

IDENTITY THEFT

What to do if it happens to you



Rogers Police Department

21860 Industrial Court

Rogers, MN 55374

www.rogersmn.gov



ROGERS POLICE DEPARTMENT

21860 Industrial Court
Rogers, MN 55374
Main: 763-428-3450
Fax: 763-428-1900
www.rogersmn.gov

Daniel M. Wills
Chief of Police

Dear Rogers Resident:

Anyone can become a victim to identity theft even if you are extremely careful about protection your personal data. If you suspect you have become a victim of identity theft, you must act immediately. It is best to keep a record of your conversations and correspondence. We have included a "Chart Your Course of Action Form" for your convenience. Each case is different, and the exact steps may change depending on the circumstances and how your identity was misused.

IF YOUR CHECKS, CREDIT CARDS, OR ACCOUNT INFORMATION WERE TAKEN:

Notify your bank if you have not already done so, and then call the three-credit reporting bureaus to report the loss and ask them to put a FRAUD ALERT on your account so NO NEW CREDIT will be issued without contacting you.

Experian	1 - 888 - 397 - 3742	www.experian.com
Trans Union	1 - 855-681-3196	www.transunion.com
Equifax	1 - 888-548-7878	www.equifax.com/home

IF YOUR STOLEN CHECKS OR CARDS HAVE BEEN USED:

Contact the banks and/or businesses that accepted your checks or cards to notify them of the fraud and offer to sign any affidavits of forgery as needed. Encourage the banks and businesses to pursue charges against any suspects identified. Contact each of the following agencies to notify them of the compromised checking account information (only contact them if YOUR checks were stolen and you have account information to supply them):

SCAN: (800)269-0271 E-Funds: (800)428-9623 Chex systems: (800)328-5121 Check Rite: (800)638-4600 Int. Check Service: (800)526-5380 Cross Check: (707)586-0551 Global Payments: (800)766-2748 National Processing: (800)526-5380 TeleCheck: (800)710-9898 National Check Fraud:(843)571-2143

IF NEW CHECKS OR CARDS HAVE BEEN MAILED TO A DIFFERENT ADDRESS:

Call the U.S. Postal Inspectors about mail being falsely forwarded. U.S.P.S. Inspection Service 1 - 800 - 372 - 8347 postalinspectors.uspis.gov/ Local Postal Inspector (651) 293 - 3200 Fax (651) 293 - 3384.

IF YOUR SOCIAL SECURITY CARD WAS TAKEN:

Call the Social Security Administration FRAUD HOTLINE to notify them of the loss and get information on how to get a duplicate card. S.S.A. Fraud Hotline 1 - 800 - 269 - 0271 www.ssa.gov . To check your personal earnings and benefit estimate, call 1-800-722-1213.

IF YOUR KEYS WERE TAKEN:

Change or re-key whichever locks need to be changed for your protection.

IF YOUR DRIVER'S LICENSE WAS TAKEN:

Apply for a new License and flag your license as stolen at the DMV. If you are worried that an identity thief may be using your driver's license and/or tarnishing your driving record, you may complete the Confirmation of Identity Driving Record Flag. Driver Evaluation (651) 297-3298 www.dmv.org/mn-minnesota/replace-license .

IF SOMEONE HAS STOLEN YOUR IDENTITY TO GET NEW CREDIT:

Call the police department in either the jurisdiction you live, or the jurisdiction the ID theft occurred, and make an Identity Theft report. In Minnesota, Identity Theft becomes a crime only when any victim (person or business) suffers a monetary loss. Also call the Federal Trade Commission Identity Theft Hotline to notify them and get advice on how to proceed. Ask for copies of your credit reports. They must provide free copies of credit reports to victims of identity theft. Review your reports carefully to make sure no new additional fraudulent accounts have been opened in your name or unauthorized changes made to existing accounts. Ask the credit bureaus for names and phone numbers of credit grantors with whom fraudulent accounts have been opened. Request that the credit bureaus remove inquiries that have been generated due to the fraudulent access. In dealing with the financial institutions, keep a log of all conversations, including dates, times, names, and phone numbers. FTC ID Theft Hotline 1-877-438- 4338 www.consumer.ftc.gov/features/feature-0014-identity-theft . To report fraud to the FTC other than ID Theft, call: 1-877-382-4357.

