



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
UNITED STATES ARMY GARRISON WIESBADEN
UNIT 29623
APO AE 09005-9623

1 000 11

IMEU-WSB-ZB

MEMORANDUM FOR

USAG Wiesbaden, APO AE 09005
USAG Baumholder, APO AE 09034

SUBJECT: USAG Wiesbaden Financial Liability Investigations of Property Loss Standard Operating Procedure.

1. References:

- a. DoD Financial Management Regulation Volume 12, Chapter 7, Financial Liability for Government Property Lost, Damaged or Destroyed, March 2007.
- b. 10 USC Sec. 2775, Liability of Members of Family Housing, 6 January 2003.
- c. Title 41, Volume 2, Chapter 101, Part 39, Code of Federal Regulations, Interagency Fleet Management System, 6 June 2003.
- d. AR 735-5, Policies and Procedures for Property Accountability, 28 February 2005.
- e. AER 690-62, Damage Claims of the United States Forces in Germany Against Local National Employees, 10 July 2006.
- f. DA PAM 735-5, Financial Liability Officer's Guide, 9 April 2007.
- g. ALARACT - Army G4 Property Accountability Guidance, Policy Letter #13, 4 June 10.
- h. USAG Wiesbaden, Standard Operating Procedures for Collecting Funds for Loss, Damage, or Destruction to Government Property, 2008.

2. Purpose: To establish policies and procedures for conducting Financial Liability Investigations of Property Loss (FLIPL).

3. Applicability: This standard operating procedure (SOP) applies to all personnel assigned to the USAG Wiesbaden directorates and its subordinate garrisons.

4. This SOP outlines the general responsibilities of all involved with FLIPL and basic procedures for completing required forms.

IMEU-WSB-ZB

SUBJECT: USAG Wiesbaden Financial Liability Investigations of Property Loss Standard Operating Procedure

5. Responsibilities:

a. Initiator will:

(1) Normally be the Accountable Officer, Responsible Officer, Primary Hand Receipt Holder (PHRH), or person with most knowledge of the loss, damage or destruction (LDD) to government property.

(2) Initiate and submit FLIPL (DD Form 200) to the FLIPL manager for review and approval within 7 days following the discovery of the LDD of government property.

(3) Ensure an inquiry/investigation number is assigned to the FLIPL before a document number is assigned by the Property Book Office (PBO).

(4) Ensure all investigations for leased property have the word "leased" placed in block 7 and block 8 left blank on DD Form 200.

(5) Initiate FLIPLs for Host Nation Liaison Field Operating Activity (HNLFOA) and forward to FLIPL Manager for further processing.

b. Accountable officer will:

(1) Only assign a document number to a FLIPL when the property is lost or destroyed and after it has been assigned an inquiry/investigation number by the FLIPL manager. In all other cases they will only verify the information in blocks 4-8 is accurate.

(2) Assign a document number to a FLIPL and forward it to the FLIPL manager within 1 day of receipt.

c. FLIPL Manager will:

(1) Be located in the Directorate of Logistics (DOL).

(2) Ensure all DD Form 200s, Checklist and Tracking Documents for FLIPL (DA Form 7531) are properly initiated before accepting them.

(3) Assign an inquiry/investigation number to a FLIPL immediately after accepting the document from the initiator for personnel who are assigned to the garrison. The FLIPL must be submitted to the Appointing Authority within 15 days following the discovery of the LDD of

IMEU-WSB-ZB

SUBJECT: USAG Wiesbaden Financial Liability Investigations of Property Loss Standard Operating Procedure

U.S. Government property. External FLIPLs involving personnel not assigned to the garrison are marked with a control number in Block 5 of the DD Form 200.

(4) Ensure all FLIPLs for Host Nation Liaison Field Operating Activity (HNLFOA) employees are processed through the FLIPL Manager who will provide the inquiry/investigation number. Once the FLIPL is signed by the Appointing authority, it will be forwarded to the Deputy Director, IMCOM-Europe as the Approving authority for the recommendations and signature.

(5) Have primary oversight and responsibility of the FLIPL process after it has been assigned the inquiry/investigation number.

(6) Inform the Financial Liability Officer (FLO) of their duties after being assigned to investigate the FLIPL.

(7) Monitor the FLIPL closely through the use of a DA Form 7531 and a FLIPL Register DA Form 1659 (Checklist & Tracking Document) or by using the Visual Property Loss Register (VisPLR) Database Software.

(8) Emphasize the importance of processing times to the chain of command.

(9) Educate personnel on how to process forms, submit documents, and thoroughly track all FLIPLs.

(10) Ensure that a reasonable attempt has been made to complete the FLIPL within 75 days following the discovery of the LDD and use the time lines identified in reference f (Figure 13-2 or enclosure 10 below).

(11) Thoroughly brief the FLO of their responsibilities and direct them to the Office of Staff Judge Advocate (OSJA) for an additional briefing on legal requirements.

(12) Proof read the FLOs submission, to include exhibits and ensure documents are in a format acceptable for viewing by the Appointing/Approving authority.

(13) Provide guidance and direction to all persons involved in the process.

(14) Notify individual(s) being charged for LDD to U.S. Government Property with a memorandum to assess liability received from the Approving Authority. He or she will provide a letter of relief of responsibility to individual(s) when the Approving authority decides to relieve

IMEU-WSB-ZB

SUBJECT: USAG Wiesbaden Financial Liability Investigations of Property Loss Standard Operating Procedure

individual(s) from financial liability. Use DD Form 200 when hand delivering a memorandum or if mailing, send memorandum with certified return receipt.

(15) Complete any required documentation to collect debt when financial liability has been assessed against a respondent involved in an investigation (see reference g and h).

(16) File and store FLIPL for a minimum of 2 years, upon any determination made to finalize and close out FLIPL.

d. Unit Commander will:

(1) Prepare a DD Form 362, "Statement of Charges/Cash Collection Voucher" and forward to Financial Accounting Officer (FAO) under a transmittal memorandum with receipt acknowledgement requested.

(2) Acknowledge receipt within 20 calendar days from the FAO, if not, they will make an initial follow-up to the FAO and continue to follow up every 10th working day thereafter until the FAO acknowledges receipt of the DD Form 362.

(3) Direct the individual(s) whom elect(s) to make payment directly to FAO, or the commander may elect to collect monies from the individual and make payment to the FAO. When individual makes payment to the FAO, they will be required to return the DD Form 362 annotated as a receipt of cash by the FAO within 2 working days after the commander has approved the transaction.

(4) Inquire to the FAO to verify receipt of the payment if the individual cannot show proof of payment. If the FAO has no record of payment, a new DD Form 362 will be initiated and processed as a payroll deduction, or a DD Form 200 will be initiated and the old document canceled.

e. Adjutant will:

(1) Be the liaison for the FLIPL process.

(2) Select an FLO as directed by the Appointing authority.

(3) Ensure a reasonable attempt is made to expedite the routing of the FLIPL so as to help each responsible person in the process meet the timelines established IAW reference f. (Figure 13-2 and or enclosure 10).

