



**POLICE DEPARTMENT
CITY OF BURLINGTON**

STATEMENT OF INTERNET / COMPUTER FRAUD

Please complete this form in its entirety.
Type in your responses, save, and attach this document to your submission.

1. INCIDENT RELATED INFORMATION:

a. DID SOMEONE OBTAIN/USE AND-OR TRANSFER ANY OF THE FOLLOWING PERSONAL/IDENTIFYING INFORMATION **WITHOUT YOUR PERMISSION?** (CHECK ALL THAT APPLY)

- 1. Name and/or address
- 2. Birthdate and or Social Security Number
- 3. Motor Vehicle VIN
- 4. Telephone number
- 5. Financial services account number(s) - savings/credit account#
- 6. Credit/Debit card number
- 7. Picture, identification document or false identification document
- 8. Electronic identification number
- 9. Education/health care records
- 10. Financial/ credit/employment records
- 11. Email address
- 12. Computer system password
- 13. Other personal number, record or information

b. I DID or DID NOT receive any benefit, money, goods or services as a result of the above information being used. (CHECK WHAT APPLIES).

c. Does this incident involve the physical theft of credit card, checks or other financial items? YES NO

d. Does this incident involve the use of a computer or the internet? YES NO

e. Total monetary loss of incident(s) combined:\$ _____

f. Are you going to be OR have you been reimbursed for your monetary loss by your financial institution? YES NO N/A



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2. Check the venue(s) associated with monetary loss/possible fraud:
- EBay, Craig's List or other online auction/sales site
 - Online bank/mortgage company
 - Email fraud
 - Theft of credit/debit card information (cards NOT physically stolen)
 - Confirmed hacking/computer/network intrusion
 - Website compromised/hacked or otherwise tampered with
 - Online dating or other social networking site(s)
 - Other _____
3. If you have not already done so, please notify the appropriate organizations listed below:
- Security or Fraud Department of financial institution(s) impacted
 - Internet Crime Complaint Center (IC3) - www.ic3.gov
 - Credit Reporting Agencies:
 - Equifax 800-525-6285
 - Experian 888-397-3742
 - TransUnion 800-680-7289
 - Federal Trade Commission (FTC)
www.comsumer.gov/idtheft
1-800-IDTHEFT
 - Department of Justice - Computer Crime & Intellectual Property Section
<http://www.cvbercrime.gov/reporting.htm>
 - VT Attorney General's Office - Consumer Assistance Program
4. DOCUMENTATION: YOU MAY BE ASKED TO PROVIDE THE FOLLOWING DOCUMENTATION:
- a. Any receipts of fraudulent transactions
 - b. Credit card statements
 - c. Affidavit(s) of fraud/forgery from financial institution(s)
 - d. Original email/letters/business or other correspondence with suspect(s)
 - e. Any other associated documentation



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Note: Depending upon the circumstances described in this document and information obtained, this complaint may or may not be assigned for investigation. Regardless of whether this incident is accepted for full investigation, this documentation will be recorded and filed for insurance and/or other documentation purposes.

**AS COMPUTER/INTERNET CRIMES ARE TIME SENSITIVE, THIS FORM
MUST BE COMPLETED WITHIN FIFTEEN (15) DAYS**

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL THE INFORMATION ON AND ATTACHED TO THIS AFFIDAVIT IS TRUE, CORRECT AND COMPLETE, AND MADE IN GOOD FAITH. I ALSO UNDERSTAND THAT THIS AFFIDAVIT OR INFORMATION IT CONTAINS MAY BE MADE AVAILABLE TO THE FEDERAL, STATE, AND/OR LOCAL LAW ENFORCEMENT AGENCIES FOR SUCH ACTION WITHIN THEIR JURISDICTION THEY DEEM APPROPRIATE. I UNDERSTAND THAT KNOWINGLY MAKING FALSE OR FRAUDULENT STATEMENTS OR REPRESENTATION TO LAW ENFORCEMENT MAY CONSTITUTE A VIOLATION OF LAW AND MAY BE INVESTIGATED/PROSECUTED.

BY SIGNING YOUR NAME ELECTRONICALLY ON THIS STATEMENT OF COMPUTER/INTERNET CRIMES FORM, YOU ARE AGREEING THAT YOUR ELECTRONIC SIGNATURE (OR TYPED SIGNATURE) IS THE LEGAL EQUIVALENT OF YOUR MANUAL SIGNATURE ON THIS FORM.

NAME (PRINTED) _____

SIGNATURE _____