



TOWN OF EAST TROY POLICE DEPARTMENT

Don P. Jensen Sr. – Chief of Police

N9330 Stewart School Rd.

P.O. Box 664

Town of East Troy, WI 53120

Non-emergency 262-642-3700

Fax 262-642-9701

IDENTITY THEFT PACKET

TO WHOM IT MAY CONCERN:

This packet contains the forms necessary for you to file an UNAUTHORIZED USE OF AN INDIVIDUAL'S PERSONAL IDENTIFYING INFORMATION OR DOCUMENTS (IDENTITY THEFT) complaint with the Town of East Troy Police Department under Wisconsin State Statute 943.201. **Only complaints where the incident occurred within the last six (6) years will be accepted. In addition, you must either be a resident of the Town of East Troy or the crime must have occurred within the Town of East Troy to submit this packet.**

Complete this packet only after you have been instructed to do so by a Town of East Troy Police Officer. It is important that all forms be complete, accurate and legible.

After completing all the forms, the documents must be submitted in person at the police department. Identity theft packets will not be accepted by mail. Affidavits **MUST** be signed and notarized prior to appearing at the station.

NOTE: A CERTIFIED CERTIFICATE OF BIRTH IS REQUIRED to be included in this packet as well as any and all original documents, notes, exemplars, letters, video or audio tapes or anything else of an evidentiary nature. Each incident requires that a separate packet be filled out. This packet may be copied as needed. Only one packet will be given to each person.

**REPORTED FOR:
(VICTIM/COMPLAINANT)**

Name: _____ Race: _____ Sex: _____
Last First Middle

D.O.B. _____ Address: _____

City State Zip Code Home Phone Cell Phone
Employed at: _____ Address: _____

City State Zip Code Work Phone
Work I.D. Number (if applicable): _____ Social Security Number: _____
Driver's License Number: _____ State: _____ Expires: _____
Bank Account Numbers (if applicable): _____
Your Maiden Name: _____ Mother's Maiden Name: _____

**REPORTED BY:
(If different than above)**

Reported by: _____ Race: _____ Sex: _____
Last First Middle

D.O.B. _____ Address: _____

City State Zip Code Home Phone Cell Phone
Relationship to victim: _____
Work Phone

**EXACT LOCATION OF OCCURRENCE:
(Where the suspect used your information)**

If store or company:

Name of Business: _____

Address of Business: _____

Name of employee receiving the information, application, order, etc: _____
City State Phone

Home address of employee: _____
Last First Middle Race Sex D.O.B.

Home Phone: _____ Can employee I.D. suspect? No Yes If yes, how: _____
City State Zip Code

If not a store or company:

Exact location of occurrence: _____
Address City State Zip Code

Type of location: **Circle** Single Family, duplex, apartment, townhouse, condominium

Name/information of person/employee receiving the information, application, order, etc:

Last First Middle Race Sex D.O.B.

Home address: _____

Home Phone: _____ Work Phone: _____ City State Zip Code

Can person I.D. suspect? No Yes

If yes, how: _____

INFORMATION USED BY SUSPECT :

Name: _____

Race: _____ Sex: _____ Claimed D.O.B.: _____ Claimed phone: _____
Last First Middle

Claimed Social Security Number _____

Claimed address: _____

Claimed D.L. No.: _____ Mother's maiden name: _____
City State Zip Code

Bank numbers used: _____

Claimed place of employment: _____ Claimed phone: _____

Claimed work identification number: _____

DESCRIPTION OF SUSPECT (IF KNOWN):

Race: _____ Sex: _____ Age: _____ Height: _____ Weight: _____ Build: _____

Complexion: _____ Hair color: _____ Eye color: _____ Scars, marks, moles, tattoos, jewelry, glasses _____

Vehicle: _____
Year Make Model Color License Plate

TRUE IDENTITY OF SUSPECT (IF KNOWN):

Name: _____ Race: _____ Sex: _____ D.O.B.: _____

True address: _____ Phone: _____
City State Zip Code

True D.L. No.: _____ Mother's maiden name: _____

Bank numbers used: _____

True place of employment: _____ Phone: _____

Is there a security video? No Yes If, yes, are they included? No Yes

Were fingerprints taken? No Yes If yes, by whom: _____

If yes, are they included? No Yes

PERSONS INVOLVED

Supply the following information about **everyone** listed on the previous page, including, but not limited to: you – the person filling out the 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 the information you can reasonably obtain and fill in all spaces if at all possible. If this page is not filled out the complaint will **NOT** be accepted.

Name: _____ DOB: _____ Telephone: () _____
Home address, city, state, zip code: _____
Employer: _____ Work telephone: () _____
Work address, city, state, zip code: _____
How involved: owner, teller, cashier, suspect, other _____

Name: _____ DOB: _____ Telephone: () _____
Home address, city, state, zip code: _____
Employer: _____ Work telephone: () _____
Work address, city, state, zip code: _____
How involved: owner, teller, cashier, suspect, other _____

Name: _____ DOB: _____ Telephone: () _____
Home address, city, state, zip code: _____
Employer: _____ Work telephone: () _____
Work address, city, state, zip code: _____
How involved: owner, teller, cashier, suspect, other _____

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

INCIDENT SUMMARY

In this section, explain what occurred in chronological order, including who did what, who observed what, who heard what and what happened. Also include information documenting how you obtained information about what occurred, who the suspect is, etc.

Use as many sheets as necessary to provide this information. **IF THIS PAGE IS NOT LEGIBLE, YOUR COMPLAINT WILL NOT BE ACCEPTED.**

**AFFIDAVIT OF UNAUTHORIZED USE OF AN INDIVIDUAL'S
PERSONAL IDENTIFYING INFORMATION OR DOCUMENTS**

(Identity Theft)
Wisconsin SS 943.201

STATE OF WISCONSIN
COUNTY OF _____;

I am _____ and reside at _____,
in the city of _____, state of _____, phone number (____) _____,
being duly sworn, and under penalty of perjury (ss 946.31) or false swearing
(ss 946.32) declare that I was born with the name _____, on the
_____ day of _____, in the year _____ A.D. I further swear that I was born
in the city of _____, state of _____, and that my birth was
registered with the lawful authority to register births in that jurisdiction, being _____
(County, Parish, City, etc.) in the state of _____. I further swear that
the certified certificate of birth presented is the document certifying my birth, and not that of another. I
also swear that the name I currently use (if not listed on the birth certificate) is due to marriage to
_____, or due to a legal change of name authorized by a court in
_____, State of _____, or other reason or means
(describe or specify) _____, and have used this name
since the _____ day of _____, in the year _____ A.D. I further swear that my
personal identification and/or documents have been misappropriated in this 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 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 my 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. 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, and that failure to
cooperate or testify as needed may be grounds for any financial institution to dishonor this affidavit. I
also authorize the release of any financial records on my accounts to the investigating law
enforcement agency where necessary to further the investigation and that a true copy of this affidavit
may be accepted by said institution(s) as a proper release form.

Signed _____

NOTARY SEAL HERE	Subscribed and sworn before me this ____ day of _____, 20____ _____ Notary Public Signature Commission expires: _____
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