IMEU-WSB-ZB

SUBJECT: USAG Wiesbaden Financial Liability Investigations of Property Loss Standard Operating Procedure

f. Financial Liability Officer will:

(1) Ensure FLIPL is completed within 30 days of appointment as the FLO (counts toward the 40 days investigation and recommendation process IAW reference f., figure 13-2 and or enclosure 10).

(2) Receive briefing from the FLIPL manager and then from Office of Staff Judge Advocate (OSJA) upon receiving appointment to investigate LDD to government property.

(3) Follow reference a, b, and f closely to ensure that the FLIPL investigation is conducted IAW regulations.

(a) Place facts in chronological order (be sure to answer the following questions: who, what, when, where and how).

(b) Identify responsibility, culpability (not negligent, simple negligence, gross negligence and willful misconduct), proximate cause, damages and recommendations (see enclosure 2 and 3 for example).

(4) Seek OSJA legal review for any recommendation being made, if desired or necessary, before forwarding to the Appointing authority.

(5) Notify respondent(s) involved through memorandum, or certified return receipt if mailing, if intent is to hold individual(s) financially liable.

(6) Obtain all supporting documentation crucial to the investigation, (i.e. sworn statements, military police reports, Motor Vehicle Accident Report (SF91), or Estimated Cost of Damage (ECOD).

(7) Reconsider their decision upon review of a respondent's rebuttal if evidence is presented which conflicts with previous decision.

(8) Forward FLIPL thru the DOL FLIPL manager to the Appointing authority if respondent fails to return rebuttal within the allotted time IAW reference f., paragraph 13-35. They will reconsider their decision and forward the late rebuttal received if it arrives after FLIPL is forwarded to Appointing authority.

g. Appointing authority will:

IMEU-WSB-ZB

SUBJECT: USAG Wiesbaden Financial Liability Investigations of Property Loss Standard Operating Procedure

(1) Ensure FLIPL is completed within the 40 day time constraint identified for the investigation and recommendation process IAW reference f., figure 13-2 or enclosure 10.

(2) Complete all portions of FLIPL as required IAW reference f.

(3) Assign an FLO if abuse is evident or suspected and an investigation is warranted. Otherwise, after making recommendation, forward to the Approving authority for final decision.

(4) Approve or disapprove FLO's findings and make any recommendations or comments before forwarding FLIPL to Approving authority for final decision.

(5) Make certain OSJA has reviewed all documentation, if necessary, and that all corrections are made before making any final decisions and before submitting final document to the Approving authority.

h. Approving authority will:

(1) Ensure FLIPL is completed within the 20 day adjudication process time specified IAW reference f.; figure 13-2 or enclosure 10.

(2) Ensure OSJA has reviewed all documentation, if necessary, before making any final decisions on the FLIPL.

(3) Ensure corrective actions are taken before taking final action to assess financial liability if OSJA determines the FLIPL is not legally sufficient.

(4) Complete all portions of the FLIPL as required IAW reference f.

(5) Forward to FLIPL manager upon determination to assess financial liability or relieve individual(s) from financial liability.

(6) Ensure memorandum to assess financial liability has been completed if assessing liability prior to returning to FLIPL manager.

i. Office of Staff Judge Advocate will:

(1) Brief the FLO of their responsibilities in regards to legal requirements after receiving a pre-brief from the FLIPL manager.

IMEU-WSB-ZB

SUBJECT: USAG Wiesbaden Financial Liability Investigations of Property Loss Standard Operating Procedure

(2) Provide a written opinion as to the legal sufficiency of the FLIPL. If it is the legal advisor's opinion that the FLIPL is not legally sufficient, the opinion will state the reasons why and make appropriate recommendations. The opinion will be attached to the FLIPL prior to the Approving authority's review and decision.

(3) Assign a separate legal advisor, other than the one who advised the respondent in the preparation of their rebuttal statement to perform the legal review required by the Appointing or Approving authority.

(4) Complete FLIPL legal review within the 20 day adjudication timeline established IAW reference f. (Figure 13-2 or encl 10).

j. Respondent or individual being assessed financial liability:

(1) Will complete all portions of the FLIPL as required IAW reference f.

(2) Will be afforded the opportunity to submit a rebuttal statement, additional documentation, and to have a statement of evidence considered and attached to the FLIPL for consideration by higher authority. Respondent must submit rebuttal within 7 days if "hand delivered", 15 days if "unavailable in country" from the date of mailing or 30 if days "unavailable and out of country" from the date of mailing IAW reference f., paragraph 13-35).

(3) May obtain free legal advice from the servicing OSJA (normally free to DA civilians and military personnel only).

(4) May request reconsideration of the assessment of financial liability based on legal error; request a hearing concerning the amount of the debt or the terms of any proposed repayment schedule (civilian employees only); request remission or cancellation of the indebtedness (enlisted personnel only); request extension of the collection period.

(5) Will be given 30 calendar days from the date of mailing the decision to assess financial liability before collection efforts may begin for LDD. Time used to notify respondent or individual(s) of the investigating officer or appointing authority's recommendation to assess financial liability and the approving authority's decision to assess financial liability is not counted toward the 75 days allotted for processing the FLIPL.

6. Four common types of FLIPLs:

a. Property Book Related items with LDD (See encl 2).

IMEU-WSB-ZB

SUBJECT: USAG Wiesbaden Financial Liability Investigations of Property Loss Standard Operating Procedure

- b. Leased Property with LDD Interagency Fleet Management System (IFMS) (See encl. 3).
- c. Leased Property with LDD to Non-IFMS related items e.g. copy machines (See encl 4).
- d. Real Property (fire, damage to government quarters, etc.) (See encl 5).

7. Forms:

- a. DD Form 200 (See encl 6):

(1) TMP managers will initiate all FLIPLs for vehicle accidents (IFMS and remnant fleet vehicles).

(2) FLIPLs will not be delayed as a result of not having an ECOD from a repair shop. An ECOD will be the responsibility of the investigating officer to ensure a more accurate and documented cost of damage has been provided.

(3) Blocks 1, 3-9 and block 11 will be completed by the initiator (refer to reference f. for more guidance.).

(4) Block 2 will be completed by the FLIPL manager (refer to reference f. for more guidance).

(5) Block 10 will be completed by the FLIPL manager, Commander, Accountable Officer or Investigating Officer. If received by FLIPL manager without comments in this block, enter a similar statement, "To be determined".

(6) Block 12 will be completed by the Responsible Officer (unit Commander) or Reviewing Authority.

(7) Block 13 is to be completed in different phases by the Appointing authority (refer to reference f. for more guidance).

(8) Block 14 is to be completed by the Approving authority upon conclusion of the investigation for instances where assessment of liability is being considered and after having been through a legal review (refer to reference f. for more guidance).

