

U.S. Department of Justice United States Attorney's Office Eastern District of Virginia

POTENTIAL VICTIM FORM

United States v. Thornton et al, 2:25cr105

By executing this form, you are attesting that you reasonably believe yourself to be a victim in the case of *United States v Thornton et al*, specifically that you were defrauded by deceit in what has been commonly referred to as the "Parking Lot Scam", and you agree, under penalty of perjury, that all the information contained in this form is true to the best of your knowledge and belief.

Please fill out the form completely and to the best of your ability. As well, if you have documentation of police reports, incident reports with your financial institution, or other relevant materials, please include as attachments with the form. The more information that is provided, the better we can assess the information which will result in more timely communication.

At the end of the form there is information to submit the form, and button options to "Clear the form".

CONTACT INFORMATION

Name (First Last):							
Mailing Address:							
Phone Number:							
Email Address:							
Legal Counsel Name:							
Phone:							
Email:							
	INCIDENT INFORMA	<u>ATION</u>					
Location of incident (City, State):						
Date of the incident (Month / Day / Year):							
Loss type:	Fraudulent loan	Unauthorized funds transfer					
	Other (please explain):						
Estimated loss amount (Enter or	aly numbers):						
Financial institutions involved:	NFCU	USAA	Langley Credit Union				
	Other:						



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Mobile applications involved:	NFCU Cashapp Other:	USAA Venmo	Zelle Apple Cash
Identifiers involved (If any text me the incident, please list the identifi- account, or other):	essaging, phone calls, ier, such as the userna	social media or finan me(s) / profile name(cial applications were involved i s) / telephone number / email
Platform (Ex. Cashapp)	Identifier (Ex. \$Scammer)		
Summary of Incident:			



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INCIDENT REPORTING

Was the	Vas the incident reported to law enforcement?					No		
	Law enforcem	ent agency:						
	Report #:							
	Case officer / c	detective / ager	nt:					
Was the incident reported to your financial institution?					Yes	No		
	Name of finan	cial institution:	:					
	Date of report:							
	Method:	Call Other:	Email	Online portal				
	Did your financial institution remedy your loss or take any other action? Yes							
	If yes, please explain:							
		PAR'	<u> </u>	IN COURT PROCEEDINGS				
Are you willing to talk with government investigators?				Yes	No			
Are you	ı, or a represent	cative, willing t	to testify at pro	oceedings involved in this case?	Yes	No		
			SUBMIT	TING THE FORM				
				the email subject as "Parking Lot Scam". Incluill populate a new email in your devices email of		t materials as		
You may a	also send the form via	a mail, or hand deliv	Un Eas 101	n: Parking Lot Scam ited States Attorney's Office stern District of Virginia, Norfolk Division I West Main Street, Suite 8000 rfolk, VA 23510				

For issues or inquiries, please contact the United States Attorney's Officer, Norfolk Division, at 757.441.6331.