IF SOMONE HAS STOLEN YOUR IDENTITY TO SET UP TELEPHONE OR UTILITY SERVICE:

If this happens to you, immediately call your service provider to cancel your accounts or calling card. Then, open new account and select new PINS. If the provider does not remove the fraudulent charges or close an unauthorized account, then file a complaint with the following regulatory agencies: For cellular telephone service, file a complaint with the Minnesota Office of the Attorney General (www.ag.state.mn.us) and the Federal Communications Commission (www.fcc.gov). For other utility services including cable and telephone service, file a complaint with the Minnesota Public Utilities Commission (<https://mn.gov/commerce/consumers/file-a-complaint>).

IF SOMEONE HAS STOLEN YOUR IDENTITY RESULTING IN FRAUDULENT ARREST OR CRIMINAL HISTORY RECORDS:

Contact the Minnesota Bureau of Criminal Apprehension (BCA) at 651-793-2400 and request a Questioned Identity Form. Fill out the form and submit it to the BCA. The BCA will undertake to investigate and clear the record, if a claim of ID theft is verified.

INTERNET FRAUD

The Internet Crime Complaint Center (IC3) is a partnership between the Federal Bureau of Investigation (FBI) and the National White Collar Crime Center (NW3C). For victims of Internet fraud, IC3 provides a

convenient and easy-to-use reporting mechanism that alerts authorities of a suspected criminal or civil violation. www.ic3.gov. To report complaints about online and related transactions with foreign companies visit <https://mn.gov/commerce/consumers>.

OTHER INTERNET RESOURCES FOR ADVICE AND INFORMATION:

Privacy Rights Clearinghouse	www.privacyrights.org
Federal Trade Commission	www.fcc.gov
US Secret Service	www.secretservice.gov
Federal Deposit Insurance Corporation	www.fdic.gov/consumers/index
LookstooGoodtoBeTrue	www.iacpcybercenter.org/labs/lookstoogoodtobetrue.com
FakeChecks.Org	www.fakechecks.org/prevention
Direct Marketing Association	https://dmachoice.thedma.org
Minnesota Charities Search	www.ag.state.mn.us/Charity/Default.asp
Monster.Com - Be Safe	https://monster.secure.force.com

WEB SITES FOR CREDIT CARD COMPANIES:

Discover	www.discover.com
MasterCard	https://www.mastercard.us/en-us.html
Visa	www.usa.visa.com/personal

What you can do to protect yourself and your family from being victimized in the future.

- Don't put your D.L. number on your checks. This makes it easy to get a false ID made.
 - Keep all credit card receipts safe. Many criminals use numbers off receipts to defraud.
 - Shred credit card offers you get in the mail. Thieves steal mail and trash to get these.
 - NEVER give your card number, social security number or any personal data out to someone calling you-Make changes only when you call, and remember, Card Fraud Investigators will never call and ask for your number and expiration date.
 - Don't leave mail in your mailbox overnight or on weekends. Deposit mail in U.S. Postal Service collection boxes.
 - Review your consumer credit report annually.
 - Memorize your Social Security number and passwords. Don't carry them with you. Don't use your date of birth as your password.
-



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CONSENT TO CREATE A FBI IDENTITY THEFT FILE

By signing this document, I hereby give the Rogers Police Department permission to enter my personal data in the Federal Bureau of Investigation's (FBI) Identity Theft File. This information may include, but is not limited to; my physical description and other identifying information including my name, date of birth, place of birth, Social Security Number, the type of identity theft, photographs, fingerprints and a password created by myself or a law enforcement officer for future verification of my identity by law enforcement.

I understand that this information is being submitted as part of a criminal investigation of a crime in which I was a victim. I am giving this information voluntarily so that it will be available to law enforcement entities that have access to the FBI's National Crime Information Center (NCIC) files for any investigative or law enforcement purposes authorized by the NCIC. I am providing this data in order to document my claim of identity theft and to obtain a unique password that I can use for future verification of my identity by law enforcement by law enforcement.

I understand that the FBI intends to remove this information from the NCIC active file five years from the date of entry. I also understand that I may submit a written request at any time to the Rogers Police Department to have this information removed from the active file before the five years are up. I further understand that removing this information from the active file will prevent it from being accessible to law enforcement and criminal investigative entities connected to NCIC. However, it will remain in the FBI's data system as a record of the NCIC entry until its deletion is authorized by the National Archives and Records Administration.