(9) Block 15 is to be completed accurately by the FLO or the Appointing authority. Ensure 15a is completed in detail so as to properly identify responsibility, culpability (not

IMEU-WSB-ZB

SUBJECT: USAG Wiesbaden Financial Liability Investigations of Property Loss Standard Operating Procedure

negligent, simple negligence, gross negligence or willful misconduct), proximate cause, damages and recommendation. The following questions should be answered: who, what, when, where, how and any other information vital to determining responsibility for the LDD (refer to reference f. for more guidance).

(10) Block 16 is to be completed by the individual being charged (refer to reference f. for more guidance).

(11) Block 17 is to be completed by the AO or IPBO if the item is lost or destroyed and is a property book item or a leased item (IFMS vehicles not included) that needs a document number from the AO. Otherwise, it is not necessary for the AO to have access to the document (a simple confirmation of NSN, item description, quantity, unit cost and total cost is all that needs to be confirmed by the IPBO) (refer to reference f. for more guidance).

(12) Specific guidance on FLIPL investigations involving damaged leased and non-leased property:

(a) Enter the item description and then the ECOD in parenthesis in block 5. If there is more than one damaged item that is not of the exact same item description and ECOD, or if additional space is needed, list each additional item on a continuation sheet and label the continuation sheets as an exhibit to the FLIPL (DD Form 200). Example: "(See continuation sheet exhibit A)". See reference f., pg 57, figure 13-5 for an example of a continuation sheet.

(b) Block 6 (quantity): Enter the quantity of the item(s) listed in block 5.

(c) Block 7 (unit cost): Enter "LEASED" for leased property and leave blank for non-leased property.

(d) Block 8 (total cost): Leave blank (if no continuation sheets are used the entry in block 5 will be the grand total of the item(s) being investigated).

(e) The grand total will be the sum of each item in the total column listed on the continuation sheets and in block 5 of the front page of the DD Form 200, block 8.

b. DA Form 7531 (See encl 7):

(1) Strike through the word Accountable Officer in section 1 (top section of the form), place the word initiator and then the initiator's name.

IMEU-WSB-ZB

SUBJECT: USAG Wiesbaden Financial Liability Investigations of Property Loss Standard Operating Procedure

(2) In section 2, (top section of the form) strike through the word Approving authority and replace with Appointing authority and their name.

(3) Replace section 4 (top section of the form) with the same as (2) above.

(4) The TMP manager or the initiator will complete section "A" to the best of his/her ability.

(5) The remaining sections are self explanatory; ensure the checklist is completed throughout the process.

c. DA Form 1659 (See encl 8):

(1) Only one official internal or external register will be maintained in the FLIPL manager's office for each fiscal year (FY).

(2) The internal register will be kept up to date and accurate at all times in chronological format and will reflect current processing times. Processing time is computed by calculating the time that transpired between the date the loss was discovered and the date the FLIPL was approved. Ensure time used to notify respondent or individuals is subtracted from processing time.

(3) In lieu of the DA Form 1659, the automated register Visual Property Loss Register (VisPLR) may be used.

8. Prior to submitting FLIPL to OSJA for review ensure:

a. All required documentation is present.

b. Exhibits are properly labeled.

c. All blocks are filled out correctly.

d. A clear cut statement is made in blocks 13b, 14b, or 15a as to what action is being taken.

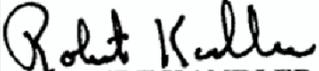
e. All blocks are completed and accurately filled out on DD Form 200 and DA Form 7531.

f. Financial Liability Officer and Appointing authority's findings and recommendations are clearly stated (encl 2/3).

IMEU-WSB-ZB

SUBJECT: USAG Wiesbaden Financial Liability Investigations of Property Loss Standard Operating Procedure

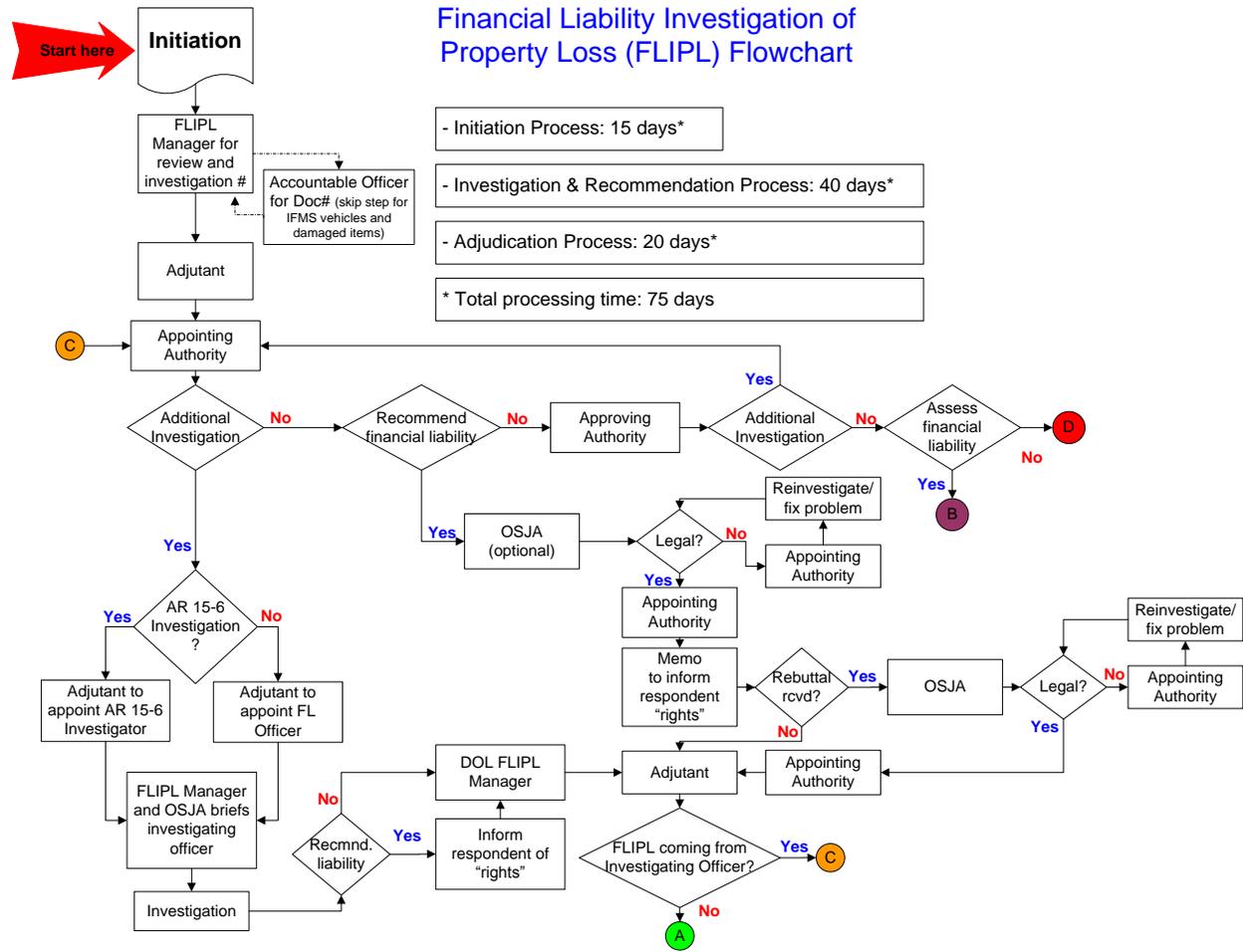
9. Sample Exhibit Label (See encl 9).
10. Time segments for processing FLIPL (See reference f., figure 13-2 and or encl 10).
11. The point of contact for this FLIPL SOP is Tanya R. Overton at DSN 337-5414, CIV 0611-705-5414, or E-mail at Tanya.r.overton.civ@mail.mil



