



IDENTITY THEFT VICTIM INFORMATION

Identity Theft Case # _____ Date of Report _____

Victim's FULL Name (Last, First Middle): _____

Sex: _____ Race: _____ Place of Birth (State): _____ Date of Birth: _____

Height: _____ Weight: _____ Eyes: _____ Hair: _____ SSN: _____

Driver License Number: _____ State: _____ Expires: _____

Distinguishing Marks (Scars, Tattoos, Birthmarks, Piercings, etc.) YES NO

TYPE

LOCATION

Example: TATTOO of a tiger _____

UPPER LEFT ARM _____

Associated Vehicles:

Plate: _____ State: _____ Make: _____ Model: _____ Color: _____

Plate: _____ State: _____ Make: _____ Model: _____ Color: _____

Password: _____ (Password is **CONFIDENTIAL** and is **NOT** to be disseminated)

Your password will be used for future identity verification purposes. You may be subject to detention by law enforcement if you can't provide your password during any contact with them. Choose a password that will be easy for you to remember.