify that all information I have provided is true and correct to the best of my knowledge and that I will prosecute and/or testify in this case.	form please mail it to: Canyon County Sheriff's Office
	Attn: Records 1115 Albany Street
If you have questions please call Sheriff's Records Monday – Friday 8am - 5pm at 454-7488	Caldwell, ID. 83605

#### **OFFICE USE ONLY**

	INVESTI	GATORS NOTES		
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