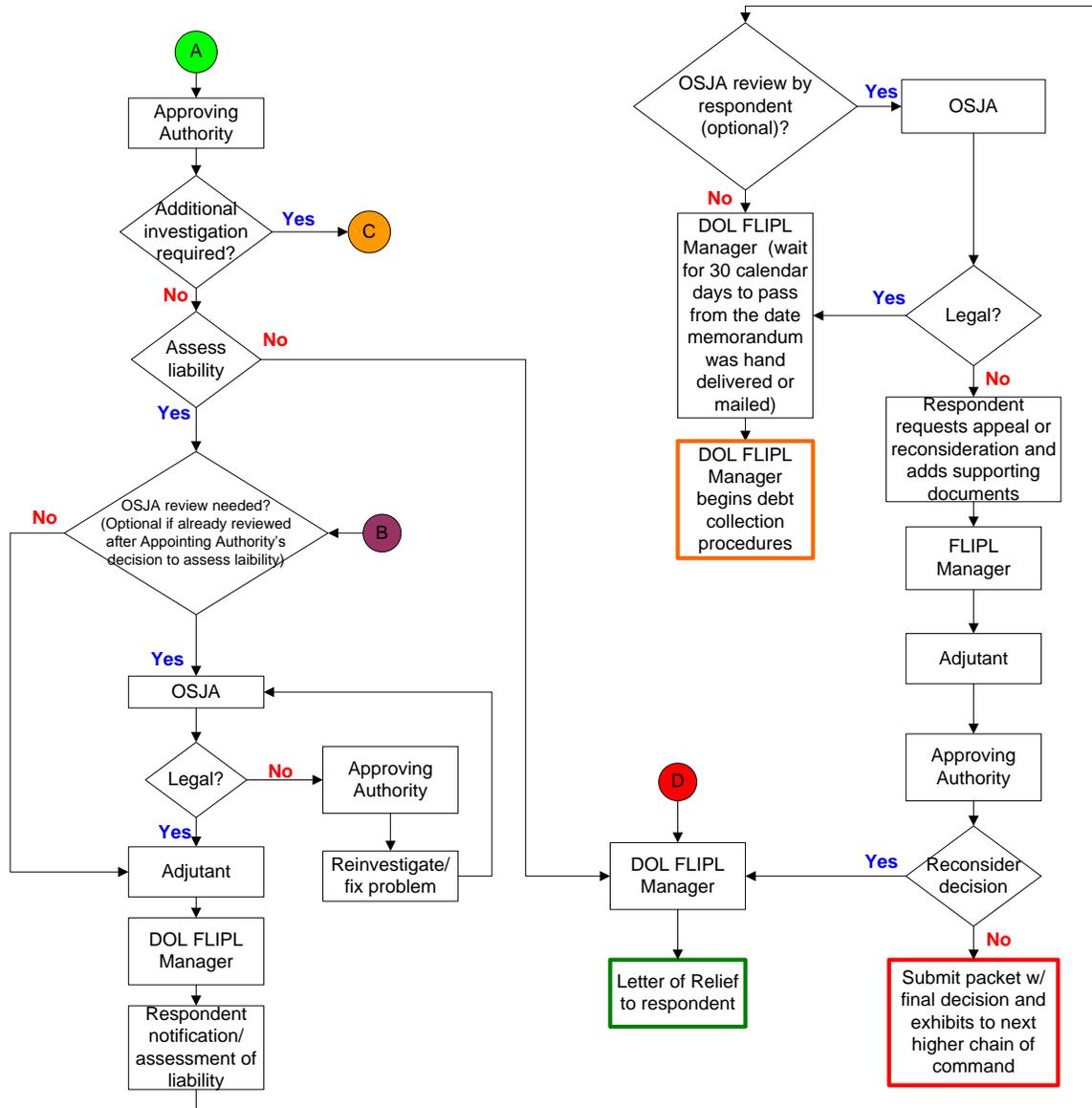
ROBERT KANDLER
Deputy to the Commander

10 Encls

1. FLIPL Processing Steps
2. DD Form 200 PBO items w/LDD
3. DD Form 200 Leased items w/LDD IFMS
4. DD Form 200 Leased property w/LDD to non-IFMS items
5. DD Form 200 Real property
6. DD Form 200
7. DA Form 7531
8. DA Form 1659
9. Sample Exhibit Label
10. Processing Timeline



“Flow Chart Continued on Page 13”



Enclosure 1 (Continued): Internal FLIPL Processing Steps with an Appointing Authority (Page 2 of 2).

IMEU-WSB-ZB

SUBJECT: USAG Wiesbaden Financial Liability Investigations of Property Loss Standard Operating Procedure

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.		
1. DATE INITIATED (YYYYMMDD) 2006/07/25	2. INQUIRY/INVESTIGATION NUMBER YK-06-01		3. DATE LOSS DISCOVERED (YYYYMMDD) 2006/07/20		
4. NATIONAL STOCK NO. MCN7021-01-V91-3193	5. ITEM DESCRIPTION Dell Latitude C840 P4 Laptop Serial#: 5POJT21	6. QUANTITY 1	7. UNIT COST 2,817.00	8. TOTAL COST 2,817.00	
9. CIRCUMSTANCES UNDER WHICH PROPERTY WAS (X one) (Attach additional pages as necessary)		<input checked="" type="checkbox"/> LOST	<input type="checkbox"/> DAMAGED	<input type="checkbox"/> DESTROYED	
Prior to going on leave in July I accounted for the laptop in question. On or about 20 July 2005, while I was on leave in South Carolina, I checked my work e-mail account and discovered a new e-mail notifying me that the laptop computer.....(See Exhibit A).					
10. ACTIONS TAKEN TO CORRECT CIRCUMSTANCES REPORTED IN BLOCK 9 AND PREVENT FUTURE OCCURRENCES (Attach additional pages as necessary) To be determined.					
11. INDIVIDUAL COMPLETING BLOCKS 1 THROUGH 10					
a. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code) USAG Hessen, IMEU-HAN-LG, Hanau, Germany, Unit 20193, Box 0099, APO AE 09165		b. TYPED NAME (Last, First, Middle Initial) Works, John		c. DSN NUMBER 322-8743	
		d. SIGNATURE <i>John Works</i>		e. DATE SIGNED 25 July 2006	
12. (X one) RESPONSIBLE OFFICER (PROPERTY RECORD ITEMS) REVIEWING AUTHORITY (SUPPLY SYSTEM STOCKS)					
a. NEGLIGENCE OR ABUSE EVIDENT/SUSPECTED (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO					
b. COMMENTS/RECOMMENDATIONS					
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					
13. APPOINTING AUTHORITY					
a. RECOMMENDATION (X one) <input checked="" type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE		b. COMMENTS/RATIONALE See Exhibit L attached.		c. FINANCIAL LIABILITY OFFICER APPOINTED (X one) <i>ORR / Aug 06</i> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
d. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code) USAG Hessen, IMEU-HAN-ZB, Yorkhof Kaserne, Germany, Bldg 1202, Chemnitz Str. 1, 63452 Hanau		e. TYPED NAME (Last, First, Middle Initial) Kandler, Robert		f. DSN NUMBER 322-1310	
		g. SIGNATURE <i>Robert Kandler</i>		h. DATE SIGNED 22 August 2006	
14. APPROVING AUTHORITY					
a. RECOMMENDATION (X one) <input checked="" type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE		b. COMMENTS/RATIONALE All concerned are relieved from financial liability for the LDD of the property listed on this financial liability investigation of property loss.		c. LEGAL REVIEW COMPLETED IF REQUIRED (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
d. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code) USAG Hessen, IMEU-HAN-ZA, Yorkhof Kaserne, Germany, Bldg 1202, Chemnitz Str. 1, 63452 Hanau		e. TYPED NAME (Last, First, Middle Initial) Williams III, Herman		f. DSN NUMBER 322-1300	
		g. SIGNATURE <i>Herman Williams III</i>		h. DATE SIGNED 29 August 2006	

