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

<table>
<thead>
<tr>
<th>Personal Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) My full legal name is ____________________________  (Last) (First) (Middle) (Jr, Sr, III)</td>
</tr>
<tr>
<td>2) My date of birth is ________________  (Month / Day / Year)</td>
</tr>
<tr>
<td>3) My current address is ____________________________  (Street number and name)  (City)  (State)  (Zip Code)</td>
</tr>
<tr>
<td>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)</td>
</tr>
<tr>
<td>5) I have lived at my current address since ________________  (Month / Day / Year)</td>
</tr>
<tr>
<td>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)</td>
</tr>
<tr>
<td>7) My Social Security Number is ____________________________</td>
</tr>
<tr>
<td>8) My Driver’s License or Identification is ____________________________  (State)  (Number)</td>
</tr>
<tr>
<td>9) My daytime telephone number is  (___) ____________________________</td>
</tr>
<tr>
<td>10) My evening telephone number is  (___) ____________________________</td>
</tr>
</tbody>
</table>
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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 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