I understand that this is a legally binding document reflecting my intent to have my personal, private data entered into the FBI's Identity Theft File for the purposes stated above, and I declare under penalty of perjury that the foregoing is true and correct. (See Title 28, United States Code {U.S.C} Section 1746.)

The Privacy Act of 1974 (5 U.S.C. § 552a) requires local, state or federal agencies to inform individuals whether disclosure of that individual's Social Security number is mandatory or voluntary, the basis of authority for requesting the information, and the uses which will be made of it. Disclosure of your Social Security number is voluntary; it is being requested pursuant to 28 U.S.C. § 534 for the purposes described above. The Social Security number will be used as an identification tool by the FBI system. Consequently, failure to provide the Social Security number may result in a reduced ability to make such identifications or provide future identity verifications.

Signature

Date

Print Name



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NOTICE ABOUT PROVIDING YOUR SOCIAL SECURITY NUMBER

The Federal Privacy Act of 1974 (5 U.S.C. § 552a) requires local, state and federal agencies to inform individuals whether sharing that individual's Social Security number is mandatory or voluntary, the basis of authority for requesting the information, and the uses which will be made of it.

Disclosure of your Social Security number is voluntary; it is being requested pursuant to 28 U.S. C. § 534 (Acquisition, Preservation and Exchange of Identification Records and Information) for the purposes explained below.

The Rogers Police Department is asking you to provide us with private data, your Social Security number. This agency will forward that number to the Federal Bureau of Investigation (FBI) as part of the criminal investigation for the crime of identity theft. Your private information will be added to the FBI's National Crime Information Center (NCIC) Identity Theft File. You will create or help a law enforcement officer create a unique password that will enable you to verify your identity with law enforcement.

You do not have to supply your Social Security number and may legally refuse to give it. The Social Security number will be used to identify you in the NCIC system. Consequently, failure to provide the Social Security number may reduce law enforcement's ability to verify your identity to investigate the crime.

Your personal information, including your Social Security number, will be available to law enforcement and other agencies that investigate financial crimes and have access to the FBI's NCIC files. These agencies include police departments and sheriff offices in all states. Additionally, the FBI and other federal agencies will also have access to your information for the purpose of investigating identity theft fraud and other criminal violations.

Your Social Security number will also be available to the Minnesota Bureau of Criminal Apprehension (BCA) and NCIC employees or contractors whose job duties require that they access the data. The Social Security number may be shared as required by court order or sent to the state auditor or legislative auditor for auditing purposes. The FBI also has auditing requirement and those responsible for that will have access to your private data.

By signing this notice, I affirm that I have read this notice and that I understand that I may refuse to give my Social Security number to this agency. I understand that this agency will submit my Social Security number, along with other personal information to the FBI's NCIC Identity Theft File, where it will be able to be accessed and used by local, state and federal law enforcement agencies for the purpose of investigating identity theft and other crimes. I understand that I will leave with a unique password that I may use in the future to verify my identity.

Signature

Date

Print Name



MINNESOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER AND VEHICLE SERVICES

Confirmation of Identity (Driving Record Flag)
(for victims of identity theft)

Print this completed form. This form can be mailed or submitted in person to Driver and Vehicle Services, 445 Minnesota Street - Ste. 170, St. Paul, Minnesota 55101-5170. It may also be faxed to (651) 282-2463.

- If you have questions or need additional information, please contact DVS at (651) 296-2025 or (651) 282-6555 (TTY).
The Minnesota Department of Public Safety recognizes that the misuse of your identity by someone else is a serious problem. We would like to help you as much as possible. Upon receipt of this completed form, we will make an entry on your driving record. This "flag" will alert law enforcement officers that someone else may be using your identity.
This flag should prevent someone from successfully using your name when involved with law enforcement. Keep in mind, however, that these efforts will not prevent the use of your name in financial matters, such as establishing credit or other accounts.
It is important for you to know that this flag may cause you inconvenience if you have contact with law enforcement personnel. For your own protection, we recommend that you have your Minnesota driver's license or identification card with you at all times.
If you choose to have your record flagged, please complete the information below and return this form to Driver and Vehicle Services, Driving Record Flag Request, 445 Minnesota Street, St. Paul, MN 55101-5170.

Name (LAST, FIRST, MIDDLE INITIAL)

Date of Birth (mm/dd/yy)

Grid for Driver's License Number: [] - [][][] - [][][] - [][][] - [][][]

Driver's License Number

I request that my driving record be flagged to alert law enforcement personnel that someone else may be using my identity. I understand that this flag will remain on my record until I send a written request to Driver and Vehicle Services to remove it.

