

## AUTO INSURANCE FRAUD REFERRAL COVER SHEET

***KEEP PAGES 1-2 FOR YOUR RECORDS***

### **Guidelines for completing the Auto Insurance Fraud Referral Form**

Before filling out the attached referral form, please take the time to read these guidelines. They will help you to understand our function, and we will be better able to understand and act on your referral.

#### ***What we can do:***

The Imperial County District Attorney's Office Real Auto Insurance Fraud Unit investigates and prosecutes auto insurance fraud related cases occurring in Imperial County. Some of the types of cases considered for investigation by this office are vehicle dumping, aka "giving up"; where the owner dumps the vehicle somewhere and then claiming it was stolen, staged accidents, and falsely claiming vehicle damage to claim a larger payout from the insurance company.

When we receive a consumer referral, we review all the information and the supporting documentation that is included. If the referral does not meet the above-described criteria to open a case, we will do our best to refer you to an agency that will appropriately handle the type of matter involved.

If you are a victim, we cannot represent you personally as your attorneys or give you legal advice. For advice on any civil claim, you should consult immediately with a licensed California attorney. If you do not have an attorney, you can contact the Imperial County Bar Association for a referral at (760) 540-6013.

**BE AWARE!** You should take action immediately. Your rights may be affected by a statute of limitations which could limit the time in which you can bring a civil action. You could lose your right to sue if you do not act promptly.

Do not assume that by submitting a referral to our office we will take action. For various reasons, we are not able to prosecute every case. If we determine it is necessary to obtain more information, we will contact you. If you have questions, you may call us at (442) 265-1175.

#### ***What we cannot do:***

This office is not legally permitted to represent individuals in civil matters, take action in order to obtain money owed to a consumer, help cancel any debt due on a contract that was signed, resolve or mediate individual consumer referrals, or obtain any other personal relief. Those functions may be performed by a number of other governmental and/or private agencies established for that purpose.

*If you believe you have been a victim of auto insurance fraud or know of someone committing auto insurance fraud, please complete this form.*

***Complete the referral form:***

***Online: [da.imperialcounty.org](http://da.imperialcounty.org)***

***OR***

***Hard Copy***

***or***

***Call 442-265-1175***

1. Write or type a one to two page summary of your referral and attach the summary to the referral form. Please include the following information:
  - a. Tell us **what** happened in chronological detail and be specific.
  - b. Tell us **who** you think the person(s) or company that is responsible for Auto Insurance Fraud.
  - c. Tell us **where** (address, city, state) the incident or act(s) took place. Please include property address(es) involved in the transaction.
  - d. Tell us **when** and **how** you first became aware of the alleged Auto Insurance Fraud. If individual(s) or a company is named in your referral, please list exact dates of contact. If someone else made you aware of the potential crime, please include that person's name(s), address(es) and telephone number(s).
  - e. Tell **how** you know the representations were false.
2. Documentary evidence is especially important; therefore, please include only photocopies of all documents and materials. **Please retain the originals for your records.**
3. Type or print clearly in ink.
4. After completing all sections of the referral form, please attached narrative and copies of your supporting documentation.
5. All referrals must have the attached referral form completely filled out, signed and dated by the **complaining party** (not by their attorney) before a case can be opened.
6. Be as truthful and accurate as possible. Be aware that making a false crime report with the police or with the District Attorney's Office is a crime punishable as a misdemeanor. Penal Code §148.5.

**OFFICE OF THE DISTRICT ATTORNEY**  
County of Imperial



District Attorney  
George  
Marquez

Chief Investigator  
Justin Matus

**AUTO INSURANCE FRAUD COMPLAINT FORM**

- A. The District Attorney has limited resources to process complaints. All complaints will be reviewed by a member of the Auto Insurance Fraud Unit. Not all complaints are investigated.
- B. The legal staff of the Imperial County District Attorney's Office is not permitted to engage in the private practice of law or to furnish legal authority to assert your individual private rights.
- C. The Auto Insurance Fraud Unit does not conduct personal intake interviews or make appointments to accept the written complaint form.

