

# FINANCIAL LIABILITY INVESTIGATION OF PROPERTY LOSS

## PRIVACY ACT STATEMENT

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

**ROUTINE USE(S):** None.

**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.

**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.

<b>1. DATE INITIATED</b> (YYYYMMDD)		<b>2. INQUIRY/INVESTIGATION NUMBER</b>			<b>3. DATE LOSS DISCOVERED</b> (YYYYMMDD)	
<b>4. NATIONAL STOCK NO.</b>	<b>5. ITEM DESCRIPTION</b>	<b>6. QUANTITY</b>	<b>7. UNIT COST</b>	<b>8. TOTAL COST</b>		
<b>9. CIRCUMSTANCES UNDER WHICH PROPERTY WAS</b> ( <i>X one</i> ) (Attach additional pages as necessary)		<input type="checkbox"/> LOST	<input type="checkbox"/> DAMAGED	<input type="checkbox"/> DESTROYED		
<b>10. ACTIONS TAKEN TO CORRECT CIRCUMSTANCES REPORTED IN BLOCK 9 AND PREVENT FUTURE OCCURRENCES</b> (Attach additional pages as necessary)						
<b>11. INDIVIDUAL COMPLETING BLOCKS 1 THROUGH 10</b>						
<b>a. ORGANIZATIONAL ADDRESS</b> ( <i>Unit Designation, Office Symbol, Base, State/Country, Zip Code</i> )		<b>b. TYPED NAME</b> ( <i>Last, First, Middle Initial</i> )			<b>c. DSN NUMBER</b>	
		<b>d. SIGNATURE</b>			<b>e. DATE SIGNED</b>	
<b>12.</b> ( <i>X one</i> )		<b>RESPONSIBLE OFFICER (PROPERTY RECORD ITEMS)</b>	<b>REVIEWING AUTHORITY (SUPPLY SYSTEM STOCKS)</b>			
<b>a. NEGLIGENCE OR ABUSE EVIDENT/ SUSPECTED</b> ( <i>X one</i> )		<b>b. COMMENTS/RECOMMENDATIONS</b>				
<input type="checkbox"/> YES <input type="checkbox"/> NO						
<b>c. ORGANIZATIONAL ADDRESS</b> ( <i>Unit Designation, Office Symbol, Base, State/Country, Zip Code</i> )		<b>d. TYPED NAME</b> ( <i>Last, First, Middle Initial</i> )			<b>e. DSN NUMBER</b>	
		<b>f. SIGNATURE</b>			<b>g. DATE SIGNED</b>	
<b>13. APPOINTING AUTHORITY</b>						
<b>a. RECOMMENDATION</b> ( <i>X one</i> )		<b>b. COMMENTS/RATIONALE</b>			<b>c. FINANCIAL LIABILITY OFFICER APPOINTED</b> ( <i>X one</i> )	
<input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE					<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>d. ORGANIZATIONAL ADDRESS</b> ( <i>Unit Designation, Office Symbol, Base, State/Country, Zip Code</i> )		<b>e. TYPED NAME</b> ( <i>Last, First, Middle Initial</i> )			<b>f. DSN NUMBER</b>	
		<b>g. SIGNATURE</b>			<b>h. DATE SIGNED</b>	
<b>14. APPROVING AUTHORITY</b>						
<b>a. RECOMMENDATION</b> ( <i>X one</i> )		<b>b. COMMENTS/RATIONALE</b>			<b>c. LEGAL REVIEW COMPLETED IF REQUIRED</b> ( <i>X one</i> )	
<input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE					<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
<b>d. ORGANIZATIONAL ADDRESS</b> ( <i>Unit Designation, Office Symbol, Base, State/Country, Zip Code</i> )		<b>e. TYPED NAME</b> ( <i>Last, First, Middle Initial</i> )			<b>f. DSN NUMBER</b>	
		<b>g. SIGNATURE</b>			<b>h. DATE SIGNED</b>	

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

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 REPORT 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)*

<input type="checkbox"/> Submit the attached statement of objection.	<input type="checkbox"/> Do not intend to make such a statement.
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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. SOCIAL SECURITY NUMBER
	g. SIGNATURE	h. DATE SIGNED
f. DSN NUMBER		

**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