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? : N

Suspect Name :

Suspect Address Street :

Suspect Address City :

Suspect Address State :

Suspect Address Zip Code :

Suspect Reason :

Suspect Phone :

Suspect Relationship :

Account provisioned to a mobile contactless device :

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	MCC	POS Mode Indicator	MCCText	Point of Sale	Person Code	Original Account Number	SEID/St able Hardwa re ID
4587236908230087	20201210	Qmed Pharmacy	1500	1098	01	DENTAL/MEDICAL	Card		4587236908230087	