

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES Janel L. Forde, Director

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 <u>rewa.a.boldrey@illinois.gov</u>
David Rector <u>David.rector@illinois.gov</u>
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 | | | | |
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| 1. DATE INITIATED (YYYYMMDD) 2. INQUI | | QUIRY/INVESTIGATION NUMBER | 3. DATE LOSS DISCOVERED (YYYYMMDD) | |
| | | | (TTTTWWWDD) | |
| 4. NATIONAL STO | DCK NO. 5. ITEM DESCRIPTIO | Add More Items 6. QUANTITY | 7. UNIT COST 8. TOTAL COST | |
| | CES UNDER WHICH PROPERTY al pages as necessary) | WAS (X one) Add Page Lost Organization | Damaged Destroyed Installation OCIE | |
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| pages as neces | | CES REPORTED IN BLOCK 9 AND PREVENT FUTU | Add Page | |
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| | | d. SIGNATURE | e. DATE SIGNED | |
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| 12. (X one) | RESPONSIBLE OFFICER (PRO | PERTY RECORD ITEMS REVIEWING AUTHO | RITY (SUPPLY SYSTEM STOCKS) | |
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| 15. FINANCIAL LIABILITY OFFICER | | |
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| a. FINDINGS AND RECOMMENDATIONS (Attach add | itional pages as necessary) | Add Page |
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| b. DOLLAR AMOUNT OF LOSS | c. MONTHLY BASIC PAY | d. RECOMMENDED FINANCIAL LIABILITY |
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| e ORGANIZATIONAL ADDRESS (Unit Designation | f. TYPED NAME (Last, First, Middle Initial) | g. DSN NUMBER |
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| | h. DATE SUBMITTED TO APPOINTING | i. DATE APPOINTED |
| | AUTHORITY (YYYYMMDD) | (YYYYMMDD) |
| | j. SIGNATURE | k. DATE SIGNED |
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| 16. INDIVIDUAL CHARGED | | L |
| a. I HAVE EXAMINED THE FINDINGS AND RECOMM | ENDATIONS OF THE FINANCIAL LIABILITY O | PFFICER AND (X one) |
| Submit the attached statement of objection. | Do not intend to make such a statement. | 20 000 |
| b. I HAVE BEEN INFORMED OF MY RIGHT TO LEGA | The state of the s | 2000 1900 1900 1900 1900 1900 1900 1900 |
| c. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, ZIP Code) | d. TYPED NAME (Last, First, Middle Initial) | e. DSN NUMBER |
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| | f. SIGNATURE | g. DATE SIGNED |
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| 17. ACCOUNTABLE OFFICER | DEDTY DECORD | |
| a. DOCUMENT NUMBER(S) USED TO ADJUST PRO | PERTI RECURD | |
| b. ORGANIZATIONAL ADDRESS (Unit Designation, | c. TYPED NAME (Last, First, Middle Initial) | d. DSN NUMBER |
| Office Symbol, Base, State/Country, ZIP Code) | , | |
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| | C | ONTINUATION OF BLOCKS 4 - 8 | | Page | of Pages |
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| 1. DATE | INITIATED (YYYYMMDD) | 2. INQUIRY/INVESTIGATION NUMBER | | | |
| ITEM NO. | 4. NATIONAL STOCK NO. LINE ITEM NO. | 5. ITEM DESCRIPTION | 6. QUANTITY | 7. UNIT COST | 8. TOTAL COST |
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| New Page FOR INTERMITTENT PAGES, ENTER SUBTOTAL: | | | | | |
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| CONTINUATION OF BLOCKS 9, 10, AND/OR 15.a. | | Page | of | Pages |
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