Average time to complete: 10 minutes

Identity Theft Victims' 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 ftc.gov/idtheft to use a secure online version of this form 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) (2)	My full legal name:	First mm/dd/yyyy	Middle	<u>Bah</u> Last	Suffix	This section is for the victim's information, even if he or she cannot complete the form.
(3)	My Social Security Nu	mber:				
(4)	My driver's license: _	State	Number			Leave (3) blank until you provide this
(5)	My current street addr	ess:				form to someone with
		Hanover St				a legitimate
	Number	& Street Name		Apartment, Suite,	etc.	business
		WI State	53704 Zip Cod		USA Country	need, such as when you are
My	City I have lived at this add My daytime telephone evening telephone numb cell phone number: email address:	Iress since: number: () per: (757)31 ()				filing your report at the police station or sending the form to a consumer reporting company to correct your credit report.
	- the Time of the F	raud		_		
(8)	My full legal name was					Skip 8-10 if
(9)	My address was:	First	Middle Street Name	Last Apartm	Suffix ent, Suite, etc.	 your information has not changed since the fraud.
	City	State	Zip Cod	e	Country	_

(10) I lived at this address from until mm/dd/yyyy mm/dd/yyyy

The Paperwork Reduction Act requires us to display a valid control number (in this case, OMB control #3084-0047) before we can collect - or sponsor the collection of - your information, or require you to provide it.

Victim's Name:	Momodou Bah	Phone Number: ()	Page 2
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About the Fraud

What & When

(11) My personal information or documents (for example, credit cards, birth certificate, driver's license, Social Security card, etc.) were lost or stolen on or about

mm/dd/yy

(12) I discovered that my personal information had been used by someone else on or about

6/12/2009 mm/dd/yy

- (13) 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.
- (14) I did OR did not receive any money, goods, services, or other benefit as a result of the events describes in this report.

Who

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

(15) Enter what you know (even if you can't complete it) about anyone you believe was involved.

(12) Let us know the date you noticed - this may be some time after the thief began to use it.

Victim's Name:		Momodou Bah		Phone Number:)	Page 3
(A)						(A) Attach
	Name:	First	Middle	Last	Suffix	additional sheets if you
	Address:					have reason to believe
		Num	Number & Street Name		Apartment, Suite, etc.	
		City	State	Zip Code	Country	are involved.
	Phone N	umbers:	()		()	
	Additiona	I information abou	ut this person:			
(16)		am not willing to		/or work with law er	nforcement if charge	s are brought
	9					
(17) docur	Additional Inform	ormation (for exar ation were used):	nple, how the identit	y thief gained acces	ss to your informatio	n or which
uooui						
Abo	out the In	formation	or Accounts			
(18) numb	er, or date of b	irth) is inaccurate	g personal informati as a result of this id	entity theft:	ne, address, Social S	Security
	(C)					
(19)	Credit inquire	s from these com	panies appear on m	y credit report as a	result of this identity	theft:
	Company Nar	me:				
	Company Nar	me:				
	Company Nar	me:				
(20)	Below are de	tails about the diff	erent frauds commit	ted using my perso	nal information.	

Victim's Name: Momodou Bah Phone Number: ()	Page 4
U () Name of Institution Contact Person Phone Extensi	you have, even if
Account Number Affected Check Number(s)	it is incomplete or an estimate.
Account Type: Image: Credit Bank Phone/Utilities Loan Image: Government Benefits Other Select ONE: Image: This account was opened fraudulently. Image: This was an existing account that someone tampered with.	If the thief committed two types of fraud at one company, list the company twice, giving information about the two frauds separately.
5/15/2005 \$2400.00 Date Opened or Misused (mm/dd/yyyy) Amount Obtained (\$)	Contact Person: Someone an investigator or officer can call about this fraud.

about this fraud. Account Number: This could be the number on your credit card or debt card, bank account, loan, mortgage, insurance policy, or other number. Amount Obtained: For

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

Victim's Name:	Ν
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<u> Iomodou Bah</u>

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Documentation

- (21) 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.)

Take these documents and this form to your local law enforcement office, along with your FTC complaint number (if you filed with the FTC). Ask an officer to witness your signature, below, and to complete the rest of the information about his or her department and your law enforcement report. It's important to get your report number, whether or not you are able to file in person.

Signature

Sign and date IN THE PRESENCE OF a law enforcement officer.

(22) 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 will 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 fradulent statement or representation to the government may violate federal, state, or local criminal statues, and may result in a fine, imprisonment, or both.

Signature Date Signed (mm/dd/yyyy) aw Enforcement Report Law Enforcement Department State Report Number Filing Date (mm/dd/yy) 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 Victim's FTC complaint number (if available): 25028570

> REMINDER: Attach copies of your identity documentation when sending your report to creditors and credit reporting agencies.