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During the 2010 legislative session the Maryland Legislature repealed and reenacted, with amendments: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

ANNOTATED CODE OF MARYLAND

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) ____________________________
12. **DOCUMENT/INSTRUMENT/INFORMATION:**

<table>
<thead>
<tr>
<th>Lost</th>
<th>Stolen</th>
</tr>
</thead>
</table>

___ 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):**

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Utilities/telephone records</th>
</tr>
</thead>
<tbody>
<tr>
<td>Driver's license</td>
<td>ATM/bank card</td>
</tr>
<tr>
<td>Birth certificate/other</td>
<td>Savings account</td>
</tr>
<tr>
<td>Resident alien card</td>
<td>Credit card</td>
</tr>
<tr>
<td>Passport</td>
<td>Checking account</td>
</tr>
<tr>
<td>Educational records</td>
<td>Brokerage/stock account</td>
</tr>
<tr>
<td>Medical records</td>
<td>Personal computer:</td>
</tr>
<tr>
<td>Professional records/license</td>
<td>Internet purchase</td>
</tr>
<tr>
<td>Insurance records:</td>
<td>Files hacked</td>
</tr>
<tr>
<td>Medical</td>
<td>Other (provide information):</td>
</tr>
</tbody>
</table>
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: $________
  - MERCHANDISE OBTAINED: $________
  - SERVICES OBTAINED:
    - GOVERNMENT BENEFITS
    - MEDICAL SERVICES
    - OTHER: ____________________________

[LIST ADDITIONAL/MULTIPLE STOLEN/COMPROMISED ACCOUNTS ON SEPARATE PAGES]
18. **DETAILED NARRATIVE FROM VICTIM – INCLUDE THE FOLLOWING INFORMATION IF APPLICABLE:**

- LOCATION IDENTIFY THEFT/LOSS BELIEVED TO HAVE OCCURRED
- DESCRIPTION OF PERSONAL INFORMATION LOST/STOLEN/COMPROMISED:
  - OTHER/ADDITIONAL IDENTIFY INFORMATION LOST/STOLEN COMPROMISED
- DETERMINE IF VICTIM AUTHORIZED ANYONE TO USE NAME/PERSONAL INFORMATION:
  - IDENTIFY AUTHORIZED USER
- DATE THEFT/CMPROMISE OCCURRED/DISCOVERED
- EXPLANATION OF HOW THEFT/LOSS/CMPROMISE WAS DISCOVERED
- EXPLANATION OF HOW ACCESS WAS GAINED TO IDENTIFY INFORMATION (if known)
- WAS IDENTIFY 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:**

<table>
<thead>
<tr>
<th>(Name)</th>
<th>(Telephone #)</th>
<th>(E Mail)</th>
</tr>
</thead>
</table>

#### 21. Name/Assignment/Telephone # **Follow-up Investigator** (if known):

<table>
<thead>
<tr>
<th>(Name)</th>
<th>(Telephone #)</th>
<th>(E Mail)</th>
</tr>
</thead>
</table>
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](http://www.equifax.com)
- EXPERIAN (888-397-3742) [www.experian.com](http://www.experian.com)
- TRANS UNION (800-680-7289) [www.transunion.com](http://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](http://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](http://www.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 BEEN USED TO COMMIT CRIMINAL VIOLATIONS:
- FILE APPROPRIATE ADMINISTRATIVE REPORT FOR MISIDENTIFICATION:
  - LOCAL STATE’S ATTORNEY’S OFFICE [www.mdsaa.org](http://www.mdsaa.org)
- PRIVACY RIGHTS CLEARINGHOUSE:
  - (1-619-298-3396) [www.privacyrights.org](http://www.privacyrights.org)

[USE THIS PAGE AS A VICTIM ASSISTANCE CHECKLIST]