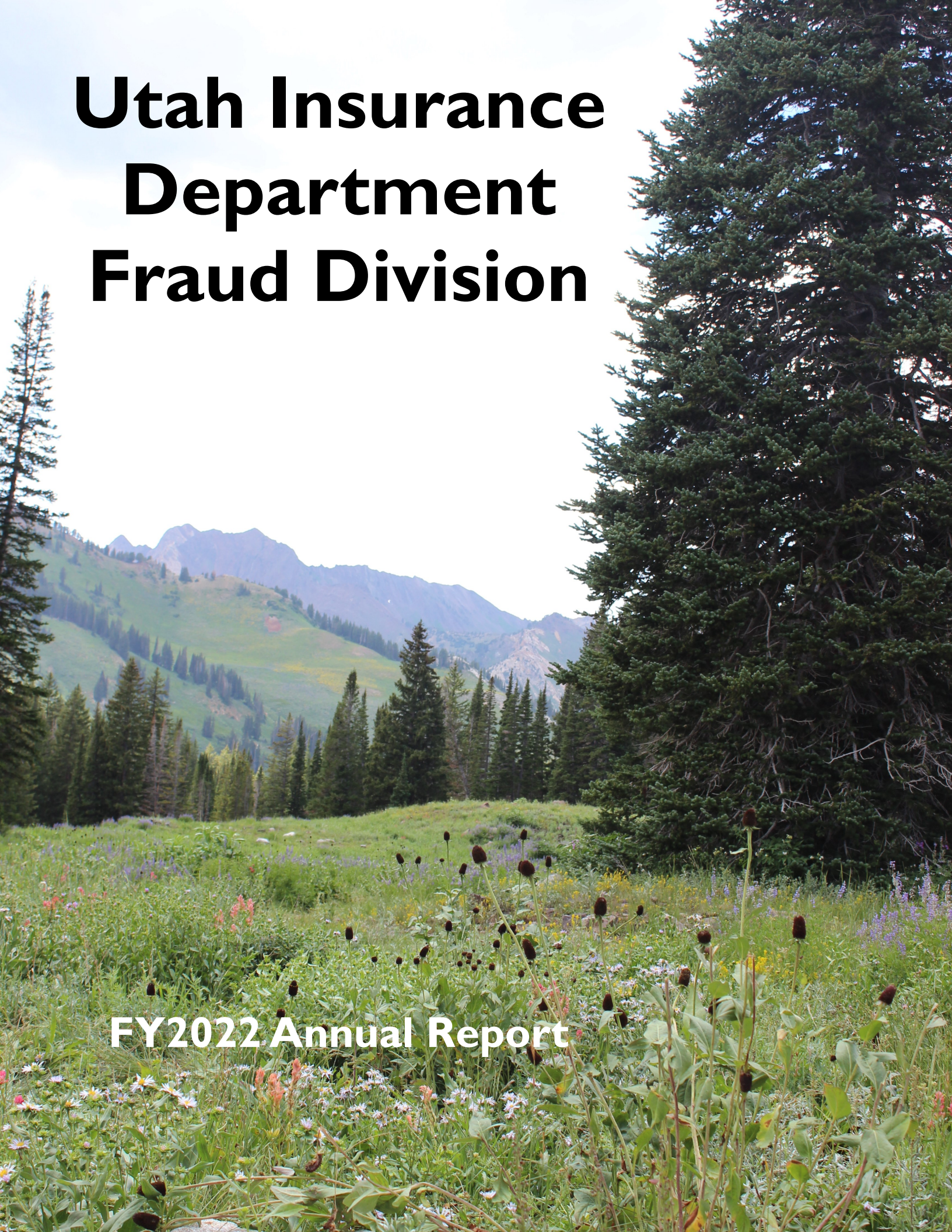
Utah Insurance Department Fraud Division



FY2022 Annual Report

MISSION STATEMENT

The Insurance Fraud Division acts as the primary law enforcement agency in the State of Utah for investigating suspected fraudulent insurance claims. The core mission of the Insurance Fraud Division is to protect the public from economic loss and distress. We do this by actively investigating, prosecuting and seeking restitution from those who commit insurance fraud. We further seek to deter insurance fraud through active public awareness education.

Insurance Commissioner:
Jonathan T. Pike

Fraud Division Director:
Armand A. Glick

Fraud Director's Message

The enclosed annual report provides an informative look at the efforts, accomplishments, and challenges of the Utah Insurance Department Fraud Division (IFD) for Fiscal Year 2022 (FY2022).

I am very proud of the efforts of the IFD and feel we have one of the most effective and successful insurance fraud investigative units in the nation. I am also proud of the continued collaboration and working relationship between the fraud division, insurance company special investigative units, local and federal law enforcement, the National Insurance Crime Bureau, and the Coalition Against Insurance Fraud. Collaboration with these partners is crucial for our overall success.

The IFD is not funded through taxpayer funds; instead, funding primarily comes through assessment to insurers who operate in the State of Utah. The fraud assessment is based on total premium sold in the prior year by each company. There are nearly 1,600 companies licensed to sell insurance in the State. The IFD's annual budget is approximately $2,600,000.

In addition to the fraud assessment, the IFD is authorized by state statute to recover the costs of our investigations from the defendants we prosecute.

Unfortunately, insurance fraud continues to be a crime that is accepted by many as a way to make financial gain. Many feel that insurance companies are just big businesses and that lying on a claim is okay since they have been paying for their insurance for years without ever filing a claim. Others simply look to insurance as an easy target for their criminal activities.

Insurance fraud is a major crime that imposes significant financial and personal costs on individuals, businesses, government and society as a whole. It is estimated that each household pays $400—$700 per year in increased (non-health) insurance premiums due to insurance fraud. It is a crime that affects us all. (FBI—Insurance Fraud 03/07/2010)

It is the goal of the IFD to aggressively investigate and prosecute offenders in an effort to reduce the cost of insurance fraud in the State of Utah to our citizens. We also strive to increase public awareness of insurance fraud and how it detrimentally affects our economy.

More than $32 billion in fraudulent property/casualty claims are made annually in the United States. Estimates for health care fraud range between $77—$259 billion. (Insurance Information Institute, Insurance Fraud, January 2016)

The continued support for the IFD will allow Utah to remain a national leader in the field of insurance fraud investigations.

Sincerely,
Armand A. Glick
Director, Insurance Fraud Division
Utah Insurance Department

Insurance Department - Overview

The Utah Insurance Department (UID) is the state regulatory authority for the insurance industry and is responsible for enforcing all insurance-related laws of the State of Utah.

The mission of the UID is to foster a healthy insurance market by promoting fair and reasonable practices that ensure available, affordable and reliable insurance products and services.

The mission of the UID is accomplished through educating, serving and protecting consumers, governmental agencies, and insurance industry participants at a reasonable cost. We cooperate with and serve state and other governmental agencies in fulfilling these responsibilities.

The UID's fraud division was created in 1996 with the mission of investigating criminal insurance fraud. The IFD investigators are Utah POST certified Law Enforcement Officers.

The IFD works closely with insurance companies investigators, local law enforcement, federal law enforcement, private non-profit organizations such as the National Insurance Crime Bureau (NICB), and state and federal prosecutors to bring both consumer and industry offenders to justice.

Incoming cases, tips, and complaints of possible fraud are received from a variety of sources. Most cases are received through ISO Claim Search and the National Insurance Crime Bureau (NICB), Special Investigative Units (SIU) within the insurance industry, other law enforcement agencies, and citizens.

When a tip or complaint is received, it is always reviewed by the IFD management team to determine whether it merits further investigation. Cases are then assigned to an investigator who pursues all possible leads, conducts interviews, and gathers evidence.

When the investigation is complete, the investigator presents the case to the Utah Attorney General's Office which is contracted to provide dedicated attorneys to prosecute insurance fraud. These attorneys are housed in the same offices with the fraud investigators. This coordinated approach results in greater success in case prosecution and resolution.

What is Insurance Fraud?

Insurance fraud happens when people deceive an insurance company in an effort to collect money they aren't entitled. Insurance fraud is the second most costly white-collar crime in America, behind tax evasion. Insurance industry studies indicate that 10 % or more of property and casualty claims are fraudulent.

The National Health Care Anti-Fraud Association conservatively estimates that 3% or $70 billion is lost to health care fraud each year. Other law enforcement estimates place this as high as 10% or $259 billion annually.

The Coalition Against Insurance Fraud estimates that insurance fraud costs Americans more than $96 billion annually. The Coalition also believes that up to 30% of a policy holder's insurance premium is due to charges added to cover industry losses from insurance fraud.

Insurance fraud is typically committed by consumers, insurers, or service providers. A few general examples are as follows:

Consumer Fraud
Adding items to a legitimate theft claim that were not stolen; obtaining insurance after an accident and claiming the accident occurred while insured; abandoning a vehicle and then reporting it stolen; staging an auto accident using a previously damaged vehicle and claiming the damage is all new; exaggerating injuries to receive treatment or compensation; lying about the number of drivers in your home on an application for insurance; creating false receipts to obtain replacement value on the claim; or doctor shopping for narcotics that are not medically necessary.

Insurance Agent Fraud
Agents selling false insurance policies; keeping the policy holder's premium payments and not forwarding them to pay for the policy; or agents fraudulently using personal information belonging to someone else to obtain a better premium quote for the applicant.

Provider Fraud
Health care providers, contractors, and others artificially inflating their billings to insurance; dentists billing for high noble metals while using a lower grade material for a crown; doctors prescribing a treatment that is not medically necessary; or roofers damaging or removing more shingles in order to create enough damage for insurance to cover replacing the entire roof.

Insurance Fraud FAQs (Coalition Against Insurance Fraud)

What isn't fraud?

- Good-faith disagreement between an insurance company and consumer about a claim
- Decisions by an insurer to decline your application or not renew your coverage.

Why is fraud so big?

- Insurance companies are in the business of paying claims. In many instances insurance companies unwittingly encourage fraud by paying suspicious claims too easily. It is cheaper to pay than risk fighting in court or a having a lawsuit for bad faith.
- Insurance fraud is a low-risk, high-reward game. Jail sentences are often light. Professional organizations overseeing doctors and lawyers are reluctant to discipline peers convicted of insurance fraud.
- Consumers tolerate fraud. Too many consumers believe insurance fraud is justified. Two of five Americans want little or no punishment for insurance cheats; they blame the insurance industry for its fraud problems because they believe insurers are unfair.

What are the newest trends?

- **Large fraud rings**. Increasingly, organized criminal enterprises are entering insurance fraud. Staged accidents and healthcare fraud rings are especially active and spreading.
- **Funding companies** that fund the costs of medical providers and lawyers in an effort to maximize the claim value of accident injury claims. Funding companies may be profit driven and may not have the best interest of the injured victim in mind. Their goal is to drive the cost of insurance claims upward for the benefit of the funding company, the providers, and lawyers, while the accident victims may be pressured to receive the medical care they may not need.
- **Vulnerable Immigrant populations**. America's large and growing immigrant groups are frequent fraud targets. Con artist prey on immigrants' trust, lack of English skills, and lack of understanding of how insurance works. Fraud rings consisting of these immigrants are also on the rise.
- **Internet schemes.** As consumers increasingly use the internet, swindlers have more opportunities to take money from victims and rout stolen money across international borders; making it nearly impossible to recover.

How can I protect myself.