Signature

Date (mm/dd/yy)

Witness (NOTARY PUBLIC OR DRIVER AND VEHICLE SERVICES REPRESENTATIVE)

Date (mm/dd/yy)

Subscribed and sworn to before me this ___ day of ___ 20 ___

NOTARY PUBLIC _____

COUNTY: _____

MY COMISSION EXPIRES: _____



Identity Theft Victim's Complaint and Affidavit

A voluntary form for filing a report with law enforcement, and disputes with credit reporting agencies and creditors about identity theft-related problems. Visit identitytheft.gov to use a secure online version that you can print for your records.

Before completing this form:

1. Place a fraud alert on your credit reports, and review the reports for signs of fraud.
2. Close the accounts that you know, or believe, have been tampered with or opened fraudulently.

About You (the victim)

Now

- (1) My full legal name: _____
First Middle Last Suffix
- (2) My date of birth: _____
mm/dd/yyyy
- (3) My Social Security number: _____ - _____ - _____
- (4) My driver's license: _____
State Number
- (5) My current street address:

Number & Street Name Apartment, Suite, etc.

City State Zip Code Country
- (6) I have lived at this address since _____
mm/yyyy
- (7) My daytime phone: (____) _____
 My evening phone: (____) _____
 My email: _____

Leave (3) blank until you provide this form to someone with a legitimate business need, like when you are filing your report at the police station or sending the form to a credit reporting agency to correct your credit report.

At the Time of the Fraud

- (8) My full legal name was: _____
First Middle Last Suffix
- (9) My address was: _____
Number & Street Name Apartment, Suite, etc.

City State Zip Code Country
- (10) My daytime phone: (____) _____ My evening phone: (____) _____
 My email: _____

Skip (8) - (10) if your information has not changed since the fraud.

About You (the victim) (Continued)

Declarations

- (11) I did OR did not authorize anyone to use my name or personal information to obtain money, credit, loans, goods, or services — or for any other purpose — as described in this report.
- (12) I did OR did not receive any money, goods, services, or other benefit as a result of the events described in this report.
- (13) I am OR am not willing to work with law enforcement if charges are brought against the person(s) who committed the fraud.

About the Fraud

(14) I believe the following person used my information or identification documents to open new accounts, use my existing accounts, or commit other fraud.

Name: _____
 First Middle Last Suffix

Address: _____
 Number & Street Name Apartment, Suite, etc.

_____ City State Zip Code Country

Phone Numbers: (____) _____ (____) _____

Additional information about this person: _____

(14):
Enter what you know about anyone you believe was involved (even if you don't have complete information).

(15) Additional information about the crime (for example, how the identity thief gained access to your information or which documents or information were used):

(14) and (15):
Attach additional sheets as needed.

Documentation

(16) I can verify my identity with these documents:

- A valid government-issued photo identification card (for example, my driver's license, state-issued ID card, or my passport).
If you are under 16 and don't have a photo-ID, a copy of your birth certificate or a copy of your official school record showing your enrollment and legal address is acceptable.
- Proof of residency during the time the disputed charges occurred, the loan was made, or the other event took place (for example, a copy of a rental/lease agreement in my name, a utility bill, or an insurance bill).

(16): Reminder:
Attach copies of your identity documents when sending this form to creditors and credit reporting agencies.

About the Information or Accounts

(17) The following personal information (like my name, address, Social Security number, or date of birth) in my credit report is inaccurate as a result of this identity theft:

(A) _____

(B) _____

(C) _____

(18) Credit inquiries from these companies appear on my credit report as a result of this identity theft:

Company Name: _____

Company Name: _____

Company Name: _____

(19) Below are details about the different frauds committed using my personal information.

