Closure Report Type :S

Data Missing/Stolen :

Security Closure Date :20211224

 $Stolen\ Card\ in fo:$

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? :

Suspect Name : Mike White Suspect Address Street :

Suspect Address City : Suspect Address State :

 ${\bf Suspect\ Address\ Zip\ Code:}$

Suspect Reason : Suspect Phone :

Suspect Relationship :

Account provisioned to a mobile contactless device :

 $\label{eq:Multiple Accounts Provisioned:} \\$

 $Unauthorized\ provisioning:$

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	МСС	POS Mode Indicator	MCCText	Point of Sale	Person Code	Original Account Number	SEID/St able Hardwa re ID
4587236908230087	20211210	Qmed Pharmacy	5600	1098	01	DENTAL/MEDICAL	Card		4587236908230087	