

UNIFORM REPORT – IDENTITY FRAUD/THEFT

ANNOTATED CODE OF MARYLAND

Article – PUBLIC SAFETY

Background:

During the 2010 legislative session the Maryland Legislature repealed and reenacted, with amendments:

Public Safety Article
Title 3 – Law Enforcement
Subtitle 2 – Police Training Commission
§ 3 – 207 General Power and Duties of Commission
Annotated Code of Maryland
(2003 Volume and 2009 Supplement)

Among other changes, § 3-207 - “General powers and duties of Commission” contains the following provision regarding the development and distribution of a uniform Identity Fraud Reporting form:

Subject to the authority of the Secretary, the Commission has the following powers and duties:

- (16) **to develop**, with the cooperation of the Office of the Attorney General, the Governor’s Office of Crime Control and Prevention and the Federal Trade Commission, **a uniform identity fraud reporting form** that:
- (i) **makes transmitted data available on or before October 1, 2011, for use by each law enforcement agency of State and local government; and**
 - (ii) **may authorize the data to be transmitted to the Consumer Sentinel Program in the Federal Trade Commission;**

Action Taken:

As required by law, the Maryland Police and Correctional Training Commission, in consultation with the Office of the Attorney General, Consumer Protection Division, and the Governor’s Office of Crime Control Prevention, Maryland Statistical Analysis Center, and the Federal Trade Commission has developed the captioned uniform IDENTITY FRAUD/THEFT reporting form.

The uniform IDENTITY FRAUD/THEFT reporting form has been developed using a variety of sources including the following:

Identity Theft Victims’ Universal Complaint Form
(Federal Trade Commission)
Identity Crime Incident Detail Form
(U.S. Secret Service)
Model Policy – Identity Crime
(International Association of Chiefs of Police)
Application for Maryland Identity Theft Passport
(Office of Maryland Attorney General)

INSTRUCTIONS FOR COMPLETING FORM

PAGE 1 - LINES # 1-2: Reporting Agency Identifiers.

PAGE 1 - LINE # 3: Agency Complaint/Case Number.

PAGE 1 - LINE # 4: Date report taken.

PAGE 1 - LINES # 5-11: Victim Identification – to be completed as indicated on form.

PAGE 2 - BLOCK # 12: Determine if document/information was stolen or lost.

PAGE 2 - BLOCKS # 13-14: To be completed as indicated on form.

PAGE 2 - BLOCK # 15: Determine HOW victim discovered theft/compromise occurred – check all that apply.

PAGE 2 - BLOCK # 16: Determine identity information/item compromised – check all that apply.

PAGE 3 - BLOCK # 17: Determine from victim if information/identity was used to:

- establish NEW account;
- use an EXISTING account;

* Note: Use separate pages if multiple/additional accounts are involved.

PAGE 4 - BLOCK # 18: Obtain a detailed narrative from victim to include as much of the information contained in BLOCK # 18 as possible.
Use additional page(s) if necessary.

PAGE 5 - BLOCK # 19: Determine from victim the names/identities of any “potential suspect(s).

PAGE 5 - LINE # 20: To be completed as indicated on form.

PAGE 5 - LINE # 21: To be completed as indicated on form if known.

PAGE 6 - BLOCK # 22: Page to be given to victim as reference/resource:

* Note: Reporting officer should explain options/recommended actions to the victim if necessary.

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CR § 8-304. **REPORT.**

(a) Contact local law enforcement agency. – A person who knows or reasonably suspects that the person is a victim of identity fraud, as prohibited under this subtitle, may contact a local law enforcement agency that has jurisdiction over:

- (1) any part of the county in which the person lives; or,
- (2) any part of the county in which the crime occurred.

(b) **Preparation of report.** – After being contacted by a person in accordance with subsection(a) of this section, a local law enforcement agency shall promptly:

- (1) prepare and file a report of the alleged identity fraud; and,
- (2) **PROVIDE A COPY OF THE REPORT TO THE VICTIM.**

UNIFORM IDENTITY FRAUD/THEFT REPORTING FORM

LAW ENFORCEMENT AGENCY IDENTIFIERS/ADMINISTRATIVE INFORMATION

1. **AGENCY NAME:** _____

2. **REPORTING AGENCY ORI #:** _____

3. **COMPLAINT/INCIDENT/REPORT #:** _____

4. **DATE REPORT TAKEN:** _____

VICTIM INFORMATION

5. **LEGAL NAME OF VICTIM AT TIME OF REPORT:**

_____ (last) _____ (first) _____ (middle)

6. **DATE OF BIRTH:** _____

7. **VICTIM CURRENT ADDRESS:**

_____ (STREET NAME/APARTMENT #)

_____ (CITY) _____ (STATE) _____ (ZIP CODE)

8. **TELEPHONE #:**

_____ (home) _____ (work) _____ (cell – optional)

9. **"E" MAIL ADDRESS** (recommended/not required)