Name of Institution	Contact Person	Phone	Extension
Account Number	Routing Number	Affected Check Number(s)	
Account Type: <input type="checkbox"/> Credit <input type="checkbox"/> Bank <input type="checkbox"/> Phone/Utilities <input type="checkbox"/> Loan <input type="checkbox"/> Government Benefits <input type="checkbox"/> Internet or Email <input type="checkbox"/> Other			
Select ONE: <input type="checkbox"/> This account was opened fraudulently. <input type="checkbox"/> This was an existing account that someone tampered with.			
Date Opened or Misused (mm/yyyy)	Date Discovered (mm/yyyy)	Total Amount Obtained (\$)	

Name of Institution	Contact Person	Phone	Extension
Account Number	Routing Number	Affected Check Number(s)	
Account Type: <input type="checkbox"/> Credit <input type="checkbox"/> Bank <input type="checkbox"/> Phone/Utilities <input type="checkbox"/> Loan <input type="checkbox"/> Government Benefits <input type="checkbox"/> Internet or Email <input type="checkbox"/> Other			
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Date Opened or Misused (mm/yyyy)	Date Discovered (mm/yyyy)	Total Amount Obtained (\$)	

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Account Number	Routing Number	Affected Check Number(s)	
Account Type: <input type="checkbox"/> Credit <input type="checkbox"/> Bank <input type="checkbox"/> Phone/Utilities <input type="checkbox"/> Loan <input type="checkbox"/> Government Benefits <input type="checkbox"/> Internet or Email <input type="checkbox"/> Other			
Select ONE: <input type="checkbox"/> This account was opened fraudulently. <input type="checkbox"/> This was an existing account that someone tampered with.			
Date Opened or Misused (mm/yyyy)	Date Discovered (mm/yyyy)	Total Amount Obtained (\$)	

(19):
 If there were more than three frauds, copy this page blank, and attach as many additional copies as necessary.

Enter any applicable information that you have, even if it is incomplete or an estimate.

If the thief committed two types of fraud at one company, list the company twice, giving the information about the two frauds separately.

Contact Person:
 Someone you dealt with, whom an investigator can call about this fraud.

Account Number:
 The number of the credit or debit card, bank account, loan, or other account that was misused.

Dates: Indicate when the thief began to misuse your information and when you discovered the problem.

Amount Obtained:
 For instance, the total amount purchased with the card or withdrawn from the account.

Your Law Enforcement Report

(20) One way to get a credit reporting agency to quickly block identity theft-related information from appearing on your credit report is to submit a detailed law enforcement report ("Identity Theft Report"). You can obtain an Identity Theft Report by taking this form to your local law enforcement office, along with your supporting documentation. Ask an officer to witness your signature and complete the rest of the information in this section. It's important to get your report number, whether or not you are able to file in person or get a copy of the official law enforcement report. Attach a copy of any confirmation letter or official law enforcement report you receive when sending this form to credit reporting agencies.

Select ONE:

- I have not filed a law enforcement report.
- I was unable to file any law enforcement report.
- I filed an automated report with the law enforcement agency listed below.
- I filed my report in person with the law enforcement officer and agency listed below.

(20):
Check "I have not..." if you have not yet filed a report with law enforcement or you have chosen not to. Check "I was unable..." if you tried to file a report but law enforcement refused to take it.

Automated report:
A law enforcement report filed through an automated system, for example, by telephone, mail, or the Internet, instead of a face-to-face interview with a law enforcement officer.

Law Enforcement Department State

Report Number Filing Date (mm/dd/yyyy)

Officer's Name (please print) Officer's Signature

Badge Number (____) Phone Number

Did the victim receive a copy of the report from the law enforcement officer? Yes OR No

Victim's FTC complaint number (if available): _____

Signature

As applicable, sign and date *IN THE PRESENCE OF* a law enforcement officer, a notary, or a witness.

(21) I certify that, to the best of my knowledge and belief, all of the information on and attached to this complaint is true, correct, and complete and made in good faith. I understand that this complaint or the information it contains may be made available to federal, state, and/or local law enforcement agencies for such action within their jurisdiction as they deem appropriate. I understand that knowingly making any false or fraudulent statement or representation to the government may violate federal, state, or local criminal statutes, and may result in a fine, imprisonment, or both.

Signature

Date Signed (mm/dd/yyyy)

Your Affidavit

(22) If you do not choose to file a report with law enforcement, you may use this form as an Identity Theft Affidavit to prove to each of the companies where the thief misused your information that you are not responsible for the fraud. While many companies accept this affidavit, others require that you submit different forms. Check with each company to see if it accepts this form. You should also check to see if it requires notarization. If so, sign in the presence of a notary. If it does not, please have one witness (non-relative) sign that you completed and signed this Affidavit. If someone has used your Social Security number (SSN) to get a tax refund or a job, or you suspect your SSN has been stolen, alert the IRS using Form 14039 at www.irs.gov/pub/irs-pdf/f14039.pdf.

Notary

Witness:

Signature

Printed Name

Date

Telephone Number