- Never sign blank insurance forms. Demand detailed bills for repairs and medical services and check closely for accuracy. Be suspicious if the price of insurance seems too low to be true. Be careful of strangers who offer quick cash or urge you to see a specific medical clinic, doctor, or attorney following an accident. Contact the Utah Insurance Department to verify an insurance agent is licensed. Keep your insurance ID protected.

COVID-19 and Insurance Fraud
Whenever the economy suffers a decline, insurance fraud is likely to experience an increase. While insurers and state insurance fraud agencies have expected to see an increase in fraud as a response to recent or economic decline, so far the numbers show similar increases in insurance fraud reporting as in previous years. However, insurance fraud typically trends a few months or longer following these declines, so we still expect to see general increases over the next year.

COVID has effected how governments conduct business. For most of 2020–2022 courts did not conduct any business in person. For many months they were closed to filing new cases and were unwilling to assign court dates for those cases they did file.

As a result courts have a backlog of cases as they try to resume normal activity. Some benefits came as a result; the courts began holding court remotely via Zoom or other applications. This has saved prosecutors a considerable amount of time as they no longer have to travel to court but can do so from home or in the office.

IFD investigators worked from home rather than the office creating challenges to conducting in person investigations.

Public Attitudes
In 2003 and 2010, Accenture conducted a survey of public attitudes regarding insurance fraud. The survey found that:

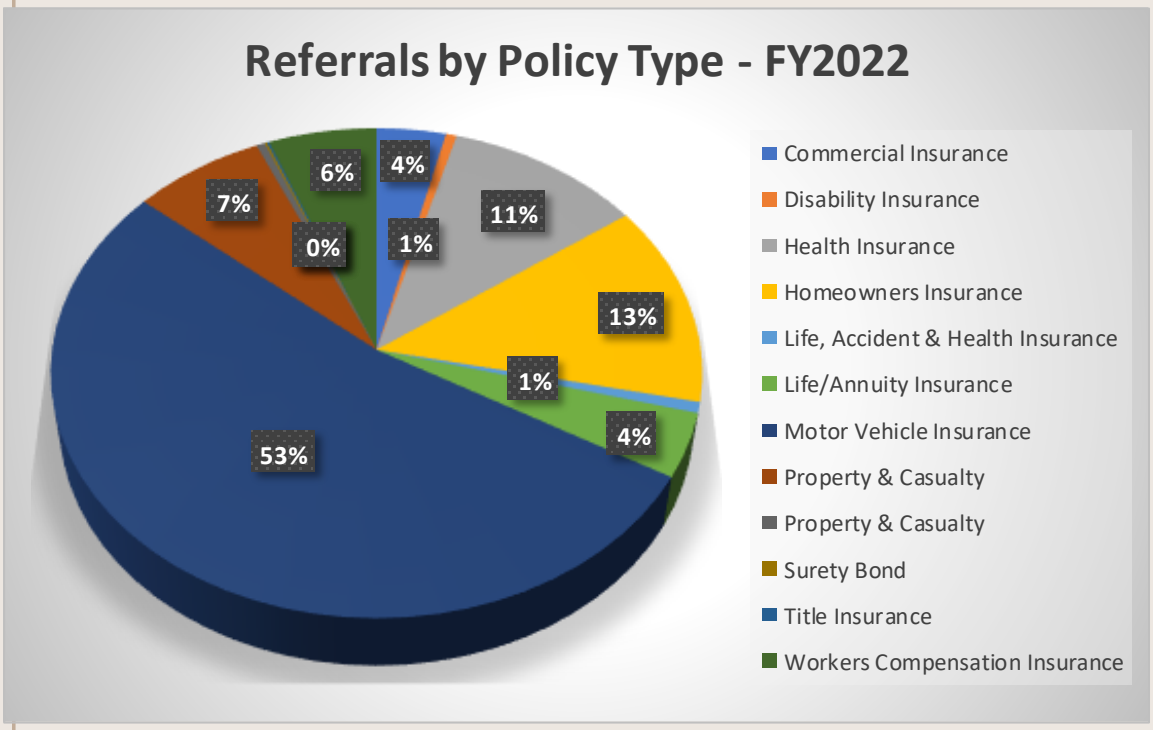
- 15% of surveyed persons admit to fraudulently inflating an automobile claim.
- 38% of surveyed person admit to fraudulently inflating a homeowner claim.
- Only 74% of persons surveyed between the ages of 18 and 24 believe it is wrong to overstate the value of an insurance claim.
- Only 84% of persons surveyed between the ages of 18 and 24 believe it is wrong to submit claims for items not lost or stolen or for fake injuries.
- More than 68% of Americans believe insurance fraud occurs because people can get away with it. This is up from 49% in 2003.

Workers Compensation Fraud
The IFD has seen a steady increase in workers compensation claims referred to us for investigation. The following statistics are quite telling:

- 58% of claimants are repeat claimants
- 52% of injuries have no witnesses
- 52% of claimants fail to report the injury promptly
- 51% of claims coincide with a change in employment status.

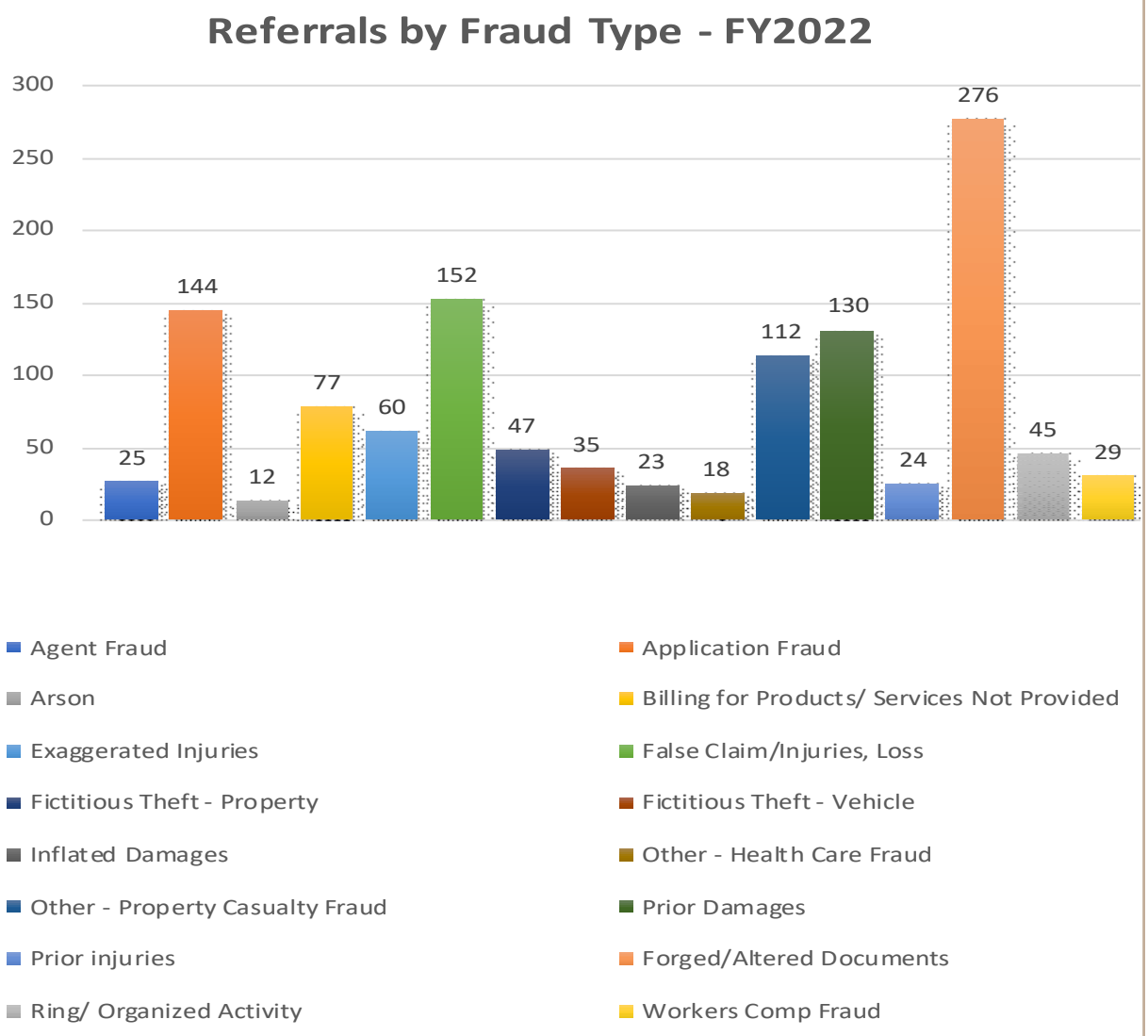
Referrals By Insurance Policy Type

In FY2022, the IFD received 933 referrals. This was a slight decrease from FY2019 and FY2020. As shown in the pie chart below, the vast majority of referrals come from auto, homeowners, health, and workers compensation insurance companies.



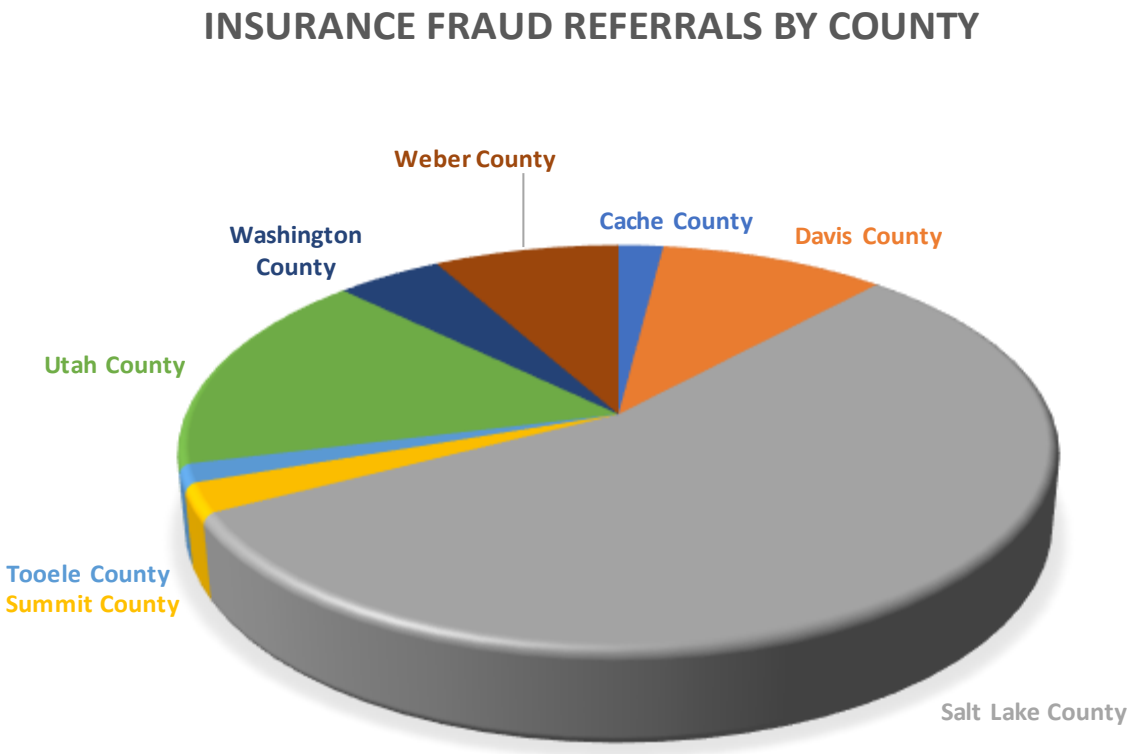
Referrals By Fraud Type

The following pie chart shows the types of insurance fraud cases reported. The majority represented general property and casualty type claims followed by application fraud and false or inflated damages. Application fraud primarily involves a person who is driving without insurance who is involved in an auto accident. They quickly obtain insurance and then claim the accident happened after they were insured.