**PLEASE PRINT LEGIBLY**

**I. COMPLAINANT (Person Filing Complaint)** (All information must be provided)

LAST NAME	FIRST NAME	INITIAL	DATE OF BIRTH	OCCUPATION
STREET ADDRESS OR P.O. BOX		APT. NO.	DRIVER'S LICENSE OR IDENTIFICATION NUMBER	
CITY		STATE	ZIP CODE	
FAX NO.		E-MAIL		
DAY TELEPHONE NO.		EVENING TELEPHONE NO.		

**II. BUSINESS/SUSPECT COMPLAINT IS AGAINST**

NAME OF BUSINESS					
STREET ADDRESS OR PO BOX			TELEPHONE NO.		
CITY	STATE	ZIP CODE			
INDIVIDUAL NAME	DOB (AGE)	RACE	MALE/FEMALE	HEIGHT	WEIGHT
STREET ADDRESS OR PO BOX			TELEPHONE NO.		
CITY	STATE	ZIP CODE			

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**III. TRANSACTION INFORMATION**

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DATE OF OCCURRENCE | VEHICLE IDENTIFICATION NUMBER

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MAKE, MODEL, COLOR, LICENSE PLATE

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NATURE OF COMPLAINT

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DATE OF PURCHASE	PURCHASE PRICE/AMOUNT OF LOSS	METHOD OF PAYMENT (check, cash, credit card, other - explain)	
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NAME ADDRESS AND PHONE NUMBER OF WITNESSES, IF ANY:

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NAME, ADDRESS AND PHONE NUMBER OF OTHER VICTIMS, IF KNOWN:

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HOW DID YOU HEAR ABOUT THE BUSINESS? (Newspaper, TV, telephone, etc.)

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DID YOU CONTACT THE BUSINESS ABOUT YOUR COMPLAINT? ___ YES ___ NO	NAME OF THE PERSON YOU CONTACTED
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RESULT OF CONTACT

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LIST OTHER AGENCIES YOU HAVE CONTACTED

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HAVE YOU CONTACTED A PRIVATE ATTORNEY? IF YES, WHO? ___ YES ___ NO	ANY CIVIL LAWSUITS PENDING, INCLUDING SMALL CLAIMS? ___ YES ___ NO	ANY JUDGMENTS? ___ YES ___ NO
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MAY WE PROVIDE A COPY OF YOUR COMPLAINT AND INFORMATION TO OTHER GOVERNMENTAL OR CONSUMER AGENCIES?

\_\_\_ YES \_\_\_ NO

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**IV. COMPLAINT**

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Briefly explain the facts upon which you are basing your complaint (Who? What? Where? When? Why?), including first contact with suspect, individual or business and anything said or represented which later proved to be untrue. Additional pages may be attached for further remarks.

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**V. DECLARATION**

Date and sign below – anonymous referrals are not accepted

**NOTE:** California Penal Code Section 148.5(a) states:

**I declare under penalty of perjury under the laws of the State of California that the foregoing statements and photocopies of attached documents are true and correct.**

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Date

Signature

**VI. MAILING INSTRUCTIONS**

To help explain the details of your complaint, **YOU MUST SUPPLY PHOTOCOPIES OF THOSE DOCUMENTS RELATED TO YOUR COMPLAINT.** Include insurance cards, vehicle registration, pictures, etc.

**- PLEASE DO NOT SEND ORIGINAL DOCUMENTS -**

Mail or deliver the signed complaint and COPIES of supporting documents to:

Imperial County District Attorney  
940 W. Main Street, Suite 102  
El Centro, CA, 92243

**FAILURE TO SEND SUPPORTING DOCUMENTS  
WILL DELAY RESPONSE TO YOUR COMPLAINT**