NEWPORT BEACH POLICE DEPARTMENT

IDENTITY THEFT REPORT

PURSUANT TO PENAL CODE SECTION 530.5 AND CIVIL CODE SECTION 1785.16(K)

Please print legibly or type

Date/Time Reported	DR Number

Last Name, First, Middle, Suffix	Date of Birth	Sex

Res. Address	City	State	ZIP Code	Res. Phone

Bus. Address	City	State	ZIP Code	Bus. Phone

Occupation	Drivers License Number and State	Social Security

Brief statement of facts:

(If known, include description of suspect, amount of money involved, dates and descriptions of known fraudulent credit entries, how violations were discovered and what personal identifying information was used to commit the violation. Attach extra sheets if necessary and any supporting documents.)

I declare under the penalty of perjury, under the laws of the State of California, that the foregoing information is true and accurate to the best of my knowledge.

Date & Time_____ Signature of Reporting Party _____

Supervisor Approving	ID No.	Reporting Officer(s)	ID No.	Date/Time Reproduced	Clerk