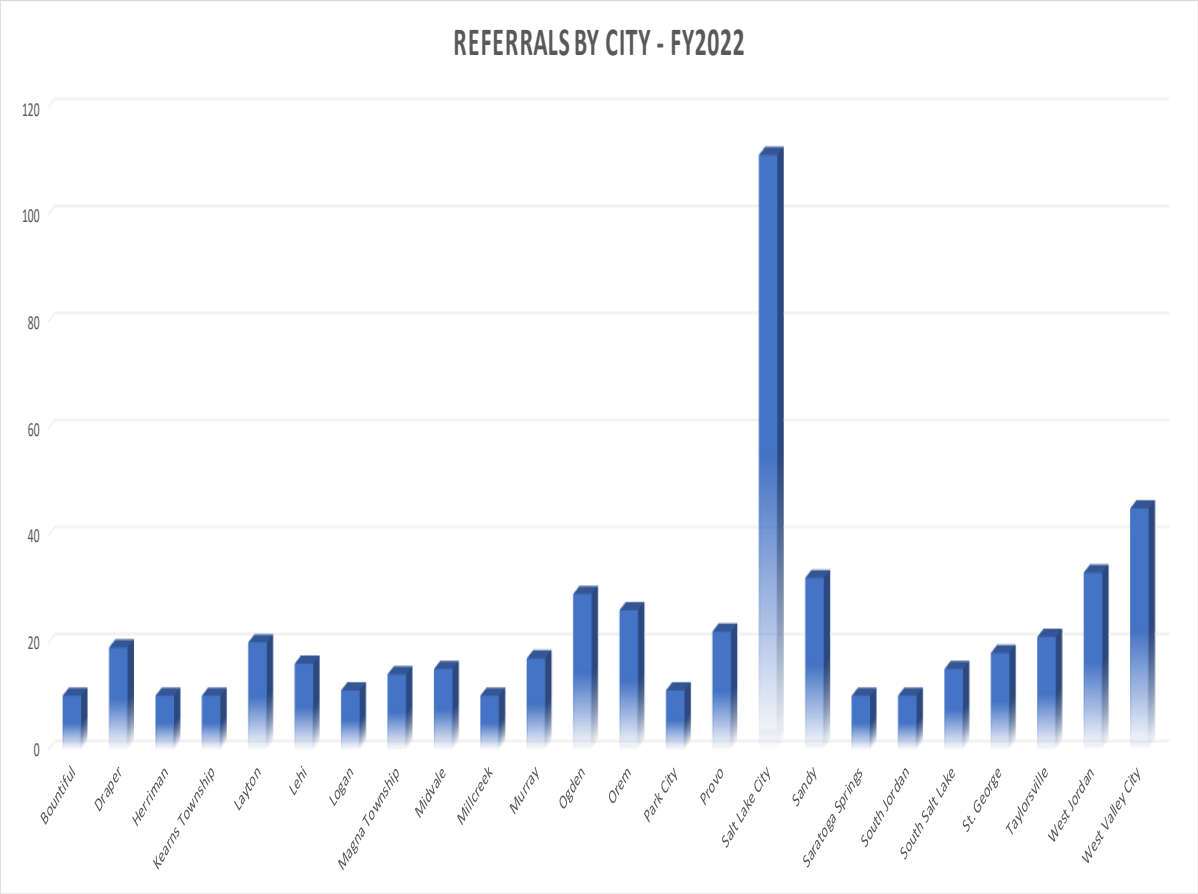
Fraud Referrals by County

The following pie chart represents the occurrence rates of suspected insurance fraud by county. Only those counties with at least 10 reports are listed.



Fraud Referrals by City

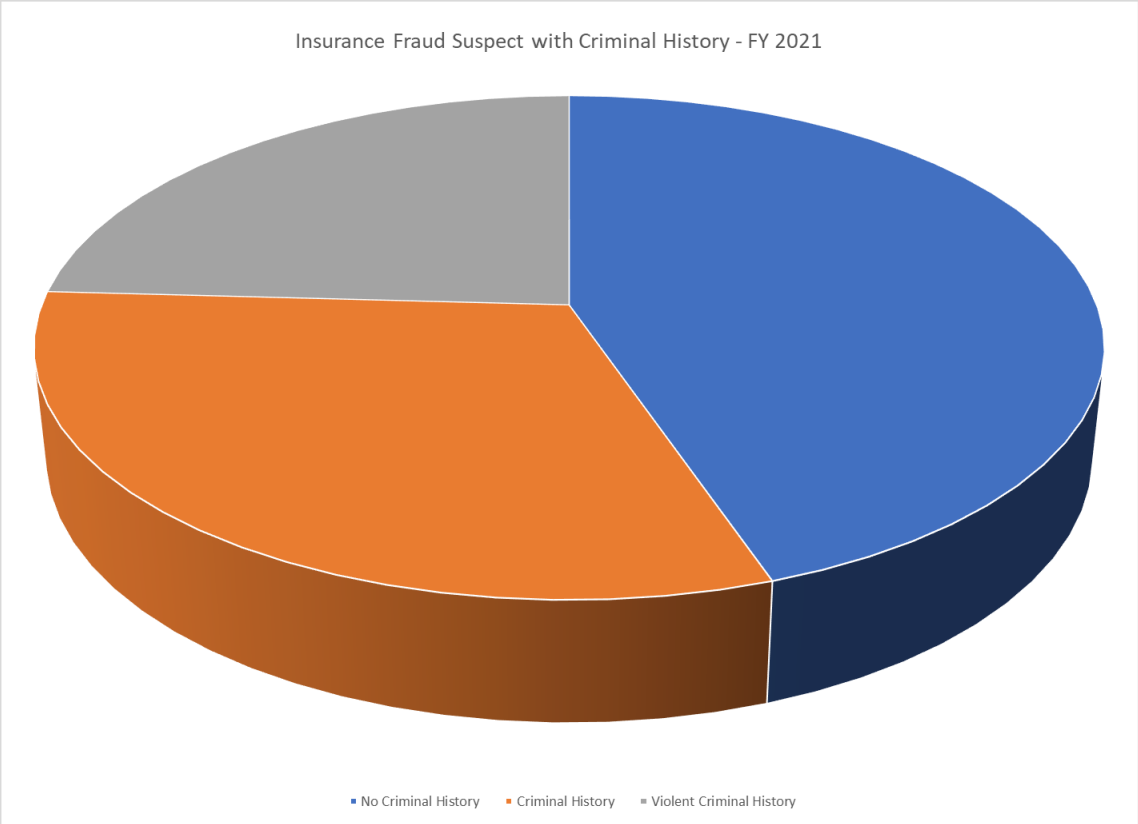
The following chart represents the occurrence of referrals for suspected insurance fraud by city. Note that Salt Lake City is represented significantly higher. Although this is true to a great extent, it should also be recognized that many reports by default list SLC as the occurrence location when in actuality, the fraud occurred in the Salt Lake County metropolitan area.



Suspects with Prior Criminal History

In the past, those who committed insurance fraud in Utah were less likely to have a criminal history. While there were many who would never think of committing a crime, they may have felt insurance fraud was not a crime and rationalized their actions because they have paid premiums for many years, they felt they were owed more for their claim, and because they believed insurance fraud did not hurt anyone, these are just some of many ways people rationalize insurance fraud.

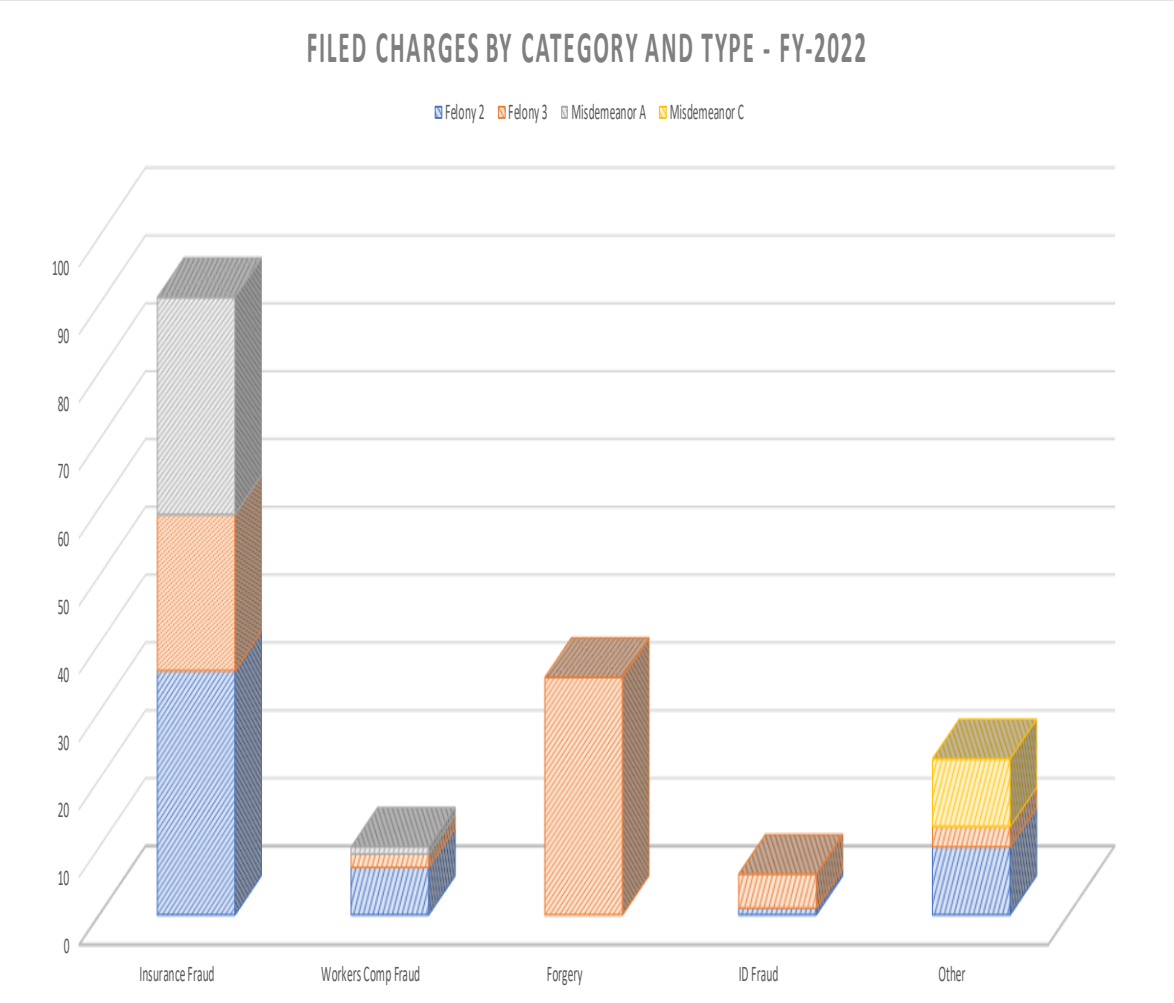
The chart below shows that the dynamics of who commits insurance fraud has in FY2021 have changed. Today, more than 55% of all suspects have some sort of criminal history. Of that percentage, 24% have a violent criminal history, meaning they have committed a violent crime against a person.



