

## Law Enforcement Support Office (LESO)

### Instructions for completing the DD Form 200, Financial Liability Investigation of Property Loss (FLIPL)

DD Form 200 Page 1

*The LESO will only accept the JUL 2009 Version*

**Block 1:** Enter form completion start date (ex., 20221031).

**Block 2:** Leave blank, LESO HQ use only.

**Block 3:** Enter applicable circumstance date (ex., 20221031).

**Block 4:** Enter applicable National Stock Number (NSN) or local stock number (LSN) for assigned property number in the Federal Excess Property Management Information System (FEPMIS).

**Block 5:** Enter FEPMIS property name (nomenclature), property number and the serial number (if recorded/known). **Note:** If there is more than one (1) property number with the same circumstance, please select the "Add More Items" action button to add a continuation page and enter the additional property numbers there.

**Block 6:** Enter quantity value assigned to Federal Excess Property Management Information System (FEPMIS) property number.

**Block 7:** Enter property number unit of issue cost value as recorded in FEPMIS.

**Block 8:** Enter product value of blocks 6 & 7 (ex., 3 x \$333 = \$999)

**Block 9:** Enter a statement that summarizes the property circumstances:

1) **Who** (Applicable agency/POCs involved)

2) **What** (Identify the property)

3) **Where** (Location where circumstance occurred)

4) **When** (Date of circumstance)

5) **Why** (What actions lead up to the circumstance and why did it happen?)

6) **How** was the property: (Select from below options)

- **Lost:** No documented chain of custody (Just can't find), an incident report and proof of item & serial (if known) entry to NCIC and applicable statements should accompany the DD200 (Enter "X" in lost box)
- **Disposed:** Improper disposal of assigned property vice turning back into DLA Disposition Services (DS) Field Site, may require agency memorandum for record (MFR), (Enter "X" in Organization box)
- **Destroyed:** Property original state total loss by fire, natural disaster, etc., and cannot be turned back in to DLA DS, may require photograph of circumstance and agency memorandum for record (MFR) (Enter "X" in Destroyed box)
- **Consumed:** Property was used as intended (ex., medical supplies) and generally does not require additional documentation (Enter "X" in Organization box)
- **Installed:** Authorized service part installed on another end item (ex., armored vehicle property number 12345MI00001) without replacement, cannot be used to enhance or modify end item (Enter "X" in Installation box)
- **Other:** Circumstance not defined above (ex., property lost by commercial carrier), LESO HQ can provide guidance to the State for documenting this circumstance (Enter "X" in Organization box)

**Block 10:** Enter statement to mitigate future loss circumstance (if applicable)

**Block 11(a):** Enter agency physical address as listed on current LESO Application for Participation Package.

**Block 11(b-e):** Respective fields shall be completed by CLEO (or designee) as listed on current LESO Application for Participation Package.

**Block 12(a-g):** Respective fields shall be completed by the LESO State Coordinator/State Point of Contact (SPOC).

**Blocks 13 & 14(a-h):** Reserved for LESO HQ use only

Instructions continued to next page

**Law Enforcement Support Office (LESO)**  
**Instructions for completing the DD Form 200, Financial Liability Investigation of Property Loss (FLIPL)**

DD Form 200 Page 2

THIS PAGE IS NOT USED

**DD Form 200 Page 3 - Continuation of Blocks 4-8**

*Note-* Denote the number of pages in top right of form (ex. Page 2 of 2 Pages).

**Block 1:** Enter date from Block 1, page 1 (ex., 20221031).

**Block 2:** Leave blank, LESO HQ use only.

*Note-* Denote Item Number value (ex., 2, 3, 4, etc.) for additional NSN in far left column under Block 1.

**Block 4:** Enter applicable National Stock Number (NSN) or local stock number (LSN) for assigned property number in the Federal Excess Property Management Information System (FEPMIS).

**Block 5:** Enter FEPMIS property name (nomenclature), property number and the serial number (if recorded/known). *Note:* If an additional continuation page is needed, select the "New Page" action button in lower left-hand corner of form and follow steps as outlined on this page.

**Block 6:** Enter quantity value assigned to Federal Excess Property Management Information System (FEPMIS) property number.

**Block 7:** Enter property number unit of issue cost value as recorded in FEPMIS.

**Block 8:** Enter product value of blocks 6 & 7 (ex., 3 x \$333 = \$999).

*Note-* In lower right of form, verify subtotal values of continuation page(s) are populated and grand total is populated (if last page).

**\*\*Important\*\*** Please email the completed DD Form 200 to [lesocertifications@dla.mil](mailto:lesocertifications@dla.mil) and please remember to submit the Change of Status (COS) in FEPMIS.

