# Financial Liability Investigation of Property Loss

**Privacy Act Statement**

**Authority:** 10 USC 2775; DoD Directive 7200.11; EO 9397.

**Principal Purpose(s):** To officially report the facts and circumstances supporting the assessment of financial charges for the loss, damage, or destruction of DoD-controlled property. The purpose of soliciting the SSN is for positive identification.

**Routine Use(s):** None.

**Disclosure:** Voluntary; however, refusal to explain the circumstances under which the property was lost, damaged, or destroyed may be considered with other factors in determining if an individual will be held financially liable.

1. **Date Initiated (YYYYMMDD)**
2. **Inquiry/Investigation Number**
3. **Date Loss Discovered (YYYYMMDD)**

4. **National Stock No.**
5. **Item Description**
6. **Quantity**
7. **Unit Cost**
8. **Total Cost**
   - 0.00

9. **Circumstances Under Which Property Was Lost, Damaged, or Destroyed (X one)**
   - [ ] LOST
   - [ ] DAMAGED
   - [ ] DESTROYED

   (Attach additional pages as necessary)

10. **Actions Taken to Correct Circumstances Reported in Block 9 and Prevent Future Occurrences (Attach additional pages as necessary)**

11. **Individual Completing Blocks 1 Through 10**
   a. **Organizational Address** (Unit Designation, Office Symbol, Base, State/Country, Zip Code)
   b. **Typed Name** (Last, First, Middle Initial)
   c. **DSN Number**
   d. **Signature**
   e. **Date Signed**

12. **Responsible Officer (Property Record Items)**
   a. **Organizational Address** (Unit Designation, Office Symbol, Base, State/Country, Zip Code)
   b. **Typed Name** (Last, First, Middle Initial)
   c. **DSN Number**
   d. **Signature**
   e. **Date Signed**

13. **Appointing Authority**
   a. **Recommendation** (X one)
   - [ ] Approve
   - [ ] Disapprove
   b. **Comments/Rationale**
   c. **Financial Liability Officer Appointed (X one)**
   - [ ] Yes
   - [ ] No
   d. **Organizational Address** (Unit Designation, Office Symbol, Base, State/Country, Zip Code)
   e. **Typed Name** (Last, First, Middle Initial)
   f. **DSN Number**
   g. **Signature**
   h. **Date Signed**

14. **Approving Authority**
   a. **Recommendation** (X one)
   - [ ] Approve
   - [ ] Disapprove
   b. **Comments/Rationale**
   c. **Legal Review Completed If Required (X one)**
   - [ ] Yes
   - [ ] No
   - [ ] N/A
   d. **Organizational Address** (Unit Designation, Office Symbol, Base, State/Country, Zip Code)
   e. **Typed Name** (Last, First, Middle Initial)
   f. **DSN Number**
   g. **Signature**
   h. **Date Signed**

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DD Form 200, Oct 1999

Previous Edition is Obsolete.
## 15. FINANCIAL LIABILITY OFFICER

a. **FINDINGS AND RECOMMENDATIONS** (Attach additional pages as necessary)

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

d. **TYPED NAME** (Last, First, Middle Initial)

e. **SOCIAL SECURITY NUMBER**

f. **DSN NUMBER**

g. **SIGNATURE**

h. **DATE SIGNED**

## 17. ACCOUNTABLE OFFICER

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

<table>
<thead>
<tr>
<th>b. <strong>ORGANIZATION ADDRESS</strong> (Unit Designation, Office Symbol, Base, State/Country, Zip Code)</th>
<th>c. <strong>TYPED NAME</strong> (Last, First, Middle Initial)</th>
<th>d. <strong>DSN NUMBER</strong></th>
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e. **SIGNATURE**

f. **DATE SIGNED**

DD FORM 200 (BACK), OCT 1999