Charges Filed Overview

In FY2022, the IFD filed criminal charges against 93 defendants who were involved in fraudulent insurance claims. A total of 166 charges were filed. In most instances defendants were charged with multiple crimes based on the criminal actions they committed.

The most common charges filed in FY2022 are shown in the chart below along with the severity of these charges.



Restitution Collected

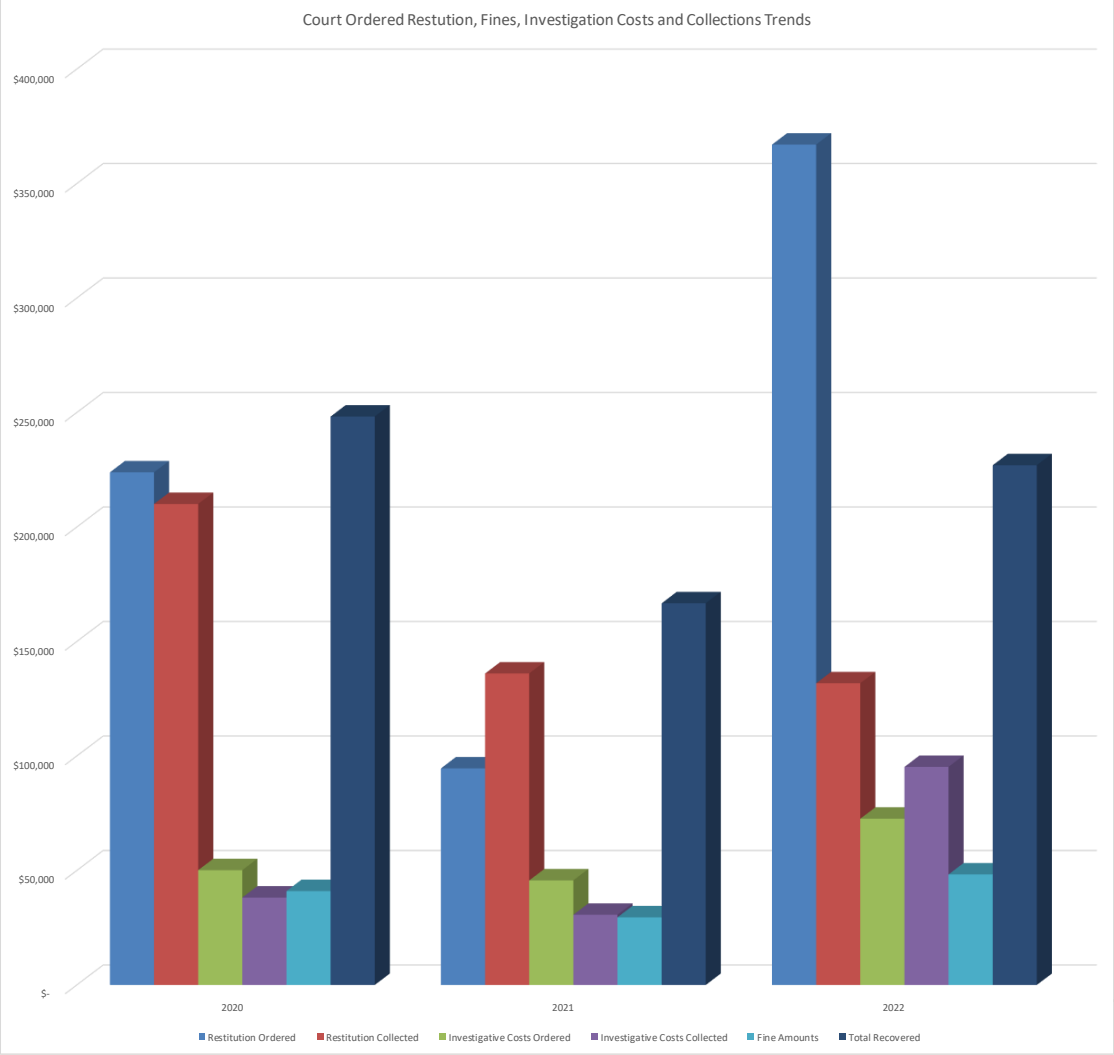
The IFD collects and tracks restitution paid in the cases prosecuted by the division. In 2021 the legislature passed a new law that gave this responsibility to the courts and the office of state debt collection.

With the above information in mind, the IFD continues to collect restitution for past cases where defendants are actively paying their ordered amounts. All new cases are being collected by the courts.

In FY2022 the portion of restitution collected directly by the IFD and distributed to victims of insurance fraud was $131,755.

Many cases investigated by the IFD do not involve an actual loss to the insurance company. These fraudulent claims are discovered prior to insurance paying the claim. As of the date of this report, cases sentenced in FY2022 resulted in defendants being ordered to pay back over $367,014 in restitution, $48,276 in fines, and $72,608 in investigation expenses.

The potential loss value of the cases where criminal charges where filed was more than $3,251,109.



New Insurance Fraud Laws - Prohibition on Kickbacks

The past few years, we have seen a significant increase in medical providers and contractors paying people to find and refer potential patients or customers to them for treatment and or repairs.

On its own, this is not illegal, but it can be a scheme for profit that does not have the patient's/customer's best interest in mind.

The Scheme—Medical Providers

- A medical provider pays a runner (a person who recruits patients) a large sum of money for each patient the runner gets to come in for treatments.
- Typically the patient is an auto accident victim and the medical provider will seek to treat the patient to the fullest extent that the auto insurance will cover, regardless of the medical needs of the patient.
- Runners use business cards left in markets, store, or businesses, and may even obtain referrals from unscrupulous insurance agents who also receive a benefit or kickback for providing the information.

The Scheme—Contractors

- A disaster repair contractor enlists individual plumbers to refer potential clients to them for services.
- When a consumer has a water leak, they contact a plumbing company who sends out a plumber to make the repair.
- While the plumber is paid to make the repair by the plumbing company he works for, he has a deal in place that he will be paid more to not make the repair and instead refer the client to the disaster repair contractor who pays the plumber a kickback and enables the disaster repair contactor to inflate the damages and bill insurance much more than the repair should have been.

The Law

UCA 76-10-3201 prohibits kickbacks (violation is a 3rd degree felony).

- A kickback or bribe means a rebate, compensation, or any other form of remuneration that is direct or indirect, overt or covert, in cash or in kind.
- An actor may not solicit or receive a kickback or bribe in return for the referral of a person for the furnishing of any good or service that relates to any insurance claim for damages.
- An actor may not offer or pay a kickback or bribe to induce the referral of a person for the furnishing of any good or service that relates to any insurance claim.

How to protect yourself

- Be suspicious of anyone who, unsolicited, contacts you wanting to refer you to a particular medical provider, lawyer, or contractor.
- When seeking services, use traditional means to research and determine which service provider is best for you.
- Utah is a buyer beware state:

  It is up to you to make sure the person you select to provide a service is licensed, insured, and that any contract you sign protects you and does not require you to pass on your claim rights to someone else.

Consumer Alert—Cyber Attacks and Theft of Assets

Cyber Attacks pose an ever-increasing risk to insurance agents, insurance companies, title companies, and consumers. Cyber attacks create real danger of financial losses to everyone.

Trends:
Criminals gain access to transaction information for real estate purchases and annuity investments through unsecured networks or emails. The criminals then use this information to misdirect funds to themselves via money transfers.

Examples:
A consumer is near closing on a home purchase and has been communicating via email with their real estate agent and the title company. They are expecting to close on Friday, but on Monday an email arrives directing the title company to transfer the funds a few days earlier than expected. Everything in the communication looks legitimate except that the transfer is requested earlier than expected and money is requested to be sent to a different account. The money is sent and stolen.

A fraudster gains access to a consumers annuity account and while impersonating the consumer requests a withdrawal of investment funds. The funds are withdrawn and are stolen.

What Happened?
The fraudster's access is typically gained through accessing the involved agent or customer's unsecured WIFI or email. The fraudster is then able to monitor incoming and outgoing emails and glean information pertaining to expected financial transactions. Or, access has been obtained through phishing of the agent's or customer's email accounts, and one of them has unknowingly provided the necessary information by clicking on a false link or providing information believing the person was someone else.

The fraudster then uses the information to impersonate one of the involved persons and request the money be redirected to their own account. If not caught within 48 hours, the money is most often not recoverable and has been sent out of the country.

What can you do?
- Ensure your networks are secure and protected
- Set up two-factor authentication on your business and personal emails
- Never wire money based on an emailed request without verifying via a follow-up phone call to a known person and number.

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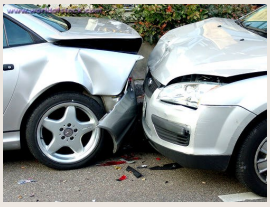
Prosecution Summaries

The following pages provide a summary of the cases in which criminal charges were filed in FY2022. The intent of these summaries is to provide an overview of types of crimes prosecuted and insurance companies who are active in identifying fraudulent claims.

The following case overviews include cases that have not been resolved in the criminal justice system. The facts reported about those cases are allegations and have not yet been proven in court. For this reason, the summaries only list the last name initial rather than last names of those who were charged.

The monetary values listed for these cases represent the attempted and/or actual loss claim amounts in the case. Because not all cases resulted in loss, many do not have restitution ordered upon conviction.



Summary of Criminal Cases Filed

IFD-2020-00422-C Filing Date: 07/29/2021

Charges Filed:
Insurance Fraud, Felony 2 Allstate: $70,099

Inflated Billing/Theft:
In July of 2020, a homeowner used a water mitigation company to perform repairs. The water mitigation company presented an inflated bill to Allstate. A check was issued in the name of the homeowner and the water mitigation company. The water mitigation company cashed the check without the homeowner's signature and pocketed the money. The water restoration company never performed the repairs billed for in the claim.

Case Status:
Court Case Pending

IFD-2021-00172-C Filing Date: 08/11/2021

Charges Filed:
Insurance Fraud, Misdemeanor A Root: $1,469

Fake Damages/Duplicate Claim:
In December of 2020, the truck owner of a 2008 Chevy Silverado filed a claim that his pickup truck had been damaged. It was discovered that the truck had been previously damaged and that the vehicle owner had been paid for the damages through a claim he filed with Progressive Insurance. The damages he claimed in the Root insurance claim were the same.

Case Status:
Defendant pled guilty to a Misdemeanor B count of insurance fraud and was sentenced to pay a $500 fine, $263 in investigation costs and to serve 12 months of probation.

Summary of Criminal Cases Filed

IFD-2021-00189-C Filing Date: 08/16/2021

Charges Filed:
Insurance Fraud, Misdemeanor A American National: $1,813

Application Fraud:
In September of 2020, the defendant purchased an auto insurance policy for a vehicle she did not own or have any financial interest in. She obtained the insurance policy for a friend who was unable to qualify for insurance. The friend was later involved in an accident and abandoned the vehicle. The defendant filed a claim for damages to the vehicle.

Case Status:
Pending Court Resolution

IFD-2021-00254-C Filing Date: 08/19/2021

Charges Filed:
Insurance Fraud, Misdemeanor A Progressive: $13,000

Application Fraud/Auto Accident Past Posting:
In June of 2021, the defendant reinstated a lapsed auto insurance policy. He later filed a claim that his 2007 GMS truck was damaged in a hit and run accident. The investigation discovered that the damage occurred while the vehicle was not insured and prior to his reinstating the insurance coverage.