**End of Instructions**

**FINANCIAL LIABILITY INVESTIGATION OF PROPERTY LOSS**

1. DATE INITIATED (YYYYMMDD)	2. INQUIRY/INVESTIGATION NUMBER	3. DATE LOSS DISCOVERED (YYYYMMDD)
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4. NATIONAL STOCK NO.	5. ITEM DESCRIPTION	<input type="button" value="Add More Items"/>	6. QUANTITY	7. UNIT COST	8. TOTAL COST
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9. CIRCUMSTANCES UNDER WHICH PROPERTY WAS (X one) <i>(Attach additional pages as necessary)</i>	<input type="button" value="Add Page"/>	<input type="checkbox"/> Lost Organization	<input type="checkbox"/> Damaged Installation	<input type="checkbox"/> Destroyed OCIE
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10. ACTIONS TAKEN TO CORRECT CIRCUMSTANCES REPORTED IN BLOCK 9 AND PREVENT FUTURE OCCURRENCES <i>(Attach additional pages as necessary)</i>	<input type="button" value="Add Page"/>
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**11. INDIVIDUAL COMPLETING BLOCKS 1 THROUGH 10**

a. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, ZIP Code)</i>	b. TYPED NAME <i>(Last, First, Middle Initial)</i>	c. DSN NUMBER
	d. SIGNATURE	e. DATE SIGNED

12. (X one)	<b>RESPONSIBLE OFFICER (PROPERTY RECORD ITEMS)</b>	<b>REVIEWING AUTHORITY (SUPPLY SYSTEM STOCKS)</b>
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a. NEGLIGENCE OR ABUSE EVIDENT/SUSPECTED (X one)	b. COMMENTS/RECOMMENDATIONS	
<input type="checkbox"/> YES <input type="checkbox"/> NO		
c. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, ZIP Code)</i>	d. TYPED NAME <i>(Last, First, Middle Initial)</i>	e. DSN NUMBER
	f. SIGNATURE	g. DATE SIGNED

**13. APPOINTING AUTHORITY**

a. RECOMMENDATION (X one)	b. COMMENTS/RATIONALE	c. FINANCIAL LIABILITY OFFICER APPOINTED (X one)
<input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE		<input type="checkbox"/> YES <input type="checkbox"/> NO
d. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, ZIP Code)</i>	e. TYPED NAME <i>(Last, First, Middle Initial)</i>	f. DSN NUMBER
	g. SIGNATURE	h. DATE SIGNED

**14. APPROVING AUTHORITY**

a. RECOMMENDATION (X one)	b. COMMENTS/RATIONALE	c. LEGAL REVIEW COMPLETED IF REQUIRED (X one)
<input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
d. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, ZIP Code)</i>	e. TYPED NAME <i>(Last, First, Middle Initial)</i>	f. DSN NUMBER
	g. SIGNATURE	h. DATE SIGNED

**15. FINANCIAL LIABILITY OFFICER**a. FINDINGS AND RECOMMENDATIONS *(Attach additional pages as necessary)***THIS PAGE IS NOT USED**

b. DOLLAR AMOUNT OF LOSS	c. MONTHLY BASIC PAY	d. RECOMMENDED FINANCIAL LIABILITY
e. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, ZIP Code)</i>	f. TYPED NAME <i>(Last, First, Middle Initial)</i>	g. DSN NUMBER
	h. DATE SUBMITTED TO APPOINTING AUTHORITY <i>(YYYYMMDD)</i>	i. DATE APPOINTED <i>(YYYYMMDD)</i>
	j. SIGNATURE	k. DATE SIGNED

**16. INDIVIDUAL CHARGED**a. I HAVE EXAMINED THE FINDINGS AND RECOMMENDATIONS OF THE FINANCIAL LIABILITY OFFICER AND *(X one)*
 Submit the attached statement of objection.
  Do not intend to make such a statement.

b. I HAVE BEEN INFORMED OF MY RIGHT TO LEGAL ADVICE. MY SIGNATURE IS NOT AN ADMISSION OF LIABILITY.

c. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, ZIP Code)</i>	d. TYPED NAME <i>(Last, First, Middle Initial)</i>	e. DSN NUMBER
	f. SIGNATURE	g. DATE SIGNED

**17. ACCOUNTABLE OFFICER**

a. DOCUMENT NUMBER(S) USED TO ADJUST PROPERTY RECORD

b. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, ZIP Code)</i>	c. TYPED NAME <i>(Last, First, Middle Initial)</i>	d. DSN NUMBER
	e. SIGNATURE	f. DATE SIGNED