DD FORM 200, OCT 1999

PREVIOUS EDITION IS OBSOLETE.

Enclosure 2: Sample DD Form 200 - Property Book Related items with LDD (Page 1 of 2).

IMEU-WSB-ZB

SUBJECT: USAG Wiesbaden Financial Liability Investigations of Property Loss Standard Operating Procedure

15. FINANCIAL LIABILITY OFFICER		
a. FINDINGS AND RECOMMENDATIONS <i>(Attach additional pages as necessary)</i>		
1. Place facts in chronological order (Be sure to answer the following questions: who, what, when, where, and how).		
2. Identify: Responsibility, Culpability (not negligent, simple negligence, gross negligence, willful misconduct), Proximate Cause, Damage, and Recommendation.		
<p>Example:</p> <p>Responsibility: John Works, GS-9, is the primary hand receipt holder and was responsible for the missing Dell Laptop listed in Block 5 of this form at the time of its disappearance. Michelle Roberts, GS-9, was last with the laptop.</p> <p>Culpability: John Works was not negligent and Michelle Roberts demonstrated simple negligence because of the following reasons: The findings show that prior to going on leave John Works verified the laptops presence in the Command conference room and had two witnesses present while doing so, Jessica Stevens and Mike Anderson. The laptop was placed under the care of his section during John Works' leave period. On 20 July 2006, just prior to the beginning of staff call, Michelle Roberts was setting up the laptop and projector in the Command conference room when she left to answer a phone call. She, through simple negligence violated her duty to care for the laptop. Upon her return she said the laptop was missing. Witness statements (See exhibit E and F) reveal that at the time of the disappearance there was a suspicious individual seen exiting the conference room with an object about the size and color of the laptop.</p> <p>Proximate Cause: Michelle Roberts walking away from the Command conference room, leaving the laptop unattended, was the proximate cause of the loss of the laptop in question (See exhibits B-K).</p> <p>Damage: Due to the negligence of Michelle Roberts the computer was lost.</p> <p>Recommendation: It is my recommendation that John Works, GS-9, SSN 565-98-0987, 1/12 of his annual pay is \$3,232, and Michelle Roberts, GS-9, SSN 545-98-9987, 1/12 of her annual pay is \$3,232, should be relieved of responsibility for the loss of the Dell laptop and be counseled on safer ways to safe guard property. Damages as a result of the incident will reflect a loss of \$2,817.00 to the organization.</p>		
b. DOLLAR AMOUNT OF LOSS \$2,817	c. MONTHLY BASIC PAY \$3,232	d. RECOMMENDED FINANCIAL LIABILITY \$0
e. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, Zip Code)</i> USAG Hessen, IMEU-HAN-AO, Yorkhof Kaseme, Germany, Bldg 1203, Chemnitz Str. 1, 63452 Hanau	f. TYPED NAME <i>(Last, First, Middle Initial)</i> Stevens, Mark	g. DSN NUMBER 322-1345
	h. DATE REPORT SUBMITTED TO APPOINTING AUTHORITY <i>(YYYYMMDD)</i> 20060820	i. DATE APPOINTED <i>(YYYYMMDD)</i> 20060801
	j. SIGNATURE <i>Mark Stevens</i>	k. DATE SIGNED <i>20 August 2006</i>
16. INDIVIDUAL CHARGED		
a. I HAVE EXAMINED THE FINDINGS AND RECOMMENDATIONS OF THE FINANCIAL LIABILITY OFFICER AND <i>(X one)</i>		
<input checked="" type="checkbox"/> Submit the attached statement of objection. <input type="checkbox"/> 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. SOCIAL SECURITY NUMBER
f. DSN NUMBER	g. SIGNATURE	h. DATE SIGNED
17. ACCOUNTABLE OFFICER		
a. DOCUMENT NUMBER(S) USED TO ADJUST PROPERTY RECORD W81WBK-4014-3005		
b. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, Zip Code)</i> USAG Hessen, IMEU-HAN-LG, Grossauheim Kaseme, Germany, Bldg 12, Haupt Strasse 23, 63459 Grossauheim	c. TYPED NAME <i>(Last, First, Middle Initial)</i> Johnson, Mike, S.	d. DSN NUMBER 322-9475
	e. SIGNATURE <i>Mike S. Johnson</i>	f. DATE SIGNED <i>27 July 2006</i>

DD FORM 200 (BACK), OCT 1999

Enclosure 2 (Continued): Sample DD Form 200 - Property Book Related items with LDD (Page 2 of 2).

