



Swansea Police Department

Identity Theft/Fraud Report

Date: Case #:

Name: Business Name:

Address: Date of Birth:

City: Home/Business Phone:

State: ZIP: Cell Phone:

SSN#: Miscellaneous:

Credit Fraud

Bank/Business/Credit Provider:

Type of Credit: Car Loan Credit Line MC Visa Other:

Account #(s):

Account Cancelled? Y N
 Card in Victim's Possession? Y N

Services Fraud

Service Provider:

Type of Service: Cable Gas/Electric Cellular Water Other:

Account #(s): Suspect/Location Known: Y N

Date/Time Used:	Location:	Loss Amount:

Please state below the circumstances related to the reported fraud, any possible suspect information, and any other relevant information. If needed, use the back of this form as needed:

I hereby acknowledge under criminal penalty for filing a false police report, the above information is true and correct to the best of my knowledge.

Signature: Date:

- 1) Copy to Victim
- 2) Copy scanned to file
- 3) Fax to USPIS 314.539.9306
- 4) Victim report to www.ic3.org

Swansea Police Department
 1400 North Illinois Street
 Swansea, IL 62226
 618.233.8114

Fraud Alert Providers
 Experian: www.experian.com
 TransUnion: www.transunion.com
 Equifax: www.equifax.com