ATTENTION: If you are a victim of FRAUD to include the unlawful use or acquisition of your Debit/Credit card, Forgery or Identity Theft (Use of your personal identifying information), please call (435)627-4300 and an officer will be dispatched to take a report.

This packet must be completed in order to obtain a police incident number

INSTRUCTIONS: Make sure the involved accounts are closed so no further fraudulent activity will occur. Complete an Affidavit of Fraud/Forgery with your financial institution and obtain a copy of it for this report. Also obtain an account statement to include the actual Date/Time/Amount and Location of the fraudulent transactions which is imperative for investigative follow up. Read and completely fill out this packet including the witness statement form. Please wait to sign the signature line that is located on the witness statement form, until the signature can be witnessed by an officer.

TIME is a factor in being able to obtain important evidence (video surveillance etc.) Providing the needed information in a timely manner will assist law enforcement in the investigation of these crimes.

IRIS: Another option for victims of identity theft is to report the crime at www.idtheft.utah.gov which is the web site for the Identity Theft Reporting Information System (IRIS). Those who report identity theft at this web site will receive step-by step instruction on how to recover from the crime, complete an affidavit and make a report. Each report is automatically delivered to the local police department with jurisdiction over investigating each crime. This web site also provides important information on how to protect yourself from identity theft scams and other schemes to obtain your identity. Go to www.idtheft.utah.gov (See the attached IRIS information)

Victims of Internet Related Crimes can also go to www.ic3.gov which is the Internet Crime Complaint Center where a victim can file a report if the criteria outlined are met. Visit these web sites to learn how to better protect ones self from Identity Theft and Internet Related Crimes and follow the links to many other useful web sites and resources.
St. George Police Department

Debit/Credit Card Report

Date of Report:_______________________ Police Incident#________________________

Do You Live in the City of St. George? Yes or No

Did the Fraud occur outside the City of St. George? Yes or No

Where was the fraud committed?

Victim Information

Name:_________________________________________ DOB:________________________

Address:_______________________________________________________________________

Phone#__________________ Cell Ph#___________________ e-mail:______________________

SSN#______________________ DL#______________________ DL state___________________

Suspect Information

Do you have Suspect Information? Yes or No  (If so complete the following section)

Name:_____________________________________ DOB/AGE:________________________

Address:______________________________ Relation to Suspect:________________________

Phone#__________________ Cell Ph#___________________ e-mail:_____________________

Description of Suspect/Vehicle Known to Drive:_____________________________________

Financial Institution Involved

Have you already reported the fraudulent activity to your financial institution? Yes or No
Have you completed an Affidavit of Fraud/Forgery (statement saying you are not the person who committed the fraudulent activity) with your financial institution? Yes or No

Have you closed the account/cancelled your card? Yes or No Date the account was closed or card(s) cancelled: ____________________________________________________________

Name of Institution:_____________________________________________________________

Address:______________________________________________________________________

Phone#:_______________________________________ e-mail:__________________________

Contact Person:_________________________________  Title:___________________________

____________________________________________________

Debit/Credit Card and Account Information

Do you have possession of your debit/credit card?  Yes or No

What kind of debit/credit card is it? ________________________________________________

Account number:________________________________________________________________

Card number:___________________________________________________________________

Name on the card:_______________________________________________________________

Total amount of fraudulent activity/charges:  $________________________________________

Total amount reimbursed by the financial institution: $_________________________________

Do you know where your debit/credit card may have been Lost or Stolen?__________________

______________________________________________________________________________

Where was the last location you used the debit/credit card before it was compromised? ______

______________________________________________________________________________

Does anyone else know your PIN#  Yes or No  Who?_________________________________

If a Suspect is positively identified as a relative, are you willing to prosecute?  Yes or No
List below each fraudulent charge/transaction:

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<th>Actual Date &amp; Time</th>
<th>Name and/or Location Where Fraud Occurred</th>
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Please list any other notes or information you feel is important or pertinent to your case:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
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______________________________________________________________________________

Please provide the following documents to be attached to this report:

* Copy of your Account/Bank Statement with any fraudulent charges highlighted or underlined
* Copy of the Affidavit of Fraud/Forgery (statement you signed attesting that you are not the person responsible for the fraud or charges)
* Please fill out the Witness Statement Form on the next page.
* Please do not sign it until it can be witnessed by a Police Officer
St. George Police Department Incident #________________

Statement Form

DATE__________________  PLACE__________________________________TIME___________

NAME___________________________________DOB______________PHONE______________

HOME ADDRESS________________________________________________________________

Read Carefully: I am making this statement voluntarily and without threat or coercion. All statements made in this statement are true and correct to the best of my knowledge. I understand this statement may be used in a preliminary hearing. If I make a false statement which I do not believe is true, I will be subject to criminal penalty.

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I have read this statement and the facts contained therein are true and correct.

_____________________________    __________________ ___________
Witnessing Police Officer Signature of person providing the statement.