



Greetings,

Thank you for reaching out to let us know that you have missing LESO property. Missing and/or stolen property requires immediate action. The below must be submitted to the Illinois LESO within 24 hours when LESO property is missing or stolen.

- An initial notification of the loss and the circumstances
- Complete a DD200 Financial Liability Investigation of Property Loss (FLIPL)
- Complete and Submit an Official Police Report
- Complete and submit a copy of the LEADS entry if the property has a serial #

When your LEA has completed the required actions, please send the DD200, Police Report, and LEADS entry (if applicable) to the Illinois LESO at all three email addresses below within 24 hours. Thank you.

Rewa Boldrey rewa.a.boldrey@illinois.gov

David Rector David.rector@illinois.gov

Brent Boesdorfer brent.boesdorfer@illinois.gov

For your convenience, the DD200 is provided below. You will only need to complete Page 1 and if you have more than 1 type of property missing, you will need to complete Page 3. Thank you.

The Illinois LESO

FINANCIAL LIABILITY INVESTIGATION OF PROPERTY LOSS

| | | | | | | | |
|--|---------------------|---|---|---------------------------------------|------------------------------------|---|------------------------------------|
| 1. DATE INITIATED (YYYYMMDD) | | 2. INQUIRY/INVESTIGATION NUMBER | | | 3. DATE LOSS DISCOVERED (YYYYMMDD) | | |
| 4. NATIONAL STOCK NO. | 5. ITEM DESCRIPTION | <input type="button" value="Add More Items"/> | 6. QUANTITY | 7. UNIT COST | 8. TOTAL COST | | |
| 9. CIRCUMSTANCES UNDER WHICH PROPERTY WAS (X one) (Attach additional pages as necessary) | | | <input type="button" value="Add Page"/> | | <input type="checkbox"/> Lost | <input type="checkbox"/> Damaged | <input type="checkbox"/> Destroyed |
| | | | <input type="checkbox"/> Organization | <input type="checkbox"/> Installation | <input type="checkbox"/> OCIE | | |
| 10. ACTIONS TAKEN TO CORRECT CIRCUMSTANCES REPORTED IN BLOCK 9 AND PREVENT FUTURE OCCURRENCES (Attach additional pages as necessary) | | | | | | | |
| <input type="button" value="Add Page"/> | | | | | | | |
| 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 | |
| | | | | | | f. SIGNATURE | |
| 12. (X one) <input type="checkbox"/> RESPONSIBLE OFFICER (PROPERTY RECORD ITEMS) <input type="checkbox"/> REVIEWING AUTHORITY (SUPPLY SYSTEM STOCKS) | | | | | | | |
| a. NEGLIGENCE OR ABUSE EVIDENT/ SUSPECTED (X one) | | b. COMMENTS/RECOMMENDATIONS | | | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | |
| | | | | | | | |
| c. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, ZIP Code) | | | d. TYPED NAME (Last, First, Middle Initial) | | | e. DSN NUMBER | |
| | | | f. SIGNATURE | | | g. DATE SIGNED | |
| | | | | | | g. SIGNATURE | |
| 13. APPOINTING AUTHORITY | | | | | | | |
| a. RECOMMENDATION (X one) | | b. COMMENTS/RATIONALE | | | | c. FINANCIAL LIABILITY OFFICER APPOINTED (X one) | |
| <input type="checkbox"/> APPROVE | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| <input type="checkbox"/> DISAPPROVE | | | | | | | |
| 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 | |
| | | | | | | g. SIGNATURE | |
| 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"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | |
| <input type="checkbox"/> DISAPPROVE | | | | | | | |
| 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 | |
| | | | | | | g. SIGNATURE | |

15. FINANCIAL LIABILITY OFFICERa. FINDINGS AND RECOMMENDATIONS *(Attach additional pages as necessary)*

Add Page

| | | |
|---|---|-------------------------------------|
| 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 CHARGEDa. 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 |

1. DATE INITIATED (YYYYMMDD)

2. INQUIRY/INVESTIGATION NUMBER

Use this area to continue each item as necessary. Specify item number.