

Declaration of Fraud for Identity Theft

Victim Information

1. My full legal name is

Dax Bharat Shethia

(First)

(Middle)

(Last)

(Jr., Sr., III)

2. (Complete if applicable) When the events described in this report took place, I was known as

(First)

(Middle)

(Last)

(Jr., Sr., III)

3. My date of birth is 12 / 09 / 1997

Month

Day

Year

4. My Social Security number is 124862947

5. My government issued identification (passport, drivers license, state identification, matricula, visa or green card) information is

Check one ☒ Drivers License NY 606406133 12/09/2018 12/09/2024
☐ State Identification State Number Issue Date (month/date/year) Expiration Date (month/date/year)
☐ Passport ☐ Matricula ☐ Visa ☐ Green Card
Number Issue Date (month/date/year) Expiration Date (month/date/year)

6. My current street address is

52 Tennessee Ave

Number & Street Name

Suffix (Apartment, Suite, Etc.)

Albany, NY, 11205

City

State

Zip Code

7. I have lived at this address since August 2023

Month

Year

8. (If different from above) When the events described in this report took place, my address was

Number & Street Name

Suffix (Apartment, Suite, Etc.)

City

State

Zip Code

9. I lived at the address in # 8 from _____ until _____

Month

Day

Year

Month

Day

Year

10. My daytime telephone number is 3475519946 My evening telephone number is 3475519946

My email address is dax.b.shethia@gmail.com

How the Fraud Occurred

Check all that apply for # 11 – # 13

11. ☒ I did not authorize anyone to use my name or personal information to open an account, conduct financial transactions, cash checks, make withdrawals or to obtain money, goods or services as described in this report.
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, credit cards, birth certificate, driver's license, Social Security card, etc.) are/were
☐ still in my possession ☒ stolen on or about ☐ lost on or about 11/25/2023

Check #14 or #15 as applicable

14. ☐ 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, mother's maiden name, etc.) or identification documents to open an account, conduct financial transactions, cash checks, make withdrawals or to obtain money, goods or services without my knowledge or authorization

Suspect Name

(First)

(Middle)

(Last)

(Jr., Sr., III)

Suspect Address

Number & Street Name

Suffix (Apartment, Suite, Etc.)

City

State

Zip Code

Suspect Phone number(s)

Other information

15. ☒ I do NOT know who used my information or identification documents to open an account, conduct financial transactions, cash checks, make withdrawals or to obtain money, goods or services without my knowledge or authorization as described in this report.

16. ☒ Additional comments (For example, description of the fraud, documents or information used, or how the identity thief gained access to your information)

The individual stole my wallet from my car, and started using my social security at various different locations. My social was in my wallet at the time because I was bringing it back to my mothers home for Thanksgiving. She keeps it in a security deposit box.

Victim's Law Enforcement Actions

17. Check one I ☒ am ☐ am not willing to assist in the prosecution of person(s) who committed this fraud.

18. Check all that apply I ☐ have ☒ have not reported the events described in this report to the local police department.

The police ☐ did ☒ did not write a report. In the event you have contacted the police or other law enforcement agency, please complete the following

Police Department

Report Number, If Any

Report Date (month/date/year)

Phone Number

Email Address, If Any

Documentation Checklist

Please indicate the supporting documentation you are able to provide to verify your identity. Attach copies (NOT originals) to the report before sending it to Wells Fargo Bank, N.A.

19. ☒ A copy of a valid government-issued photo identification card (for example, your driver's license, state-issued ID card or your passport)

20. ☐ Proof of residency during the time the disputed bill occurred, the loan was made or the other event took place (for example, a rental/lease agreement in your name, a copy of a utility bill or a copy of an insurance bill)

Signature

I certify that, to the best of my knowledge and belief, all of the information on and attached to this report is true, correct, and complete and made in good faith. I also understand that this report or the information it contains may be made available to federal, state, and/or local law enforcement agencies for such action within their jurisdiction as they deem appropriate.

Signature

Date Signed