Case Status:
Defendant pled guilty to misdemeanor A insurance fraud and was ordered to pay a $1,000 fine, $527 in investigation costs and serve 18 months on probation.

Summary of Criminal Cases Filed

IFD-2021-00246-C Filing Date: 08/19/2021

Charges Filed:
Insurance Fraud, Felony 2 USAA: $8,104

False Damages/Prior Damages:
In March of 2021, the defendant filed a claim with USAA that his 1968 Chevy truck had been damaged in a hit and run accident. The investigation discovered that the defendant had filed a prior claim five months earlier for the same damages with Farmers insurance and had been paid for the damages in that claim.

Case Status:
Defendant failed to appear in court and a warrant for his arrest has been issued.

IFD-2020-00136-C Filing Date: 08/23/2021

Charges Filed:
Insurance Fraud, Felony 2 American Bankers: $5,508

False Loss and Damages Claims for Cellphones:
Between September of 2019 and February of 2020, the defendant filed nearly a dozen claims that his cell phones had been lost or damaged. The investigation discovered that the defendant either never returned the damaged phones or that the lost phones continued to be used by the defendant or sold. None of the phones were lost or damaged.

Case Status:
Defendant pled guilty to felony 3 insurance fraud and was sentenced to pay $2,889 in restitution, a $500 fine, $1,783 in investigation costs and to serve 36 months on probation.

Summary of Criminal Cases Filed

STAIFD-2021-00019-C Filing Date: 08/23/2021

Charges Filed:
Forgery, Felony 3 Ohio Security: $0

Forged Certificate of Insurance:
In January of 2021, the defendant presented a forged certificate of workers compensation insurance coverage in order to be allowed to work as a sub-contractor.

Case Status:
Defendant pled guilty to misdemeanor A forgery and was sentenced to pay a $600 fine, $326 in investigation costs, and serve 24 months probation.

IFD-2021-00226-C Filing Date: 08/23/2021

Charges Filed:
Insurance Fraud, Felony 2 Foremost: $28,327

Application Fraud/Auto Accident Past Posting
In April of 2021, the defendant was involved in an auto accident while driving his 2018 Chieftain motorcycle without insurance. The defendant purchased an insurance policy after the accident and then filed a claim that the accident happened after he was insured.

Case Status:
Pending Court Resolution

Summary of Criminal Cases Filed

IFD-2021-00192-C Filing Date: 08/24/2021

Charges Filed: Farm Bureau: $3,552
Insurance Fraud, Felony 3

False Damages/Prior Damages:
In February of 2021, the defendant's fence was hit by a vehicle that lost control. A claim was filed with USAA insurance who paid the defendant $5,984. In March of 2021, another vehicle lost control and hit the defendant's fence in the same area which had not been replaced. The defendant filed a claim with Farm Bureau claiming the prior damages were new and in addition to the previous claim.

Case Status:
Defendant pled guilty to misdemeanor A insurance fraud and was sentenced to pay $3,552 in restitution, a $500 fine, and $411 in investigation costs and to serve 24 months probation.

IFD-2021-00155-C Filing Date: 08/24/2021

Charges Filed: USAA: $11,044
Insurance Fraud, Felony 2

Material Misrepresentation:
In January of 2021, the defendant was involved in a hit and run accident where he was later pursued by police. The police discontinued the pursuit. Later, the defendant filed an insurance claim that he had backed into a pole at his apartment. Because the defendant was involved in a criminal incident, the coverage would not have been afforded had the defendant told the truth concerning his accident.

Case Status:
Pending Court Resolution

Summary of Criminal Cases Filed

IFD-2021-00240-C Filing Date: 08/26/2021

Charges Filed: WCF: $4,620
Workers Compensation Insurance Fraud, Felony 3

Malingering/Exaggerated Injury:
In May of 2020, the defendant reported he was injured at work. The defendant claimed he was unable to work and began receiving total temporary disability payments. The investigation discovered that the defendant was fully capable of working while collecting these disability payments.

Case Status:
Pending Court Resolution

IFD-2021-00284C Filing Date: 09/21/2021

Charges Filed: Garrison: $891
Insurance Fraud, Misdemeanor A

Application Fraud/Auto Accident Past Posting:
In May of 2021, the defendant was involved in an auto accident while driving his 2015 Dodge Dart with liability-only coverage. The defendant added full coverage to his insurance and then claimed the accident occurred after he had full coverage insurance.

Case Status:
The defendant pled guilty to misdemeanor A insurance fraud and was sentenced to pay a $500 fine, $263 in investigation costs, and 18 months probation.

Summary of Criminal Cases Filed

IFD-2021-00248-C Filing Date: 09/01/2021

Charges Filed: WCF: $550
Forgery, 2 counts, Felony 3

Forged Certificate of Insurance:
In September of 2020, WCF conducted an audit of a construction company. During the audit a forged certificate of insurance was discovered that had been provided by the defendant to the construction company in order to be employed as a subcontractor.

Case Status:
Pending Court Resolution

IFD-2021-00270-C Filing Date: 09/07/2021

Charges Filed: Progressive: 5,961
Insurance Fraud, Felony 2
Forgery, Felony 3

Forged Receipts/Inflated Claim:
In July of 2021, the defendant filed a claim that his work truck had been vandalized. As part of the claim the defendant fabricated and submitted an invoice for decal repair work on the truck. The investigation discovered that the invoice was a forgery and that the cost of the actual decal work was significantly inflated.

Case Status:
Pending Court Resolution

Summary of Criminal Cases Filed

IFD-2021-00281-C Filing Date: 09/08/2021

Charges Filed:
Theft, Felony 2 WCF: $11,713
Forgery, 7 counts—Felony 3

Theft and Forgery of Death Benefit Checks:
In October of 2020, the wife of the suspect passed away. She had been receiving death benefit checks as a result of her late husbands work related death in 2013. The suspect, her current husband at her passing, continued to receive the death benefit checks, forged her signature, and cashed these checks without letting WCF know that the beneficiary had died.

Case Status:
The defendant pled guilty to 3rd degree felony theft and 3rd degree forgery and was sentenced to pay $11,713 in restitution, a $500 fine, $396 in investigation costs and to serve 36 months probation.

IFD-2021-00262-C Filing Date: 09/08/2021

Charges Filed: GEICO: $26,017
Insurance Fraud, Felony 2

Application Fraud/Auto Accident Past Posting:
In April of 2021, the defendant was involved in an auto accident while driving without insurance. The defendant purchased auto insurance and then filed a claim representing that the accident occurred after his insurance was in place.

Case Status:
Pending Court Resolution

Summary of Criminal Cases Filed

IFD-2021-00130-C Filing Date: 09/09/2021

Charges Filed: WCF: $13,000
Insurance Fraud, Felony 2

False Workplace Injury Claim:
In April of 2020, the defendant claimed he was injured at work which later required surgery to repair. During the investigation it was discovered that the defendant had a history of prior injury to his elbow and that the injury was not related to his employment.

Case Status:
Pending Court Resolution

IFD-2021-00267-C filing Date: 9/09/2021

Charges Filed: Progressive: $5,000
Insurance Fraud, Felony 3

Application Fraud/Auto Accident Past Posting:
In June of 2021, the defendant's 2007 Chevy Impala caught on fire while the vehicle was uninsured. The defendant purchased auto insurance and then filed the claim that the fire occurred after she had insurance.

Case Status:
Defendant failed to appear in court and an arrest warrant was issued.

Summary of Criminal Cases Filed

IFD-2020-00323-C Filing Date: 09/09/2021

Charges Filed: Regence: 919,787

Defendant #1
Pattern of Unlawful Activity, Felony 2
Insurance Fraud, 3 counts, Felony 2
Conspiracy, Felony 3

Defendant #2
Pattern of Unlawful Activity, Felony 2
Insurance Fraud, 3 counts, Felony 2
Conspiracy, Felony 3

Defendant #3
Pattern of Unlawful Conduct, Felony 2
Insurance Fraud, Felony 2
Conspiracy, Felony 3

Billing for Services Not Rendered/Billing under Non-Provider's NPI:
Between February 2019 and July 2020, two defendants owning a massage therapy business entered into an agreement with a defendant who was an APRN. The agreement was that the massage therapy business would bill insurance using the APRN's identity for physical therapy. The APRN never saw any of the patients and was paid a kickback for allowing the other two defendants to bill under his NPI. The massage therapy services were improperly billed as physical therapy in order to cause insurance to pay for the services.

Case Status:
Pending Court Resolution

Summary of Criminal Cases Filed

IFD-2021-00273-C Filing Date: 10/12/2021

Charges Filed: Falcon: $3,875
Insurance Fraud, Felony 3

Application Fraud/Auto Accident Past Posting:
In May of 2021, the defendant's 2009 Hyundai was stolen while her insurance policy had lapsed for non-payment. The defendant reinstated her insurance policy and then filed a claim that her vehicle had been stolen after her insurance had been reinstated.

Case Status:
Pending Court Resolution

IFD-2021-00301-C Filing Date: 10/14/2021

Charges Filed: Progressive: $4,103
Insurance Fraud, Felony 3

Auto Accident Past Posting/Application Fraud:
In July of 2021, the defendant was involved in an auto accident while driving her 2010 Mercedes without insurance. The defendant purchased insurance shortly after the accident and then filed a claim that the accident happed a few days later.

Case Status:
The defendant pled guilty to felony 3 insurance fraud and was sentenced to pay a $500 fine, $249 in investigation costs, and 24 months probation.

Summary of Criminal Cases Filed

IFD-2021-00086-C Filing Date: 10/14/2021

Charges Filed: Liberty Mutual: $5,000
Insurance Fraud, Felony 3

Material Misrepresentation/Personal vs. Business Use:
In October of 2020, the defendant's tools were stolen from his truck while visiting a Home Depot. The defendant filed a claim where he stated the tools were used for his business. When he discovered the tools would not be fully covered under his personal auto coverage, he claimed the tools were personal and not used in his business so that the higher limits of his policy would be in place.

Case Status:
Defendant pled guilty to felony 3 insurance fraud and was sentenced to pay a $1,000 fine, $442 in investigation costs, and 36 months of probation.

IFD-2021-00146-C Filing Date: 10/14/2021

Charges Filed: Garrison: $2,142
Insurance Fraud, Misdemeanor A

False Damage Claim:
In March of 2021, the defendant filed a claim that her 2011 BMW had been damaged while parked in her apartment parking stall. The investigation discovered that the defendant had purchased the vehicle with the damage already existing on the vehicle.

Case Status:
Defendant pled guilty to misdemeanor A insurance fraud and was sentenced to pay a $500 fine, $718 in investigation costs and 18 months probation.

Summary of Criminal Cases Filed

IFD-2021-00035-C Filing Date: 10/18/2021

Charges Filed: Caldwell: $31,581
Unlawful Dealing of Property be Fiduciary, Felony 2

Agent Fraud/Pocketing Commissions:
Between 2014 and 2017, the defendant worked for and insurance agency as an office manager. During this time she diverted over $31,000 in other employees' commissions to her own account.

Case Status:
Further investigation uncovered evidence that the defendant had an agreement with the reporting person and was authorized to take a portion of the funds. The case was dismissed .

IFD-2021-00157-C Filing Date: 10/19/2021

Charges Filed: Progressive: $6,630
Insurance Fraud, Felony 2

Application Fraud/Auto Accident Past Posting:
In June of 2020, the defendant was involved in an auto accident while driving without insurance. The defendant obtained insurance and filed the claim that the accident took place after the insurance was purchased.