IMEU-WSB-ZB

SUBJECT: USAG Wiesbaden Financial Liability Investigations of Property Loss Standard Operating Procedure

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.			
1. DATE INITIATED (YYYYMMDD) 2005/04/15		2. INQUIRY/INVESTIGATION NUMBER WAAF 05-07		3. DATE LOSS DISCOVERED (YYYYMMDD) 2005/04/12			
4. NATIONAL STOCK NO. N/A	5. ITEM DESCRIPTION Chrysler Cherokee Jeep, USA No. CS7352 2001 Model (ECOD \$1,580.00)			6. QUANTITY 1	7. UNIT COST Leased	8. TOTAL COST N/A	
9. CIRCUMSTANCES UNDER WHICH PROPERTY WAS (X one) (Attach additional pages as necessary) On 14 April 2005, it was reported to me that on 12 April 2005, 1500 hrs, the vehicle described in block 5 above and also referred to in this report as vehicle bumper marking number CS7352 was involved in an accident. Melissa S. Brady, GS-11, assigned to USAG Wiesbaden MWR, Wiesbaden Kaseme, APO AE 09165 was the operator of the vehicle when the accident occurred (See exhibit A)				<input type="checkbox"/> LOST	<input checked="" type="checkbox"/> DAMAGED	<input type="checkbox"/> DESTROYED	
10. ACTIONS TAKEN TO CORRECT CIRCUMSTANCES REPORTED IN BLOCK 9 AND PREVENT FUTURE OCCURRENCES (Attach additional pages as necessary) To be determined.							
11. INDIVIDUAL COMPLETING BLOCKS 1 THROUGH 10							
a. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code) USAG Wiesbaden, WAAF, IMEU-WSB-MWR TMP Unit 29623, APO AE 09096			b. TYPED NAME (Last, First, Middle Initial) Robinson, Joseph			c. DSN NUMBER 322-2300	
			d. SIGNATURE <i>Joseph Robinson</i>			e. DATE SIGNED 15 April 2005	
12. (X one) RESPONSIBLE OFFICER (PROPERTY RECORD ITEMS) 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)		
		f. SIGNATURE			e. DSN NUMBER		
					g. DATE SIGNED		
13. APPOINTING AUTHORITY							
a. RECOMMENDATION (X one)		b. COMMENTS/RATIONALE				c. FINANCIAL LIABILITY OFFICER APPOINTED (X one) <i>OK 23 Apr 05</i>	
<input type="checkbox"/> APPROVE		Further investigation is not required. See block 15a for appointing authority recommendation.				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<input type="checkbox"/> DISAPPROVE		d. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code) USAG Wiesbaden, WAAF, IMEU-WSB-ZB Unit 29623, APO AE 09096		e. TYPED NAME (Last, First, Middle Initial) Jackson, Mike, W.		f. DSN NUMBER 337-1310	
				g. SIGNATURE <i>Mike W. Jackson</i>		h. DATE SIGNED 22 April 2005	
14. APPROVING AUTHORITY							
a. RECOMMENDATION (X one)		b. COMMENTS/RATIONALE				c. LEGAL REVIEW COMPLETED IF REQUIRED (X one)	
<input checked="" type="checkbox"/> APPROVE		To hold Melissa S. Brady, GS-11, 558-98-9087, financially liable in the amount of \$500. Ms. Brady's monthly basic pay at the time of loss was \$4,021.25.				<input checked="" 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) USAG Wiesbaden, WAAF, IMEU-WSB-ZA Unit 29623, APO AE 09096		e. TYPED NAME (Last, First, Middle Initial) Johnson, Mark, A.		f. DSN NUMBER 337-1300	
				g. SIGNATURE <i>Mark A. Johnson</i>		h. DATE SIGNED 29 April 2005	

DD FORM 200, OCT 1999

PREVIOUS EDITION IS OBSOLETE.

Enclosure 3: Sample DD Form 200 - Leased Property with LDD IFMS (Page 1 of 2).

IMEU-WSB-ZB

SUBJECT: USAG Wiesbaden Financial Liability Investigations of Property Loss Standard Operating Procedure

15. FINANCIAL LIABILITY OFFICER		
a. FINDINGS AND RECOMMENDATIONS <i>(Attach additional pages as necessary)</i>		
1. Place facts in chronological order (Be sure to answer the following questions: who, what, when, where, how).		
2. Identify: Responsibility, Culpability (not negligent, simple negligence, gross negligence, willful misconduct), Proximate Cause, Damage, and Recommendation.		
<p>Example:</p> <p>Responsibility: Melissa S. Brady, GS-11, was responsible for damages sustained to the Jeep Cherokee listed in Block 5 of this form and I determine the information contained within these exhibits to be sufficient enough to determine liability without appointing an investigating officer.</p> <p>Culpability: I find, as stated in exhibit G, Military Police Report (DA Form 3975), that the accident was caused as a result of Ms. Melissa S. Brady's failure to yield to the right of way of priority traffic. She, through simple negligence, violated her duty to care for the Jeep Cherokee. Additional supporting documentation for this decision can be found in exhibits H-L, Sworn Statements (DA Form 2823), where all witnesses attest to Ms. Melissa S. Brady proceeding into traffic before it was clear.</p> <p>Proximate Cause: Failing to yield to priority traffic was the proximate cause of the damages sustained to the vehicle Ms. Melissa S. Brady was driving.</p> <p>Damage: Due to her simple negligence Ms. Melissa S. Brady did \$1,580.00 in damage to the vehicle.</p> <p>Recommendation: It is my recommendation that Ms. Melissa S. Brady, 1/12 of her annual pay is \$4,021.25, should be held financially liable in the amount of \$500.00. Ms. Melissa S. Brady's grade now, and at the time of the accident, is GS-11 and her SSN is 558-98-9087.</p>		
b. DOLLAR AMOUNT OF LOSS \$1,580.00	c. MONTHLY BASIC PAY \$4,021.25	d. RECOMMENDED FINANCIAL LIABILITY \$500.00
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 <i>(X one)</i>		
<input type="checkbox"/> Submit the attached statement of objection. <input checked="" type="checkbox"/> 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> USAG Wiesbaden, WAAF, IMEU-WSB-MWR Unit 29623, APO AE 09096	d. TYPED NAME <i>(Last, First, Middle Initial)</i> Brady, Melissa, S.	e. SOCIAL SECURITY NUMBER 558-98-9087
f. DSN NUMBER 337-9872	g. SIGNATURE <i>Melissa S. Brady</i>	h. DATE SIGNED 21 April 2005
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

DD FORM 200 (BACK), OCT 1999

Enclosure 3 (Continued): Sample DD Form 200 – Leased Property with LDD IFMS (Page 2 of 2).

IMEU-WSB-ZB

SUBJECT: USAG Wiesbaden Financial Liability Investigations of Property Loss Standard Operating Procedure