10. **DRIVER LICENSE INFORMATION:**

_____ (number) _____ (state of issuance)

11. **VICTIM FULL LEGAL NAME AT TIME OF THEFT/DISCOVERY OF THEFT *IF DIFFERENT FROM ABOVE:***

_____ (last) _____ (first) _____ (middle)

PERSONAL INFORMATION - IDENTITY THEFT/COMPROMISE SUMMARY

12. **DOCUMENT/INSTRUMENT/INFORMATION:** _____ LOST _____ STOLEN
 _____ UNAUTHORIZED DISCLOSURE OF PERSONAL INFORMATION FROM OTHER RECORDS:
 TYPE OF RECORD: _____

13. **DATE IDENTITY THEFT FIRST NOTICED/DISCOVERED:**
 AMOUNT OF MONEY SPENT TO DATE TO RESOLVE THEFT (ESTIMATE IF NOT SURE): \$ _____
 AMOUNT OF TIME SPENT TO DATE TO RESOLVE THEFT (ESTIMATE IF NOT SURE): _____
 (HOURS)

14. **LOCATION/ADDRESS IDENTITY THEFT/LOSS BELIEVED TO HAVE OCCURRED:**

 (STREET)

 (CITY) (COUNTY) (STATE) (ZIPCODE)
 IF COMMERCIAL ESTABLISHMENT – NAME: _____

15. **IDENTITY THEFT/COMPROMISE DISCOVERED HOW (CHECK APPLICABLE):**
 _____ SELF-INITIATED CREDIT REPORT CHECK
 _____ FRAUDULENT/UNAUTHORIZED ACCOUNT:
 _____ OPENED _____ USED
 _____ OVERDRAWN ACCOUNT
 _____ CREDIT REPORT FINDING BY FINANCIAL/OTHER INSTITUTION
 _____ NOTIFIED BY:
 _____ BANK/CREDIT UNION/OTHER TYPE OF FINANCIAL INSTITUTION
 _____ CREDIT CARD COMPANY/OTHER CREDITOR
 _____ BILL COLLECTION AGENCY/REPRESENTATIVE
 _____ INSURANCE COMPANY
 _____ UTILITY/TELEPHONE COMPANY
 _____ DENIED LOAN/CREDIT
 _____ ARRESTED/HAD WARRANT ISSUED/COMPLAINT FILED FOR CRIME DID NOT COMMIT
 _____ DRIVER'S LICENSE SUSPENDED FOR ACTS NOT COMMITTED
 _____ SUED FOR DEBT NOT INCURRED
 _____ DENIED EMPLOYMENT FOR FINANCIAL REASONS
 _____ THEFT OF MAIL/DIVERSION OF MAIL FROM ADDRESS
 _____ GARBAGE/RECYCLABLES GONE THROUGH
 _____ OTHER (DESCRIBE): _____

16. **TYPE OF IDENTITY INFORMATION/ITEM COMPROMISED (CHECK APPLICABLE TYPES):**

<p>_____ SOCIAL SECURITY NUMBER _____ DRIVER'S LICENSE _____ BIRTH CERTIFICATE/OTHER _____ RESIDENT ALIEN CARD _____ PASSPORT _____ EDUCATIONAL RECORDS _____ MEDICAL RECORDS _____ PROFESSIONAL RECORDS/LICENSE _____ INSURANCE RECORDS: _____ MEDICAL _____ OTHER (IDENTIFY TYPE): _____</p>	<p>_____ UTILITIES/TELEPHONE RECORDS _____ ATM/BANK CARD _____ SAVINGS ACCOUNT _____ CREDIT CARD _____ CHECKING ACCOUNT _____ BROKERAGE/STOCK ACCOUNT _____ PERSONAL COMPUTER: _____ INTERNET PURCHASE _____ FILES HACKED _____ OTHER (PROVIDE INFORMATION): _____</p>
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17. **HOW INFORMATION/IDENTITY WAS USED (CHECK APPLICABLE):**

___ **NEW** ACCOUNT:

___ FRAUDULENTLY **ATTEMPTED TO OPEN NEW** ACCOUNT (fill in applicable information)

___ FRAUDULENTLY OPENED **NEW** ACCOUNT (fill in applicable information)

- DATE OPENED: _____
- TYPE OF ACCOUNT: _____

- COMPANY NAME: _____
 - ACCOUNT #: _____
 - AMOUNT OBTAINED/CREDIT LIMIT: \$ _____
- COMPANY ADDRESS: _____
- COMPANY PHONE #: _____
- COMPANY "E" MAIL ADDRESS: _____