Case Status:
Pending Court Resolution

Summary of Criminal Cases Filed

IFD-2021-00266-C Filing Date: 10/19/2021

Charges Filed: USAA: $0
Forgery, Felony 3

Forged Signature to Cancel Life Insurance Policy:
In April of 2011, the defendant forged the signature of his ex-wife on a form to cancel his life insurance policy, which he was required per his divorce to maintain with her as the beneficiary.

Case Status:
Defendant pled guilty to felony 3 Forgery and was sentenced to pay a $150 fine, $188 in investigation costs, 15 hours of community service, and 12 months probation.

IFD-2020-00300-C Filing Date: 10/25/2021

Charges Filed: CSAA: $3,012
Pattern of Unlawful Activity, Felony 2
Identity Fraud, 3 counts, Felony 2
Insurance Fraud, 3 counts, Felony 3

Insurance Agent Fraud/Issuing False Policies to collect Commissions:
Between May 2020 and July 2020, the defendant issued 10 fraudulent applications for insurance using 17 different stolen identities. The defendant received undue commissions on each of the fraudulent applications.

Case Status:
Defendant failed to appear and an arrest warrant was issued.

Summary of Criminal Cases Filed

IFD-2020-00339-C Filing Date: 10/28/2021

Charges Filed: AAA: $54,103
Insurance Fraud, Felony 2

Application Fraud/Auto Glass Past Posting Claim:
Between January 2019 and August of 2020, the defendant operated a AAA authorized towing company. AAA does not pay for off-road vehicle recovery. During this time frame the suspect would perform off road recovery of 4x4 and UTV vehicles and then submit false bills to AAA claiming the incidents involved on highway tows. During this time the defendant also submitted false tow bills to AAA for family members and associates typically matching the maximum number of tows allowed annually.

Case Status:
Defendant pled guilty to misdemeanor A insurance fraud and was sentenced to pay $15,328 in restitution, $1,000 fine, $1,745 in investigation costs, and 18 months probation.

IFD-2020-00357-C Filing Date: 11/02/2021

Charges Filed: MetLife: $785
Insurance Fraud, Felony 3
Identity Fraud, Felony 3

Filing False Accident Claim Using Stolen Insurance Card:
In December of 2019, the defendant used a stolen vehicle insurance card to file a false accident claim and receive payment for an accident that never occurred. The scheme was discovered when the victim's insurance was cancelled due to the accident.

Case Status:
Pending Court Action

Summary of Criminal Cases Filed

IFD-2020-00094-C Filing Date: 11/02/2021

Charges Filed:
Pattern of Unlawful Activity, Felony 2
Identity Fraud, 4 counts, Felony 2

Select Health:
Aetna:
Cigna:
Regence:
Total: 1,400,000

Billing for Services Not Rendered:
From January 2018 to March 2020, the defendant billed several health care insurers for mental health services that were never provided. Patients would visit the defendant's clinic for one or two visits and the defendant would then bill for several additional visits that never occurred.

Case Status:
Pending Court Action

IFD-2021-00077-C Filing Date: 11/08/2021

Charges Filed:
Insurance Fraud, Felony 2

Sedgwick: $79.209

Slip and Fall:
In May of 2020, the defendant claimed she slipped on water on a floor and fell while shopping at a Lucky grocery store. The investigation discovered no evidence of any liquid on the floor and that the defendant staged the fall.

Case Status:
Pending Court Action

Summary of Criminal Cases Filed

IFD-2021-00037-C Filing Date: 11/08/2021

Charges Filed: American Liberty $5,780
Workers Compensation Insurance Fraud, Felony 2

Malingering:
The defendant claimed to be injured at work in February of 2020. The defendant claimed she was unable to return to work and was collecting total temporary disability payments. An investigation discovered evidence that the defendant was able to perform activities on a daily basis that she claimed she was unable to do.

Case Status:
Pending Court Action

IFD-2021-00306-C Filing Date: 11/09/2021

Charges Filed: Esurance: $1,658
Insurance Fraud, Felony 3

Application Fraud/Changing Deductible After Accident:
In June of 2021, the defendant was involved in an auto accident. After the accident the defendant changed her deductible from $1,000 to $250 and added rental coverage. The defendant claimed that the changes in coverage were made before the accident occurred.

Case Status:
Defendant pled guilty to misdemeanor A insurance fraud and was sentence to pay a $500 fine, $303 in investigation expenses and serve 12 months probation.

Summary of Criminal Cases Filed

IFD-2021-00311-C Filing Date: 11/16/2021

Charges Filed: Allstate: $21,071
Insurance Fraud, Felony 3
Forgery, 3 counts, Felony 3

False Vehicle Burglary Claim/Forged Documents:
In April of 2021, the defendant filed a claim that her rental vehicle was broken into and over $21,000 in personal belongings were stolen from the car. As part of the claim, the defendant submitted altered bank statements and forged receipts to support her claim.

Case Status:
Pending Court Resolution

IFD-2021-00280-C Filing Date: 11/16/2021

Charges Filed: MGA: $19,211
Insurance Fraud, Felony 2
False Police Report, Misdemeanor B

False Auto Theft Claim/Fleeing from Police:
In July of 2021, the defendant fled a traffic stop in Idaho while driving his 2011 Ford truck. The defendant crashed his truck and escaped the police on foot. Later, the defendant returned to Utah and filed a police report that his truck had been stolen and an insurance claim to cover the damages resulting from the accident. Since the vehicle was not stolen and the defendant crashed his truck while engaging in a criminal action, his insurance would not have covered the accident.

Case Status:
The defendant pled guilty and was ordered to pay $1,168 in investigation costs, serve 90 days in jail, and 36 months on probation.

Summary of Criminal Cases Filed

IFD-2021-00335-C Filing Date: 12/02/2021

Charges Filed: N/A: $Unknown
Identity Fraud, Felony 3

Insurance Agent Fraud/Identity Fraud:
In July of 2021, the defendant, who was an insurance agent, contacted Allstate Insurance posing as one of their insureds. The defendant who had obtained the victims personal information used this information to obtain information from Allstate. The defendant then used this information to contact the victim in order to sell him an insurance policy from a different company.

Case Status:
The defendant pled guilty to third degree felony identity fraud and was ordered to pay a $1,000 fine, $284 in investigation costs, and serve 36 months on probation.

IFD-2021-00263-C Filing Date: 12/07/2021

Charges Filed: Nationwide $103,000
Insurance Fraud, Felony
Forgery, 2 counts, Felony 3

False Theft Claim:
Between March and July of 2021, the defendant claimed to have had CBD products stolen from his store. The investigation discovered that the defendant owned two stores and had removed the reportedly stolen product from one store to sell in his other store. The defendant later reported the same products being stolen from his second store.

Case Status:
The defendant failed to appear in court and an arrest warrant was issued for him.

Summary of Criminal Cases Filed

IFD-2021-00251-C Filing Date: 12/08/2021

Charges Filed: 6 Life Insurance Companies $900
Insurance Fraud, Misdemeanor A
Forgery, Felony 3
Identity Theft, Felony 2

Application Fraud/Forgery/Identity Theft:
Between 2020 and 2021, the defendant applied for at least six life insurance policies where she posed as her father-in-law who was disabled with Alzheimer's. The defendant made herself the beneficiary for these policies and did so without her father-in-law's knowledge or permission. The fraud was discovered after the death of her estranged father in law when she attempted to obtain copies of necessary information which was needed in order to file the death benefit claims.

Case Status:
The defendant pled guilty to class A misdemeanor forgery and was sentenced to pay a $2,000 fine, $494 in investigation costs, and serve 36 months on probation.

IFD-2020-00368-C Filing Date: 12/20/2021

Charges Filed: Root: $15,000
Insurance Fraud, Misdemeanor A
Forgery, Felony 3

Auto Accident Past Posting/Application Fraud:
In January of 2021, a friend of the defendant was involved in an auto accident while driving the defendant's car. The defendant obtained insurance after the accident and then submitted a police accident report from the accident in which he had altered the dates of the accident in an attempt to defraud the insurance company.

Case Status:
Pending Court Action

Summary of Criminal Cases Filed

IFD-2021-00287-C Filing Date: 12/28/2021

Charges Filed: MGA: $3,000
Insurance Fraud, Felony 3

Auto Accident Past Posting/Application Fraud:
In June of 2021, the defendant was involved in an auto accident while driving without insurance. The defendant contacted MGA and purchased an insurance policy and later filed a claim the accident took place after the vehicle was insured.

Case Status:
The defendant pled guilty to misdemeanor A insurance fraud and was sentenced to pay $1,474 in restitution, a $500 fine, $402 in investigation costs, and 24 months probation.

IFD-2020-00419-C Filing Date: 12/28/2021

Charges Filed: WCF: $24,448
Workers Comp Insurance Fraud, Felony 2
Forgery, Felony 3

Premium Avoidance:
Between September of 2018 to September of 2019, the defendant provided a general contractor an altered certificate of insurance to represent he had workers compensation coverage for his employees in order to subcontract work for the contractor. The contractor would not have hired the defendant's company for the job if they had known he did not have any coverage. As a result, the general contractor was required to pay WCF over $24,000 for the coverage that should have been in place during the project.

Case Status:
Pending Court Action

Summary of Criminal Cases Filed

IFD-2021-00329-C Filing Date: 01/04/2022

Charges Filed: Root: $1,250
Insurance Fraud, Misdemeanor A

Application Fraud/Auto Accident Past Posting:
In August of 2021, the defendant was involved in a single-vehicle accident after he crashed his 2012 Kia into a barrier on the freeway. Prior to the defendant filing his claim, he added car rental coverage to his insurance policy and lowered his deductible from $1,000 to $100. The defendant then falsely claimed the accident had occurred after the changes to his policy were made.

Case Status:
The defendant pled guilty to misdemeanor B insurance fraud and was sentenced to pay a $1,000 fine, $347 in investigation costs and serve 18 months on probation.

IFD-2021-00333-C Filing Date: 01/10/2022

Charges Filed: Root: $Unknown
Insurance Fraud, Misdemeanor A

Prior Damages/Past Posting:
In August of 2021, the defendant filed a claim that her 2016 BMW was struck by a piece of metal that flew out of a truck while driving on the freeway. The investigation discovered that the vehicle was actually damaged in December of 2020 while the vehicle was covered by liability only coverage. The defendant had filed a claim in December of 2020 which was denied for no coverage. She added full coverage and then waited a few months to file it again claiming it was a new accident.

Case Status:
An arrest warrant was issued and the defendant is now pending court action.

Summary of Criminal Cases Filed

IFD-2021-00334-C Filing Date: 01/12/2022

Charges Filed: Root: $5,285
Insurance Fraud, Felony 2
Driving without Insurance, Misdemeanor C

Application Fraud/Auto Accident Past Posting:
In May of 2021, the defendant was involved in an auto accident while driving her 2012 Ford Focus without insurance. Following the accident, the defendant quickly purchased insurance online using her phone app. The defendant then filed a claim that the accident had occurred after she had purchased the insurance policy.

Case Status:
The defendant pled guilty to felony 3 insurance fraud and was sentenced to pay a $1,000 fine, $379 in investigation costs and serve 24 months probation.

