Closure Report Type :S

Data Missing/Stolen :

Security Closure Date :20211224

Stolen Card info :

Stolen Explanation :NA

Card Type:

Reported to Police : No

Any Addl Closure Info Provided:NA

Police Report Case Number:

Police Report City:

Police Report Precinct :

Police Report Phone Number :

Police Report Detective Name:

Arrest Made? :N Suspect cited? : Y

Suspect Name: Mike White

Suspect Address Street: 520, WintergreenCt

Suspect Address City: Vancaville Suspect Address State: CA

Suspect Address Zip Code: 95587

Suspect Reason : Suspect Phone :

Suspect Relationship: NA

Account provisioned to a mobile contactless device :

Multiple Accounts Provisioned:

 $\label{lem:continuous} Unauthorized\ provisioning:$ 

Phone lost or stolen:

Name of user whose phone lost or stolen :

Phone number of the lost/stolen/missing mobile device :

## Fraud Transaction/Authorization Details

Acct #	Sale Date	Merchant name/City/ State	Amount	MCC	POS Mode Indicator	MCCText	Point of Sale	Person Code	Original Account Number	SEID/St able Hardwa re ID
4587236908230087	20201210	Qmed Pharmacy	5600	1098	01	DENTAL/MEDICAL	Card		4587236908230087	