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.			
1. DATE INITIATED (YYYYMMDD) 2005/04/08		2. INQUIRY/INVESTIGATION NUMBER YK-05-05		3. DATE LOSS DISCOVERED (YYYYMMDD) 2005/04/04			
4. NATIONAL STOCK NO. 2320-090-7833		5. ITEM DESCRIPTION Xerox Copy Machine Serial # PJ32456789 (ECOD \$300)		6. QUANTITY 1	7. UNIT COST Leased	8. TOTAL COST	
9. CIRCUMSTANCES UNDER WHICH PROPERTY WAS (X one) (Attach additional pages as necessary)				<input type="checkbox"/> LOST	<input checked="" type="checkbox"/> DAMAGED	<input type="checkbox"/> DESTROYED	
On 6 April 2005 it was reported to me that on 4 April 2005, 1300 hrs, Mr. Steven Jacobson, GS-11, USAG Hessen DOL, Supply and Services, was witnessed slamming the top copier tray very hard on the Hanau Community Xerox copy machine in room 18, Bldg 27, Pioneer Kaserne. The result of this action resulted in the glass copy plate shattering.							
10. ACTIONS TAKEN TO CORRECT CIRCUMSTANCES REPORTED IN BLOCK 9 AND PREVENT FUTURE OCCURRENCES (Attach additional pages as necessary) Corrective action will be based on the outcome of the survey.							
11. INDIVIDUAL COMPLETING BLOCKS 1 THROUGH 10							
a. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code) USAG Hessen, Pioneer Kaserne, IMEU-HAN-LGS Unit 20193, APO AE 09165			b. TYPED NAME (Last, First, Middle Initial) Ericson, Stephanie		c. DSN NUMBER 322-8434		
			d. SIGNATURE <i>Stephanie Ericson</i>		e. DATE SIGNED 8 April 2005		
12. <input checked="" type="checkbox"/> Suspect							
a. NEGLIGENCE OR ABUSE EVIDENT/SUSPECTED (X one)		b. COMMENTS/RECOMMENDATIONS		REVIEWING AUTHORITY (SUPPLY SYSTEM STOCKS)			
<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			
13. APPOINTING AUTHORITY							
a. RECOMMENDATION (X one)		b. COMMENTS/RATIONALE		c. FINANCIAL LIABILITY OFFICER APPOINTED			
<input checked="" type="checkbox"/> APPROVE		See exhibit L attached.		<i>RCX, 25 Apr 05</i>			
<input type="checkbox"/> DISAPPROVE				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
d. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code)		e. TYPED NAME (Last, First, Middle Initial)		f. DSN NUMBER			
USAG Hessen, IMEU-HAN-ZB, Yorkhof Kaserne, Germany, Chemnitzer Strasse 1, 63452 Hanau.		Kandler, Robert		322-1310			
		g. SIGNATURE <i>Robert Kandler</i>		h. DATE SIGNED 5 May 2005			
14. APPROVING AUTHORITY							
a. RECOMMENDATION (X one)		b. COMMENTS/RATIONALE		c. LEGAL REVIEW COMPLETED IF REQUIRED (X one)			
<input checked="" type="checkbox"/> APPROVE		To hold Mr. Steven Jacobson, GS-11, 557-53-9827 financially liable in the amount of \$300. Mr. Jacobson's monthly basic pay at the time of loss was \$4,021.25		<input checked="" 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			
USAG Hessen, IMEU-HAN-ZA, Yorkhof Kaserne, Germany, Chemnitzer Strasse 1, 63452 Hanau.		Williams III, Herman		322-1300			
		g. SIGNATURE <i>Herman Williams III</i>		h. DATE SIGNED 20 May 2005			

DD FORM 200, OCT 1999

PREVIOUS EDITION IS OBSOLETE.

Enclosure 4: Sample DD Form 200 - Sample DD Form 200 - Leased Property with LDD to Non-IFMS Related Items (Page 1 of 2).

IMEU-WSB-ZB

SUBJECT: USAG Wiesbaden Financial Liability Investigations of Property Loss Standard Operating Procedure

15. FINANCIAL LIABILITY OFFICER			
a. FINDINGS AND RECOMMENDATIONS <i>(Attach additional pages as necessary)</i>			
1. Place facts in chronological order (Be sure to answer the following questions: who, what, when, where, how).			
2. Identify: Responsibility, Culpability (not negligent, simple negligence, gross negligence, willful misconduct), Proximate Cause, Damage, and Recommendation.			
See Example (Enclosure 2 (page 2 of 2) and Enclosure 3 (page 2 of 2))			
b. DOLLAR AMOUNT OF LOSS \$300		c. MONTHLY BASIC PAY \$4,021.25	d. RECOMMENDED FINANCIAL LIABILITY \$300
e. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, Zip Code)</i> USAG Hessen, IMEU-HAN-PA, Yorkhof Kaserne, Germany, Chemnitz Strasse 1, 63452 Hanau.		f. TYPED NAME <i>(Last, First, Middle Initial)</i> Roberts, James	g. DSN NUMBER 323-3873
		h. DATE REPORT SUBMITTED TO APPOINTING AUTHORITY <i>(YYYYMMDD)</i>	i. DATE APPOINTED <i>(YYYYMMDD)</i>
		j. SIGNATURE <i>James Roberts</i>	k. DATE SIGNED 30 April 2005
16. INDIVIDUAL CHARGED			
a. I HAVE EXAMINED THE FINDINGS AND RECOMMENDATIONS OF THE FINANCIAL LIABILITY OFFICER AND <i>(X one)</i>			
<input checked="" type="checkbox"/> Submit the attached statement of objection.		<input type="checkbox"/> 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> USAG Hessen, IMEU-HAN-LGS, Unit 20193, Box 0097, APO AE 09165		d. TYPED NAME <i>(Last, First, Middle Initial)</i> Jacobson, Steven	e. SOCIAL SECURITY NUMBER 557-53-9827
f. DSN NUMBER 322-1332		g. SIGNATURE <i>Steven Jacobson</i>	h. DATE SIGNED 2 May 2005
17. ACCOUNTABLE OFFICER			
a. DOCUMENT NUMBER(S) USED TO ADJUST PROPERTY RECORD W81WBK-4024-3009			
b. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, Zip Code)</i> USAG Hessen, IMEU-HAN-LG, Gorssauheim Kaserne, Germany, Haupt Strasse 23, 63459 Gorssauheim.		c. TYPED NAME <i>(Last, First, Middle Initial)</i> Johnson, Mike. S.	d. DSN NUMBER 322-9475
		e. SIGNATURE <i>Mike S. Johnson</i>	f. DATE SIGNED 10 April 2005

DD FORM 200 (BACK), OCT 1999

Enclosure 4 (Continued): Sample DD Form 200 - Leased Property with LDD to Non-IFMS Related Items (Page 2 of 2).

IMEU-WSB-ZB

SUBJECT: USAG Wiesbaden Financial Liability Investigations of Property Loss Standard Operating Procedure

