IDENTITY THEFT SUMMARY REPORT

For Department Use Only

RD No.

Oakland Police Department
455 Seventh Street
Oakland, CA 94607

Type or print in non-erasable black ink

( ) SUPPLEMENTAL REPORT Check this box if you have previously made a report for this incident and wish to add additional information.

After the report is completed, mail it to the following address:

Records Division, Room 306
Oakland, Police Department
455 7th Street
Oakland, CA 94607

Today's Date:

Victim	Last, First, Middle	DOB	Age	Race	Sex	HGT	WGT	Hair	Eyes
Home Address	City	State / Zip	Home Phone	DL Number	State				
Location of Incident	Date Reported	Time	Day						

tf 3267 (5/06) If more space is needed, use the back of this form or blank sheets of paper on which you have written your full name and address.