IFD-2021-00247-C Filing Date: 01/13/2022

Charges Filed: WCF: $817
Workers Compensation Insurance Fraud, Misdemeanor A

Working while Collecting Temporary Total Disability Payments:
In April of 2020, the defendant reported a workplace injury and was later placed on temporary total disability as he claimed he was unable to return to work. The investigation discovered that the defendant had returned to work for a different employer a few weeks later and was collecting disability payments while working.

Case Status:
Pending Court Action

Summary of Criminal Cases Filed

IFD-2021-00323-C Filing Date: 01/13/2022

Charges Filed: Progressive: $4,720
Insurance Fraud, Felony 3
Driving without Insurance, Misdemeanor C

Application Fraud/Auto Accident Past Posting:
In August of 2021, the defendant was involved in an auto accident while driving without insurance. The defendant purchased an insurance policy and then claimed the accident had occurred after he was insured.

Case Status:
Pending Court Action

IFD-2021-00377-C Filing Date: 01/26/2022

Charges Filed: GEICO: $2,459
Insurance Fraud, Felony 3
Driving without Insurance, Misdemeanor C

Application Fraud/Auto Accident Past Posting:
In October of 2021, the defendant was involved in an auto accident while driving without insurance. The defendant purchased insurance and then claimed the accident had occurred after he was insured.

Case Status:
Pending Court Action

Summary of Criminal Cases Filed

IFD-2021-00339-C Filing Date: 01/26/2022

Charges Filed: American Family: $900
Insurance Fraud, Misdemeanor A

Submitting False Documents:
In October of 2019, the defendant submitted a false invoice for x-rays she never received as part of an accident claim.

Case Status:
Diversion agreement. The defendant paid back American Family the amount she received and the case was closed.

IFD-2021-00193-C Filing Date: 01/26/2022

Charges Filed: U of U Health: $27,327
Insurance Fraud, 2 counts, Felony 2
Insurance Fraud, 4 counts, Felony 3
Identity Fraud, 2 counts, Felony 2
Identity Fraud, 4 counts, Felony 3

Using Stolen Insurance Card to Receive Medical Treatment:
From February of 2018 to September of 2018, the defendant used a health insurance card he stole from his brother and stole his brothers identity to receive over a dozen hospital visits. The hospital visits were done with the intent to obtain pain medications and resulted in large claims.

Case Status:
Pending Court Action

Summary of Criminal Cases Filed

IFD-2021-00378-C Filing Date: 02/02/2022

Charges Filed: Progressive: $2,878
Insurance Fraud, Misdemeanor A

Application Fraud/Auto Damage Past Posting:
In October of 2021, the defendant filed a claim that a tree limb fell onto his 2009 Ford Majestic motor home while camping. The investigation discovered that the insurance had been purchased after the loss and that the defendant lied about the damage occurring after he had purchased the insurance policy.

Case Status:
The defendant pled guilty to misdemeanor A insurance fraud and was sentenced to pay a $500 fine, $1,263 in investigation costs and 18 months probation.

IFD-2021-00387-C Filing Date: 02/03/2021

Charges Filed: Progressive: $2,997
Insurance Fraud, Felony 3

Application Fraud/Auto Accident Past Posting:
In November of 2021, the defendant was involved in an auto accident while driving without insurance. The defendant obtained an insurance policy and then claimed the accident took place after the insurance had been purchased.

Case Status:
The defendant pled guilty to felony 3 insurance fraud and was sentenced to pay a $1,500 fine, $348 in investigation costs and serve 18 months probation.

Summary of Criminal Cases Filed

IFD-2021-00370-C Filing Date: 02/03/2022

Charges Filed: MGA: $6,047
Insurance Fraud, Misdemeanor A
Driving without Insurance, Misdemeanor C

Application Fraud/Auto Accident Past Posting:
In September of 2021, the defendant was involved in an auto accident while driving without insurance. The defendant purchased insurance and then filed a claim that the accident occurred after he was insured.

Case Status:
Pending Court Action

IFD-2021-00350-C Filing Date: 02/16/2022

Charges Filed: WCF: $2,125
Workers Compensation Insurance Fraud, Felony 3

Working while Collecting Temporary Total Disability Payments:
In February of 2021, the defendant reported being injured at work. The investigation discovered that the defendant returned to work with a different employer while she continued to receive temporary total disability payment checks from WCF.

Case Status:
Pending Court Action

Summary of Criminal Cases Filed

IFD-2021-00398-C Filing Date: 02/16/2022

Charges Filed: American Family: $3,000
Insurance Fraud, Misdemeanor A

Application Fraud/Auto Accident Past Posting/Road Rage:
In August of 2021, the defendant was involved in a road rage incident where he and the other driver stopped on a freeway ramp. The defendant pulled a gun on the other driver who in self defense backed into the defendants vehicle and took off. At the time, the defendant did not have auto insurance on his Mercedes, and he quickly applied for a policy and later filed the accident report claiming it had occurred after he was insured. The defendant also failed to indicate on his application that he was an SR22 restricted driver (required higher rate insurance due to DUI).

Case Status:
An arrest warrant was issued for the defendants arrest

IFD-2021-00291-C Filing Date: 2/18/2022

Charges Filed: Root: $2,856
Insurance Fraud, Felony 3
Forgery, 2 counts, Felony 3

Injuries not Related to Auto Accident/Forgery:
In April of 2021, the defendant was involved in an auto accident where she claimed she was injured. The defendant presented Root with copies of her bank statements and hospital statements to support that she had paid for medical services resulting from the accident. The documents were found to be altered and evidence was found that the defendant actually went to the hospital a week prior to the accident and that the injuries she sought payment for were not related to the auto accident.

Case Status:
An arrest warrant was issued for the defendants arrest

Summary of Criminal Cases Filed

IFD-2021-00353-C Filing Date: 02/23/2022

Charges Filed: Allstate: $7,969
Insurance Fraud, Felony 2
Forgery, Felony 3

Forged Receipts/Misrepresentation of Claim :
In August of 2021, the defendant filed a claim that his welder and trailer had been stolen. As part of the initial claim, the defendant overinflated the value of the equipment by more than double. The defendant's insurance included a replacement policy which would pay the full cost of replacement if the item was replaced. The defendant altered a different receipt and presented it to Allstate indicating he had paid $32,251 for a new welder. As a result the defendant sought to defraud Allstate of nearly $8,000.

Case Status:
Pending Court Action

IFD-2021-00366-C Filing Date: 02/23/2022

Charges Filed: Nationwide: $4,017
Insurance Fraud, Misdemeanor B
Forgery, 2 counts, Felony 3

Forged Documents to Cover Uninsured Dog:
In August of 2021 the defendant filed two claims for three dates of medical service on her insured dog. Nationwide discovered the submitted receipts were fake and/or altered. The services were either not performed or were actually performed for her uninsured dog.

Case Status:
Pending Court Action

Summary of Criminal Cases Filed

IFD-2019-00273-C Filing Date: 03/08/2022

Charges Filed:
Insurance Fraud, Felony 2
Insurance Fraud, Misdemeanor A

American Family:
Colonial:
Allstate:
Combined Total: $55,000

Paper Accidents/False Medical Billing Scheme:
This case involved four chiropractors who purchased supplemental accident insurance policies for themselves, their families, and employees. The scheme was for the chiropractors to submit claims for accidents and cross treatments of their family members and employees. Over 1,700 claims were filed for over 2,500 alleged chiropractic visits. Evidence indicated that these accidents and treatments never occurred.

Case Status:
The defendant pled guilty to 2 counts of misdemeanor A insurance fraud and was sentenced to pay $55,000 in restitution and $5,000 in investigation costs.

IFD-2021-00389-C Filing Date: 03/15/2022

Charges Filed:
Insurance Fraud, Misdemeanor A

Progressive: $1,529

Application Fraud/Auto Accident Past Posting:
In December of 2021, the defendant was involved in an auto accident while driving without insurance. Following the accident the defendant purchased an insurance policy and then filed a claim that the accident had occurred after he was insured.

Case Status:
Pending Court Action

Summary of Criminal Cases Filed

IFD-2021-00324-C Filing Date: 03/15/2022

Charges Filed: GEICO: $5,068
Insurance Fraud, Felony 2
Forgery, Felony 3

Auto Accident Past Posting/Forged Documents:
In July of 2021, the defendant was involved in an auto accident. At the time of the accident the defendant had liability-only insurance. After the accident the defendant added car rental and full coverage to his vehicle. The defendant then filed a claim that the accident had occurred after the increased coverage was obtained. As part of the claim the defendant created a fictitious towing bill to support his claim.

Case Status:
Pending Court Action

IFD-2021-00332-C Filing Date: 03/16/2022

Charges Filed: CHUBB: $7,000
Workers Compensation Insurance Fraud, Felony 2

False Workplace Injury Claim:
In November of 2020, the defendant filed a claim that he tore his meniscus in his knee while bending over to plug in his laptop at work. The defendant actually injured his knee on his personal time not related to work. The defendant had been informed of a pending reduction in force that was going to affect his employment.

Case Status:
Pending Court Action

Summary of Criminal Cases Filed

IFD-2022-00008-C Filing Date: 03/22/2022

Charges Filed: Progressive: $11,535
Insurance Fraud, Felony 2

Application Fraud/Auto Accident Past Posting:
In December of 2021, the defendant was involved in an auto accident while driving her 2020 VW Atlas Sport with liability-only insurance. Following the accident the defendant added full coverage and then filed the accident claim.

Case Status:
Pending Court Action

IFD-2021-00351-C Filing Date: 03/23/2022

Charges Filed: American Home: $6,627
Workers Compensation Insurance Fraud, Felony 2

Workers Compensation Exaggerated Injuries:
In August of 2021, the defendant was assaulted by a co-worker while working at the airport. The defendant alleged that the assault caused a concussion. The investigation recovered surveillance video that showed the assault and upon review with the doctor the video was not consistent with the allegations of the defendant and could not have caused the indicated injuries.

Case Status:
Court Case Pending

Summary of Criminal Cases Filed

IFD-2022-00012-C Filing Date: 03/24/2022

Charges Filed: GEICO: $3,272
Insurance Fraud, Misdemeanor A

Prior Damages:
In November of 2021, the defendant purchased an insurance policy for his vehicle. The defendant then filed claims for vandalism damage for the vehicle on three different occasions. It was discovered that the vandalisms had all occurred prior to the vehicle being insured.

Case Status:
Court Case Pending

IFD-2022-00029-C Filing Date: 03/24/2022

Charges Filed: Progressive: $1,000
Insurance Fraud, Misdemeanor A

Application Fraud/Auto Accident Past Posting:
In October of 2021, the defendant's car insurance was cancelled for non-payment. Two weeks later the defendant's vehicle was involved in an accident while being driven by another person. The defendant obtained insurance and claimed the accident had occurred after the insurance was renewed.

Case Status:
Pending Court Action

Summary of Criminal Cases Filed

IFD-2022-00004-C Filing Date: 03/24/2022

Charges Filed: Progressive: $Unknown
Insurance Fraud, Misdemeanor A

Application Fraud/Auto Accident Past Posting:
In December of 2021, the defendant purchased an insurance policy and later filed a damage claim that his vehicle had been hit in a parking lot. The investigation discovered evidence that the damages were present before the defendant obtained his insurance policy.

Case Status:
Pending Court Action

IFD-2021-00383-C Filing Date: 03/30/2022

Charges Filed: Progressive: $Unknown
Insurance Fraud, Misdemeanor A

Application Fraud/Auto Accident Past Posting:
In November of 2021, the defendant was involved in an auto accident while driving without insurance. The defendant purchased insurance and later filed a false accident report that her vehicle had been hit while parked at her residence. The claim was for damages that occurred prior to the purchase of insurance.