- TYPE OF FRAUD/THEFT:
 - ___ CASH OBTAINED: \$ _____
 - ___ MERCHANDISE OBTAINED: \$ _____
 - ___ SERVICES OBTAINED:
 - ___ GOVERNMENT BENEFITS;
 - ___ MEDICAL SERVICES;
 - ___ OTHER: _____

___ **EXISTING** ACCOUNT:

___ FRAUDULENTLY **ATTEMPTED TO USE EXISTING** ACCOUNT (fill in applicable information)

___ FRAUDULENTLY **USED EXISTING** ACCOUNT (fill in applicable information)

- TYPE OF ACCOUNT: _____

- COMPANY NAME: _____
 - ACCOUNT #: _____
 - AMOUNT OBTAINED/CREDIT LIMIT: \$ _____
- COMPANY ADDRESS: _____
- COMPANY PHONE #: _____
- COMPANY "E" MAIL ADDRESS: _____
- ACCOUNT #: _____

- DATE(S) ACCOUNT WAS USED: _____
 - TYPE OF FRAUD/THEFT:
 - ___ CASH OBTAINED: \$ _____
 - ___ MERCANDISE OBTAINED: \$ _____
 - ___ SERVICES OBTAINED:
 - ___ GOVERNMENT BENEFITS
 - ___ MEDICAL SERVICES
 - ___ OTHER: _____

[LIST ADDITIONAL/MULTIPLE STOLEN/COMPROMISED ACCOUNTS ON SEPARATE PAGES]

VICTIM ACCOUNT/NARRATIVE OF HOW THEFT OCCURRED OR DISCOVERED & ACTION TAKEN

18. DETAILED NARRATIVE FROM VICTIM – INCLUDE THE FOLLOWING INFORMATION IF APPLICABLE:

- LOCATION IDENTITY THEFT/LOSS BELIEVED TO HAVE OCCURRED
- DESCRIPTION OF PERSONAL INFORMATION LOST/STOLEN/COMPROMISED:
 - OTHER/ADDITIONAL IDENTITY INFORMATION LOST/STOLEN COMPROMISED
- DETERMINE IF VICTIM AUTHORIZED ANYONE TO USE NAME/PERSONAL INFORMATION:
 - IDENTIFY AUTHORIZED USER
- DATE THEFT/COMPROMISE OCCURRED/DISCOVERED
- EXPLANATION OF HOW THEFT/LOSS/COMPROMISE WAS DISCOVERED
- EXPLANATION OF HOW ACCESS WAS GAINED TO IDENTITY INFORMATION (if known)
- WAS IDENTITY THEFT RESULT OF ANOTHER CRIME:
___ BURGLARY ___ STOLEN AUTO ___ ROBBERY ___ OTHER TYPE THEFT
- DATE/TIME OTHER CRIME OCCURRED:
 - INCIDENT # (if known)
- DESCRIPTION OF HOW PERSONAL INFORMATION WAS USED/FOR WHAT PURPOSE
- AMOUNT OF FINANCIAL LOSS (known at time of this report)
- IF INTERNET PURCHASE - WEBSITE ADDRESS/COMPANY
- NAME/TELEPHONE # OF COMPANY REPRESENTATIVE/INVESTIGATOR MAKING CONTACT
- DATE THEFT/LOSS REPORTED TO COMPANY/INSTITUTION
- VICTIM IDENTITY VERIFIED BY REPORTING OFFICER AT TIME OF REPORT:
 - METHOD USED: _____
- DETERMINE IF VICTIM IS WILLING TO ASSIST IN THE INVESTIGATION/PROSECUTION IF SUSPECT IS IDENTIFIED/ARRESTED/CHARGED:
___ YES ___ NO ___ NOT SURE AT THIS TIME
- DETERMINE IF VICTIM HAS FILED A REPORT WITH ANY OTHER LAW ENFORCEMENT AGENCY:
 - IF YES, NAME OF AGENCY/REPORT #: _____
- DETERMINE IF VICTIM HAS ADDITIONAL DOCUMENTATION TO SUPPORT THEFT/FRAUD CLAIM THAT MIGHT ASSIST IN INVESTIGATION
 - IF YES, IDENTIFY DOCUMENT: _____

NARRATIVE:

"POTENTIAL" SUSPECT INFORMATION

19. "POTENTIAL" SUSPECT IDENTIFIERS:

SUSPECT NAME/ALIAS: _____

SUSPECT ADDRESS: _____

SUSPECT TELEPHONE #: _____

SUSPECT RELATIONSHIP TO VICTIM: _____

METHOD USED TO OBTAIN IDENTITY ITEM (if known/suspected):

AUTHORIZATION BY VICTIM TO SUSPECT TO USE PERSONAL IDENTITY INFORMATION:

___ YES ___ NO

IF YES, TRANSACTIONS/CIRCUMSTANCES AUTHORIZED FOR (EXPLAIN):

OFFICER CONTACT INFORMATION

20. NAME/ASSIGNMENT/TELEPHONE # REPORTING OFFICER:

(NAME)

(TELEPHONE #)

(E MAIL)

21. NAME/ASSIGNMENT/TELEPHONE # OF FOLLOW-UP INVESTIGATOR (if known):

(NAME)

(TELEPHONE #)

(E MAIL)

VICTIM ASSISTANCE INFORMATION/CHECKLIST

An Identity Theft Report entitles an identity crime victim to certain important protections that may help the victim eliminate fraudulent debt and restore their credit to pre-crime status. It is recommended that the victim of the identity theft be provided with the following information after the Identity Crime Report has been completed.

Briefly describe the agency investigative process that occurs after an Identity Theft Report is completed.

22. RECOMMENDED ACTION TO BE TAKEN BY VICTIM (CHECK APPLICABLE):

- ___ BEGIN WRITTEN LOG OF ACTION TAKEN TO INCLUDE:
 - DATES/TIMES OF CONTACTS
 - NAMES/TELEPHONE # OF CONTACTS
 - SUMMARY OF ACTION NEEDED/TAKEN
 - RECORD TIME SPENT/EXPENSES INCURRED FOR CONTACT
 - CONFIRM IN WRITING ALL CONVERSATIONS REGARDING THEFT/FRAUD/COMPROMISE
 - MAINTAIN COPIES OF ALL CORRESPONDENCE/DOCUMENTS REGARDING THEFT
- ___ OBTAIN/REVIEW COPY OF CREDIT REPORT(S):
 - EQUIFAX (800-685-1111) www.equifax.com
 - EXPERIAN (888-397-3742) www.experian.com
 - TRANS UNION (800-680-7289) www.transunion.com
- ___ IDENTIFY ALL OPEN FRAUDULENT ACCOUNTS:
 - IDENTIFY FRAUDULENT ACCOUNT NUMBERS
 - IDENTIFY FRAUDULENT ADDRESSES/OTHER INFORMATION
- ___ NOTIFY ALL CREDITORS ABOUT IDENTITY FRAUD COMPLAINT:
 - AUTHORIZE ACCESS TO FRAUDULENT ACCOUNT INFORMATION FOR LAW ENFORCEMENT FRAUD INVESTIGATORS
 - DISPUTE STOLEN ACCOUNTS WITH CREDITORS
 - REQUEST CREDIT REPORTING AGENCIES BLOCK FRAUDULENT INFORMATION
- ___ PLACE FRAUD ALERT
- ___ PLACE CREDIT FREEZE
- ___ OBTAIN REPLACEMENT CREDIT ACCOUNTS WITH NEW ACCOUNT # FOR EXISTING COMPROMISED ACCOUNTS
- ___ NOTIFY AFFECTED CREDIT CARD COMPANY/BANK/FINANCIAL INSTITUTION
- ___ FILE COMPLAINT WITH FEDERAL TRADE COMMISSION (FTC):
 - COMPLETE ID THEFT AFFIDAVIT (1-877-438-4338) www.ftc.gov/idtheft
- ___ OBTAIN IDENTITY THEFT PASSPORT:
 - OFFICE OF MARYLAND ATTORNEY GENERAL:
 - IDENTITY THEFT UNIT (410-576-6491) [www.IDTheft@oag.state.md.us](mailto:IDTheft@oag.state.md.us)
- ___ MONITOR CREDIT CARD BILLS FOR EVIDENCE OF FRAUDULENT ACTIVITY:
 - REPORT ACTIVITY IMMEDIATELY TO CREDIT GRANTOR
- ___ NOTIFY SOCIAL SECURITY ADMINISTRATION IF SS# HAS BEEN COMPROMISED:
 - (1-800-269-0271)
- ___ NOTIFY MOTOR VEHICLE ADMINISTRATION IF DRIVER'S LICENSE HAS BEEN LOST/STOLEN/COMPROMISED:
 - (1-800-950-1682)
 - APPLY FOR "V" RESTRICTION ON DRIVER'S LICENSE FROM MVA;
- ___ CONTACT LOCAL LAW ENFORCEMENT AGENCY IF IDENTITY HAS BEEN USED TO COMMIT CRIMINAL VIOLATIONS:
 - FILE APPROPRIATE ADMINISTRATIVE REPORT FOR MISIDENTIFICATION:
 - LOCAL STATE'S ATTORNEY'S OFFICE www.mdsaa.org
 - PRIVACY RIGHTS CLEARINGHOUSE:
 - (1-619-298-3396) www.privacyrights.org

[USE THIS PAGE AS A VICTIM ASSISTANCE CHECKLIST]