

INCIDENT DATA

PROPERTY

REPORTING OFFICER NARRATIVE

Detroit Police Department

OCA

240608-0135

Victim

Offense

Date / Time Reported

Michael CURTIS, GRAYSON

FRAUD - IDENTITY THEFT

Sat 06/08/2024 11:29

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

[06/08/2024 11:39, REHBEINT310, [REDACTED]]
Po Tyler Rehbein Badge# 3045 BWC([REDACTED])
12Dsk / Reports
Full Uniform

****Forgery-Counterfeiting****

Victim: Grayson Curtis, MICHAEL

Offender: Equifax

On Saturday June 8th 2024 at approximately 11:30Am, the victim came into the 12th precinct to file a police report.

The victim stated that someone from equifax stole his I.D and created 5 documents to use in a civil law suit. The victim stated that Equifax has forged signatures in these documents and also made a fake police report from the Raleigh, North Carolina police department an that report number is 201408054312. The victim stated that he spoke with Raleigh P.D and that is a fake report.

The victim was able to provide 5 documents that equifax is using and I was able to review them. All 5 documents had different handwriting, the signatures did not match and most of the documents looked to be copy and pasted.

The victim also hired a certified document examiner Karl Schaffenberger at 173 north Park Dr. New Milford, New Jersey. It was determined by Mr. Schaffenberger that these documents were in fact counterfeit.

Identity Theft Victim's Complaint and Affidavit

A voluntary form for filing a report with law enforcement, and disputes with credit reporting agencies and creditors about identity theft-related problems. Visit ftc.gov/idtheft to use a secure online version that you can print for your records.

Before completing this form:

1. Place a fraud alert on your credit reports, and review the reports for signs of fraud.
2. Close the accounts that you know, or believe, have been tampered with or opened fraudulently.

About You (the victim)

Now

- (1) My full legal name: Michael C Grayson
First Middle Last Suffix
- (2) My date of birth: 5/17/1962
mm/dd/yyyy
- (3) My Social Security number: [REDACTED]
- (4) My driver's license: TN [REDACTED]
State Number
- (5) My current street address:
[REDACTED]
Number & Street Name Apartment, Suite, etc.
[REDACTED]
City State Zip Code Country
- (6) I have lived at this address since 09/2023
- (7) My daytime phone: [REDACTED]
 My evening phone: ()
 My email: [REDACTED]

Leave (3) blank until you provide this form to someone with a legitimate business need, like when you are filing your report at the police station or sending the form to a credit reporting agency to correct your credit report.

At the Time of the Fraud

- (8) My full legal name was: Michael C Grayson
First Middle Last Suffix
- (9) My address was: [REDACTED]
Number & Street Name Apartment, Suite, etc.
[REDACTED]
City State Zip Code Country
- (10) My daytime phone: [REDACTED] My evening phone: ()
 My email: [REDACTED]

Skip (8) - (10) if your information has not changed since the fraud.

The Paperwork Reduction Act requires the FTC to display a valid control number (in this case, OMB control #3084-0047) before we can collect – or sponsor the collection of – your information, or require you to provide it.

Victim's Name R. Grayson

Phone number [REDACTED] Page 2

About You (the victim) (Continued)

Declarations

- (11) I ☐ did OR ☒ did not authorize anyone to use my name or personal information to obtain money, credit, loans, goods, or services — or for any other purpose — as described in this report.
- (12) I ☐ did OR ☒ did not receive any money, goods, services, or other benefit as a result of the events described in this report.
- (13) I ☒ am OR ☐ am not willing to work with law enforcement if charges are brought against the person(s) who committed the fraud.

About the Fraud

- (14) I believe the following person used my information or identification documents to open new accounts, use my existing accounts, or commit other fraud.

Name: Equifax - Seyfarth Shaw LLP
First Middle Last Suffix

Address: 1075 Peachtree St NE 2500
Number & Street Name Apartment, Suite, etc.

Atlanta GA 30309
City State Zip Code Country

ERIC BARTON

Phone Numbers: (404) 885-1500 (404) 885-6772

Additional information about this person: I AM IN COURT WITH
EQUIFAX. THEY STOLE MY IDENTITY
DOCUMENTS, PERSONAL INFORMATION,
FINANCIAL DOCUMENTS TO CREATE A
SERIES OF 5 FABRICATED DOCUMENTS
WHICH THEY USE TO WIN A PARTIAL
SUMMARY JUDGMENT WORTH OVER
\$50 MILLION.

(14):
Enter what
you know
about anyone
you believe
was involved
(even if you
don't have
complete
information).

- (15) Additional information about the crime (for example, how the identity thief gained access to your information or which documents or information were used):

EQUIFAX IS A CREDIT BUREAU
AND HAS ACCESS TO MY
CONFIDENTIAL INFORMATION
WHICH THEY USED WITHOUT MY
PERMISSION

(14) and (15):
Attach
additional
sheets as
needed.

Documentation

- (16) I can verify my identity with these documents:

☒ A valid government-issued photo identification card (for example, my driver's license, state-issued ID card, or my passport).

If you are under 16 and don't have a photo-ID, a copy of your birth certificate or a copy of your official school record showing your enrollment and legal address is acceptable.

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

(16): Reminder:
Attach copies
of your identity
documents
when sending
this form to
creditors
and credit
reporting
agencies.

About the Information or Accounts

- (17) The following personal information (like my name, address, Social Security number, or date of birth) in my credit report is inaccurate as a result of this identity theft:

(A) _____
(B) _____
(C) _____

N/A

- (18) Credit inquiries from these companies appear on my credit report as a result of this identity theft:

Company Name: _____
Company Name: _____
Company Name: _____

N/A

Signature

As applicable, sign and date **IN THE PRESENCE OF** a law enforcement officer, a notary, or a witness.

- (21) I certify that, to the best of my knowledge and belief, all of the information on and attached to this complaint is true, correct, and complete and made in good faith. I understand that this complaint 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. I understand that knowingly making any false or fraudulent statement or representation to the government may violate federal, state, or local criminal statutes, and may result in a fine, imprisonment, or both.

[REDACTED]

Signature

Date Signed (mm/dd/yyyy)

Your Affidavit

- (22) If you do not choose to file a report with law enforcement, you may use this form as an Identity Theft Affidavit to prove to each of the companies where the thief misused your information that you are not responsible for the fraud. While many companies accept this affidavit, others require that you submit different forms. Check with each company to see if it accepts this form. You should also check to see if it requires notarization. If so, sign in the presence of a notary. If it does not, please have one witness (non-relative) sign that you completed and signed this Affidavit.

Notary

Witness:

Signature

Printed Name

Date

Telephone Number