

# CANYON COUNTY SHERIFF'S OFFICE

## General Report of Identity Theft/Fraud

( For Crimes Originating outside of Canyon County Jurisdiction )

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

### ☐ Victim

Name (Last, First, Middle)	AKA / Nickname	DOB	Age	Race	Sex	H	W	Hair	Eyes
Residence Address		Residence Phone	OLN State		Relationship Type				
Business Address / School		Cell Phone	SSN		Victim Type				
Occupation		Business Phone	Property Loss/Amount		Loss Type				

### ☐ Suspect

Name (Last, First, Middle)	AKA / Nickname	DOB	Age	Race	Sex	H	W	Hair	Eyes
Residence Address		Residence Phone	OLN State		Relationship Type				
Business Address / School		Cell Phone	SSN		Victim Type				
Occupation		Business Phone	Property Loss/Amount		Loss Type				

### 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  
☐ Loans      ☐ Other (Describe): \_\_\_\_\_

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

Did suspect use the Internet to open the account or purchase the goods/services? ☐ Yes ☐ No ☐ Don't Know

Did you authorize anyone to use your name or personal information to obtain the money, credit, loans, goods, services, or for other purposes? ☐ Yes ☐ No

Did you receive any benefit, money, goods, or services as a result of the events described? ☐ Yes ☐ 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.**

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**THIS REPORT IS NOT VALID UNTIL SIGNED**

**By my signature,** I certify that I have read and understand the above statement 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.

SIGNATURE

When you have completed this form, please mail to:

**Canyon County Sheriff's Office,  
ATTN: Records  
1115 Albany Street  
Caldwell ID 83605**

Or email completed form to: **ccsorecords@canyoncounty.id.gov**

If you have any questions, please contact Records at (208) 454-7510, Monday - Friday, 8:00am-5:00pm.

**OFFICE USE ONLY**

INVESTIGATORS NOTES

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Processed by:

Badge #

Date:

☐ **Informational**

Route Copy to: ☐ **Patrol**

☐ **CID**

☐ **File**

☐ **Other**\_\_\_\_\_

☐ **Close Inactive**