Identity Theft/Narrative Report

Greenwich Police Department, 11 Bruce Place, Greenwich, CT 06830 (203) 622-8000

Voluntary Statement

Case No. _____Date: _____ Time: _____

Name: _____ Date of birth: _____

Full Address: _____

On this form, please explain the circumstances pertaining to the identity theft that occurred, including information on unauthorized use of personal "identifying" information, such as debit/credit cards, social security numbers, and financial accounts. Please include dates, places associated with fraudulent activity, names and/or identities of suspects, and amounts of financial loss. Please indicate actions you've taken to notify financial institutions, creditors and credit bureaus, and if the institutions/companies have assumed the loss and held you harmless.

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(Use additional sheets if necessary)

By affixing my signature to this statement, I acknowledge that the information I have provided is true to the best of my knowledge and belief.

_____ _____

Signature Date

_____

Officer Taking Statement