

FINANCIAL LIABILITY INVESTIGATION OF PROPERTY LOSS

1. DATE INITIATED (YYYYMMDD) 20130105		2. INQUIRY/INVESTIGATION NUMBER Blank - assigned by LESO		3. DATE LOSS DISCOVERED (YYYYMMDD) 20121115	
4. NATIONAL STOCK NO. 5850-00-999-3736	5. ITEM DESCRIPTION Viewing Set		6. QUANTITY 8	7. UNIT COST 2,520.00	8. TOTAL COST 20,160.00
9. CIRCUMSTANCES UNDER WHICH PROPERTY WAS (X one) (Attach additional pages as necessary)			<input type="checkbox"/> Lost <input type="checkbox"/> Organization	<input checked="" type="checkbox"/> Damaged <input type="checkbox"/> Installation	<input type="checkbox"/> Destroyed <input type="checkbox"/> OCIE
Items received from DRMO 22 November 2012. Box was opened and discovered items were in a non working order when shipment was received. The assets were returned to DRMO 5 December 2012. Property book still shows 8 on hand.					
Please include the item DTID in this block					
10. ACTIONS TAKEN TO CORRECT CIRCUMSTANCES REPORTED IN BLOCK 9 AND PREVENT FUTURE OCCURRENCES (Attach additional pages as necessary) We will ensure copy of DD Form 1348 from property turn in is retained as well as check our property book.					
11. INDIVIDUAL COMPLETING BLOCKS 1 THROUGH 10					
a. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, ZIP Code) Deputy Chief Williams South Shores PD Anywhere, USA		b. TYPED NAME (Last, First, Middle Initial) Chief Mike R. Williams		c. DSN NUMBER 201-989-7895	
		d. SIGNATURE		e. DATE SIGNED 20130105	
12. (X one) <input checked="" type="checkbox"/> RESPONSIBLE OFFICER (PROPERTY RECORD ITEMS) <input type="checkbox"/> REVIEWING AUTHORITY (SUPPLY SYSTEM STOCKS)					
a. NEGLIGENCE OR ABUSE EVIDENT/ SUSPECTED (X one) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. COMMENTS/RECOMMENDATIONS			
c. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, ZIP Code) Joe Brown State Coordinator Anywhere, USA		d. TYPED NAME (Last, First, Middle Initial) Joe B. Brown		e. DSN NUMBER 201-989-5560	
		f. SIGNATURE		g. DATE SIGNED 20130106	
13. APPOINTING AUTHORITY					
a. RECOMMENDATION (X one) <input checked="" type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE		b. COMMENTS/RATIONALE LESO office contacted DRMO 20 January 2013 and confirmed that 8 assets were turned in by LEA and were later destroyed. Attach all supporting documentation prior to forwarding to the "Approval Authority"		c. FINANCIAL LIABILITY OFFICER APPOINTED (X one) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
d. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, ZIP Code) Law Enforcement Support Office DLA Disposition Services J-413 74 North Washington Ave. Battle Creek, Michigan 49037		e. TYPED NAME (Last, First, Middle Initial) John Q. Employee		f. DSN NUMBER 1-800-532-9946	
		g. SIGNATURE		h. DATE SIGNED 20130120	
14. APPROVING AUTHORITY					
a. RECOMMENDATION (X one) <input checked="" type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE		b. COMMENTS/RATIONALE Research has been performed, recommend the property book be adjusted to remove the quantity on hand.		c. LEGAL REVIEW COMPLETED IF REQUIRED (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
d. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, ZIP Code) Law Enforcement Support Office DLA Disposition Services J-413 74 North Washington Ave. Battle Creek, Michigan 49037		e. TYPED NAME (Last, First, Middle Initial) Branch Chief /J4 Director /Disp Services Director		f. DSN NUMBER 1-800-532-9946	
		g. SIGNATURE		h. DATE SIGNED 20130120	

Block 1 thru 11 e filled out by Law Enforcement Agency

Block 12 a thru g filled out by State Coordinator

Block 13 & 14 filled out by LESO Headquarters