

**REPORT OF APPARENT CRIME  
(DOL)**

**Federal Deposit Insurance Corporation - Division of Liquidation**

**ATTENTION:**

Use this form in all cases where suspected criminal activity involves probable loss (before reimbursement or recovery) of \$10,000 or greater and in all cases, regardless of amount, involving an executive officer, director or principal shareholder of the institution within the meaning of 12 C.F.R. §215 (with the term "member bank" deemed to mean all federally insured banks.) This form should be promptly filed by the investigator following discovery of the suspected violation.

The purpose of this form is to provide a consistent means by which the FDIC's Division of Liquidation can make referrals of known or suspected criminal activity perpetrated against the institutions whether by insiders or those outside the institution. The form will provide an effective means by which appropriate law enforcement and supervisory authorities will be made aware of known or suspected criminal activity. Investigators should use care in filling out this form and should insure that it is filled out in as complete a manner as practicable under the circumstances.

1. Name and Location of Financial Institution

1a. Date this Institution was closed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

NAME \_\_\_\_\_

LOCATION \_\_\_\_\_  
STREET CITY ST ZIP

CERTIFICATE NUMBER \_\_\_\_\_ If activity occurred at branch office(s), please identify: \_\_\_\_\_  
\_\_\_\_\_

2. Asset Size of Financial Institution When Closed (millions of dollars) \_\_\_\_\_

3. Approximate date and dollar amount (prior to any allowance for restitution or recovery) of suspected violation.

Date \_\_\_\_\_ AMOUNT (thousands of dollars) \$ \_\_\_\_\_  
MONTH DAY YEAR

4. Summary characterization of the suspected violation. Check appropriate box(es)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Defalcation/Embezzlement | <input type="checkbox"/> Bribery/Gratuity                   | <input type="checkbox"/> Other (Describe) _____ |
| <input type="checkbox"/> False Statement          | <input type="checkbox"/> Misuse of Position or Self-Dealing | _____   |
| <input type="checkbox"/> Check Kiting             | <input type="checkbox"/> Mysterious Disappearance           | _____   |

Applicable Section(s) of the U.S. Code (if known). (See list on page 7) \_\_\_\_\_

5. This matter is being referred to the FBI in \_\_\_\_\_  
CITY ST

and the U.S. Attorney in \_\_\_\_\_  
CITY ST JUDICIAL DISTRICT (if known)