Case Status:
Pending Court Action

Summary of Criminal Cases Filed

IFD-2021-00341-C Filing Date: 04/01/2022

Charges Filed: WCF: $Undetermined
Forgery, Felony 3

Forged Certificate of Insurance:
In April of 2021, the defendant presented a forged certificate of insurance to a general contractor in order to be employed as a sub-contractor. The defendant failed to have workers compensation insurance to cover his employees working as a result of the contract.

Case Status:
Pending Court Action

IFD-2021-00358-C Filing Date: 04/01/2022

Charges Filed: GEICO: $2,500
Insurance Fraud, Felony 3
Driving without Insurance, Misdemeanor C

Application Fraud/Auto Accident Past Posting:
In September of 2021, the defendant was involved in an auto accident while driving without insurance. The defendant purchased insurance and then claimed the accident happened ten minutes after he purchased insurance. The accident occurred the day prior to his purchase of insurance.

Case Status:
Pending Court Action

Summary of Criminal Cases Filed

IFD-2021-00327-C Filing Date: 04/25/2022

Charges Filed:
Insurance Fraud, Felony 2
Insurance Fraud, 3 counts, Misdemeanor A
Forgery, Felony 3

Root: $8,942
GEICO: $Unknown

Duplicate Damages/Altered Documents:
Between July 2021, and October of 2021 the defendant purchased policies on two different vehicles from both Root and GEICO. The defendant then submitted three claims for damages that were pre-existing on both vehicles to both insurance companies. As part of the claims process, the defendant also submitted altered documents in support of his claim for missing work as a result of one of the claims.

Case Status:
Pending Court Action

IFD-2021-00374-C Filing Date: 04/05/2022

Charges Filed:
Insurance Fraud, Misdemeanor A
Driving Without Insurance, Misdemeanor C

Esurance: $6,400

Application Fraud/Auto Accident Past Posting:
In September of 2021, the defendant was involved in a hit and run accident. The defendant then obtained an insurance policy and filed a claim reporting that the accident had occurred after she had obtained insurance.

Case Status:
Pending Court Action

Summary of Criminal Cases Filed

IFD-2021-00388-C Filing Date: 04/06/2022

Charges Filed: WCF: $27,017
Workers Compensation Insurance Fraud, Felony 2

Working while Collecting Temporary Total Disability:
In June of 2007, the defendant reported he was injured in a workplace accident. The defendant collected temporary total disability payments as a result of his not being able to return to work. It was discovered that the defendant returned to work in July of 2020 and continued to collect disability payments until this was discovered in August of 2021.

Case Status:
Pending Court Action

IFD-2022-00006-C Filing Date: 04/07/2022

Charges Filed: Progressive: $16,000
Insurance Fraud, Felony

Application Fraud/UTV Accident Past Posting:
In December of 2021, the defendant rolled his UTV while driving it without insurance. The defendant purchased an insurance policy and then reported he had the accident a few days after he had purchased the insurance.

Case Status:
Pending Court Action

Summary of Criminal Cases Filed

IFD-2021-00391-C Filing Date: 04/12/2022

Charges Filed: Progressive: $9,983
Insurance Fraud, Felony 2

Application Fraud/Auto Accident Past Posting:
In October of 2021, the defendant was involved in an auto accident while driving without insurance. The defendant purchased insurance and then filed a claim that the accident had occurred two days after she had purchased the insurance.

Case Status:
An arrest warrant was issued for the defendant.

IFD-2021-00386-C Filing Date: 04/12/2022

Charges Filed: Progressive: $1,250
Insurance Fraud, Misdemeanor A
Forgery, 2 counts, Felony 3

Forged Wage Loss Documents:
In September of 2021, the defendant was involved in an auto accident. As part of the claim the defendant submitted forged documents from both the hospital and his employer in support of a loss of wages claim. The investigation discovered that the defendant never missed any work and was attempting to pad his claim.

Case Status:
Pending Court Action

Summary of Criminal Cases Filed

IFD-2022-00011-C Filing Date: 04/15/2022

Charges Filed: USAA: $3,100
Insurance Fraud, Felony 3

False Damage Claim:
In November of 2021, the defendant filed a claim that his refrigerator and computer were damaged as a result of a power surge and that all of his food was damaged. The investigation discovered that the defendant was renting and that the refrigerator was not damaged or replaced as he claimed. The power company advised there had not been any power surges. The defendant presented false documents in support of his claim.

Case Status:
Pending Court Action

IFD-2022-00017-C Filing Date: 04/18/2022

Charges Filed: Progressive: $3,897
Insurance Fraud, Misdemeanor A

Application Fraud/Auto Theft Past Posting:
In December of 2021, the defendant was involved in an auto accident while driving without insurance on his 2018 Tesla. The defendant purchased insurance and then claimed that the accident had occurred after he was insured.

Case Status:
The defendant pled guilty to misdemeanor A insurance fraud and was sentenced to pay a $500 fine, $750 in investigation costs, and serve 18 months probation.

Summary of Criminal Cases Filed

IFD-2021-00359-C Filing Date: 04/19/2022

Charges Filed: Assurant: $521
Insurance Fraud, 2 counts, Felony 3
Forgery, Felony 3

False Theft Claim/Forged Documents:
In January of 2021, the defendant reported his car was broken into through an open window and a backpack containing a computer and iPad was stolen. In support of his claim the defendant presented a receipt for the property which was determined to be forged. The defendant also presented a receipt for one of the items which he had purchased and then returned.

Case Status:
An arrest warrant was issued for the defendant.

IFD-2022-00035-C Filing Date: 04/19/2022

Charges Filed: Progressive: $Unknown
Insurance Fraud, Misdemeanor A

Application Fraud/Auto Accident Past Posting:
In January of 2022, the defendant was involved in an auto accident while driving without insurance. The defendant purchased an insurance policy after the accident and then filed a claim that the accident had occurred after the insurance was purchased.

Case Status:
Court Case Pending

Summary of Criminal Cases Filed

IFD-2021-00394-C Filing Date: 04/25/2022

Charges Filed: Fire Insurance Exchange: $15,876
Insurance Fraud, Felony 3
Forgery, Felony 3

False Theft Claim/Forged Receipts:
In September of 2021, the defendant filed a claim that she had mailed a package containing an antique bronze elephant and that it had been stolen from her sisters porch after it was delivered. The defendant also filed the same claim with the delivery company. As part of the claim the defendant presented a receipt to prove purchase of the elephant and the receipt was determined to be a forgery.

Case Status:
Pending Court Action

IFD-2020-00288-C Filing Date: 04/26/2022

Charges Filed: Allstate: $5,185
Insurance Fraud, 2 counts, Felony 2

Paper Accident/Prior Damages:
November of 2021, defendant one was involved in an auto accident and totaled her 2018 Nissan Rogue. In January of 2022 defendant two insured the same vehicle and then filed a false accident claim for the same damages from the prior accident.

Case Status:
Pending Court Action

Summary of Criminal Cases Filed

IFD-2021-00286-C Filing Date: 05/02/2022

Charges Filed: ALPHA: $8,921
Insurance Fraud, Felony 2
Driving without Insurance, Misdemeanor C

Application Fraud/Auto Accident Past Posting:
In September of 2020, the defendant was involved in an auto accident while driving his 2012 Honda Civic without insurance. The defendant purchased insurance and then claimed the accident happened after he was insured.

Case Status:
Pending Court Action

IFD-2021-00321-C Filing Date: 05/02/2022

Charges Filed: WCF: $35,487
Workers Compensation Insurance Fraud, Felony 2

Material Misrepresentation During Claim:
In April of 2021, the defendant was shot during an incident where he was working security as a door monitor. The defendant was found to have misrepresented his claim and stated he was a victim and was not armed at the time. The investigation uncovered that the defendant was a convicted felon and was not allowed to possess a weapon and was also not allowed to be armed while working for the company that employed him. The defendant first drew his weapon and was the instigator of the shooting.

Case Status:
Pending Court Action

Summary of Criminal Cases Filed

IFD-2022-00043-C Filing Date: 05/11/2022

Charges Filed: Esurance: $4,600
Insurance Fraud, Misdemeanor A
Driving without Insurance, Misdemeanor C

Application Fraud/Auto Accident Past Posting:
In December of 2021, the defendant was involved in an auto accident while driving without insurance. The defendant purchased insurance and then filed a claim that the accident happened after he was insured.

Case Status:
Pending Court Action

IFD-2022-00040-C Filing Date: 06/01/2022

Charges Filed: Nationwide: $3,725
Insurance Fraud, Felony 3

Application Fraud/Auto Accident Past Posting:
In November of 2021, the defendant caused a claim to be filed on his behalf following his 2004 Honda Odyssey catching on fire in a parking lot. The defendant claimed that the vehicle had no outstanding repairs or mechanical issues. It was discovered that the vehicle had been towed to the loss location and was not functional prior to the fire loss.

Case Status:
Pending Court Action

Summary of Criminal Cases Filed

IFD-2022-00069-C Filing Date: 06/01/2022

Charges Filed: National: $1,366
Insurance Fraud, Misdemeanor A
Forgery, 2 counts, Felony 3

Altered Documents/Medical Care for Uninsured Pet:
In January of 2022, the defendant took two pets into a veterinarian clinic for treatments. One pet was covered by insurance while the other pet was not. The defendant removed the name of the uninsured dog and submitted a claim for medical bills to her insurance claiming all of the expenses were for the insured dog.

Case Status:
Pending Court Action

IFD-2022-00064-C Filing Date: 06/01/2022

Charges Filed: Progressive: $2,856
Insurance Fraud, Misdemeanor A
Driving without Insurance, Misdemeanor C

Application Fraud/Auto Accident Past Posting:
In October of 2021, the defendant was involved in an auto accident while driving his 2018 Jeep Wrangler without insurance. Following the accident the defendant obtained insurance and then filed a claim that the accident happened after he had obtained the insurance.

Case Status:
Pending Court Action

Summary of Criminal Cases Filed

IFD-2022-00020-C Filing Date: 06/14/2022

Charges Filed: Progressive: $5,004
Insurance Fraud, Felony 2

Application Fraud/Auto Accident Past Posting:
In July of 2021, the defendant was involved in a hit and run auto accident in Florida. After obtaining insurance the defendant filed a claim in December of 2021 that his vehicle had been hit by another person who fled the accident. The damages were found to be the same ones caused by the accident he had been involved in July of 2021.

Case Status:
Court Case Pending

IFD-2022-00082-C Filing Date: 06/28/2021

Charges Filed: Root Insurance: $1,838
Insurance Fraud, Felony 3
Driving without Insurance, Misdemeanor C

Application Fraud/Auto Accident Past Posting:
In March of 2022, the defendant was involved in an auto accident while driving without insurance. After the accident the defendant obtained insurance and then filed a claim that the accident occurred after he had insurance.

Case Status:
Court Case Pending

Summary of Criminal Cases Filed

IFD-02022-00063-C Filing Date: 06/08/2021

Charges Filed: Viking: $6,000
Insurance Fraud, Misdemeanor A

Application Fraud/Auto Theft:
In February of 2022, the defendant's 2013 Ford Fusion was reported to have been stolen. At the time of the theft the vehicle was not insured. The defendant obtained insurance and then filed the claim that his vehicle had been stolen after he obtained the insurance policy.

Case Status:
Court Case Pending

Summary of Criminal Cases Filed

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