SANDWICH, ILLINOIS
Police Department

Identity Crime Incident Details

Report # _____ **Officer:** _____

Please fill out this form and return it to the Sandwich Police Department as soon as possible. The information you provide will be used to understand what occurred, organize the investigative case, determine where evidence might be found, develop a theory of how the identity crime occurred, and determine what financial institutions should be contacted in the course of the investigation.

Date this form was filled out:
First Name:
Middle Name:
Last Name:
Social Security Number:
Driver's License Number:
Date of Birth:
Home Address:
Home Telephone Number:
Cell Phone Number:
E-Mail Address:
Employer:
Work Address:
Work Telephone Number:

1. What is the best time to reach you at home? _____

2. How did you become aware of the identity crime?
   - ☐ Found fraudulent charges on my credit card bill
     Which one? _____
   - ☐ Found fraudulent charges on my cellular phone bill
     Which one? _____
   - ☐ Received bills for an account(s) I did not open
     Which one? _____
   - ☐ Found irregularities on my credit report
   - ☐ Was contacted by a creditor demanding payment
     Which one? _____
   - ☐ Was contacted by a bank's fraud department regarding charges
     Which one? _____

1251 E. 6th St., Sandwich, Illinois 60548 ● (P) 815-786-8735 ● (F) 815-786-7450 ● sandwichilpolice.com