



## IDENTITY THEFT / CRIMINAL IMPERSONATION AFFIDAVIT

The Nebraska State Statute which defines this crime is 28-638 Criminal Impersonation. In order to violate this statute a person must use personal identification documents or personal identifying information. This does ***not*** include the use of a credit card or credit accounts actually issued to the victim to make a purchase.

If you feel that you are the victim of a crime under Nebraska State Statute 28-638, please completely fill out this form and send it to:

Nebraska Department of Motor Vehicles  
Attention: Fraud Unit  
PO Box 94789  
Lincoln, NE 68509-4789

### Personal Information

1) My full legal name is \_\_\_\_\_  
(Last) (First) (Middle) (Jr, Sr, III)

2) My date of birth is \_\_\_\_\_  
(Month / Day / Year)

3) My current address is \_\_\_\_\_  
(Street number and name)

\_\_\_\_\_  
(City) (State) (Zip Code)

4) (If different than #3) When the events described in this affidavit took place my address was

\_\_\_\_\_  
(Street number and name)

\_\_\_\_\_  
(City) (State) (Zip Code)

5) I have lived at my current address since \_\_\_\_\_  
(Month / Day / Year)

6) If you lived at this address for less than one year, what was your previous address

\_\_\_\_\_  
(Street number and name)

\_\_\_\_\_  
(City) (State) (Zip Code)

7) My Social Security Number is \_\_\_\_\_

8) My Driver's License or Identification is \_\_\_\_\_  
(State) (Number)

9) My daytime telephone number is (\_\_\_\_) \_\_\_\_\_

10) My evening telephone number is (\_\_\_\_) \_\_\_\_\_



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## How the Fraud Occurred

Check all that apply for items 11-16

- 11)  I did not authorize anyone to use my name or personal information.
- 12)  I did not receive any benefit, money, goods or services as a result of the events described in this report.
- 13)  My identification documents (for example: Birth Certificate, Driver's License, Social Security Card, etc.) were:

- Stolen
- Lost

on or about \_\_\_\_\_  
(Month / Day / Year)

- 14)  I do NOT know who used my information or identification documents without my knowledge or authorization.
- 15)  To the best of my knowledge and belief, the following person(s) used my information (for example: My name, address, date of birth, existing account numbers, Social Security Number, etc.) or identification documents to get money, credit accounts, loans, goods or services without my knowledge or authorization.

\_\_\_\_\_  
Name (if known)

\_\_\_\_\_  
Name (if known)

\_\_\_\_\_  
Address (if known)

\_\_\_\_\_  
Address (if known)

\_\_\_\_\_  
Phone numbers (if known)

\_\_\_\_\_  
Phone numbers (if known)

\_\_\_\_\_  
Additional information

\_\_\_\_\_  
Additional information

- 16)  Additional Comments: (For example, description of the fraud, which documents or information were used or how the identity thief gained access to your information.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use additional pages as necessary)



## IDENTITY THEFT / CRIMINAL IMPERSONATION AFFIDAVIT

I, \_\_\_\_\_ declare that everything in this report is  
(Print name)  
true and accurate to the best of my knowledge. I also understand that to knowingly submit false  
information to a law enforcement officer can result in my prosecution for a criminal offense.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date