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.			
1. DATE INITIATED (YYYYMMDD) 2005/06/15		2. INQUIRY/INVESTIGATION NUMBER WAAF-05-09		3. DATE LOSS DISCOVERED (YYYYMMDD) 2005/06/14			
4. NATIONAL STOCK NO. N/A	5. ITEM DESCRIPTION Vandalism 07755 B@, 13 Florida 2, Hainerberg Housing Area (ECOD \$1,000)			6. QUANTITY 1	7. UNIT COST N/A	8. TOTAL COST N/A	
9. CIRCUMSTANCES UNDER WHICH PROPERTY WAS (X one) <i>(Attach additional pages as necessary)</i>				<input type="checkbox"/> LOST	<input checked="" type="checkbox"/> DAMAGED	<input type="checkbox"/> DESTROYED	
On 14 June 2005, Mr. Simpson from the Housing Office inspected the above stated apartment and discovered that the apartment had been broken into. This apartment was recently renovated, released by the contractor, and was vacant at the time of the incident.							
10. ACTIONS TAKEN TO CORRECT CIRCUMSTANCES REPORTED IN BLOCK 9 AND PREVENT FUTURE OCCURRENCES <i>(Attach additional pages as necessary)</i> To be determined.							
11. INDIVIDUAL COMPLETING BLOCKS 1 THROUGH 10							
a. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code) USAG Wiesbaden, WAAF, IMEU-WSB-PWH Unit 29623, APO AE 09096			b. TYPED NAME (Last, First, Middle Initial) Brown, Brent			c. DSN NUMBER 322-4300	
			d. SIGNATURE <i>Brent Brown</i>			e. DATE SIGNED 15 June 2005	
12. (X one)	RESPONSIBLE OFFICER (PROPERTY RECORD ITEMS)			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	
13. APPOINTING AUTHORITY							
a. RECOMMENDATION (X one)		b. COMMENTS/RATIONALE				c. FINANCIAL LIABILITY OFFICER APPOINTED (X one) <i>ORANGE 21 June 05</i>	
<input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE		Recommend all persons be relieved of financial liability.				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
d. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code) USAG Wiesbaden, WAAF, IMEU-WSB-ZB Unit 29623, APO AE 09096			e. TYPED NAME (Last, First, Middle Initial) Jackson, Mike, W.			f. DSN NUMBER 337-1310	
			g. SIGNATURE <i>Mike W. Jackson</i>			h. DATE SIGNED 21 June 2005	
14. APPROVING AUTHORITY							
a. RECOMMENDATION (X one)		b. COMMENTS/RATIONALE				c. LEGAL REVIEW COMPLETED IF REQUIRED (X one)	
<input checked="" type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE		I have reviewed the information contained in blocks 9 and 10. No further investigation is required. I do not suspect negligence or willful misconduct. I relieve all concerned from financial liability for the property listed in blocks 4 through 6.				<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
d. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code) USAG Wiesbaden, WAAF, IMEU-WSB-ZA Unit 29623, APO AE 09096			e. TYPED NAME (Last, First, Middle Initial) Johnson, Mark, A.			f. DSN NUMBER 337-1300	
			g. SIGNATURE <i>Mark A. Johnson</i>			h. DATE SIGNED 24 June 2005	

DD FORM 200, OCT 1999

PREVIOUS EDITION IS OBSOLETE.

Enclosure 5: Sample DD Form 200 – Real Property (Page 1 of 2).

IMEU-WSB-ZB

SUBJECT: USAG Wiesbaden Financial Liability Investigations of Property Loss Standard Operating Procedure

15. FINANCIAL LIABILITY OFFICER		
a. FINDINGS AND RECOMMENDATIONS <i>(Attach additional pages as necessary)</i>		
THIS ENCLOSURE IS INTENTIONALLY LEFT BLANK		
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 <i>(X one)</i>		
<input type="checkbox"/> Submit the attached statement of objection. <input type="checkbox"/> 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. 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

DD FORM 200 (BACK), OCT 1999

Enclosure 5 (Continued): Sample DD Form 200 - Real Property (Page 2 of 2).

IMEU-WSB-ZB

SUBJECT: USAG Wiesbaden Financial Liability Investigations of Property Loss Standard Operating Procedure

Blocks 1, 3-9, and block 11:
Completed by "initiator" (person with most knowledge of the LDD to the government property, responsible officer, or accountable officer.

Block 2: Completed by "FLIPL manager."

Block 10: Completed by "FLIPL manager, Commander, a accountable officer, or investigating officer."

Block 12: Do not complete this block unless otherwise directed.

Block 13: Completed by "appointing authority."

a. Approve or disapprove FLIPL Investigating Officer's recommendation
b. Comments/rational behind decision made
c. If appointing authority is appointing a FLIPL Investigating Officer place an "X" in the block next to yes. If not place an "X" in the block next to no. Initial and date next to "X"
d. Enter the organizational address for the Appointing Authority
e. Enter name of appointing authority
f. Enter DSN number
g. Signature of appointing authority
h. Enter date signed

Block 14: Completed by approving authority.
a. Approve or disapprove appointing authority's decision.
b. Enter comment/rational behind determination of decision.
c. Mark "X" in the block in front of yes if the FLIPL has been through a legal review. Mark "X" in the block in front of "no" if no legal review was given and an "X" in front of N/A if a legal review was not required.
d. Enter the organizational address for the approving authority.
e. Enter name of approving authority
f. Enter DSN number
g. Signature of approving authority
h. Enter Date

Enclosure 6: DD Form 200 (Page 1 of 2).

IMEU-WSB-ZB

SUBJECT: USAG Wiesbaden Financial Liability Investigations of Property Loss Standard Operating Procedure

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 (Unit Designation, Office Symbol, Base, State/Country, Zip Code)	f. TYPED NAME (Last, First, Middle Initial)	g. DSN NUMBER
	h. DATE REPORT SUBMITTED TO APPOINTING AUTHORITY (mm/dd/yyyy)	i. DATE APPOINTED (mm/dd/yyyy)
	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. 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		
b. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code)	c. TYPED NAME (Last, First, Middle Initial)	d. DSN NUMBER
	e. SIGNATURE	f. DATE SIGNED

Block 15: FLIPL Investigating Officer
a. Findings and recommendations
b. Dollar amount of loss
c. Monthly basic pay for military or 1/12th of a D.A. civilians annual pay.
d. Recommended amount of financial liability
e. Organizational address
f. Enter name of FLIPL Officer
g. Enter DSN
h. Enter date FLIPL submitted to appointing authority.
i. Enter date appointed
j. Signature of FLIPL Officer
k. Enter date signed

Block 16: Individual recommended for financial liability.
a. Ensure an "X" is placed in one of the boxes (if an "X" is placed in the box next to "submit the attached statement of objection, a statement should follow as an exhibit to the FLIPL
b. Leave blank
c. Enter the organizational address of the individual being recommended for financial liability
d. Enter name of individual being recommended for financial liability
e. Enter the SSN
f. Enter DSN Number
g. Signature of individual being recommended for financial liability
h. Enter date signed

Block 17: Accountable officer (PBO).

**To be completed upon identifying that the item is lost or destroyed and is a property book item or is a leased item (FMS vehicles not included).

a. Enters document number.
b-f. Self explanatory.

Enclosure 6 (Continued): DD Form 200 (Page 2 of 2).

IMEU-WSB-ZB

SUBJECT: USAG Wiesbaden Financial Liability Investigations of Property Loss Standard Operating Procedure

CHECKLIST AND TRACKING DOCUMENT FOR FINANCIAL LIABILITY INVESTIGATIONS OF PROPERTY LOSS			
For use of this form, see AR 735-5; the proponent agency is DCS, G-4.			
To: Accountable Officer			
1. Initiator - Juergen Koch, C-7, Chief TMP Hanau			
To: Approving Authority			
2. Appointing Authority - Robert Kandler, GS-15, Deputy Garrison Commander			
To: Financial Liability Officer			
3. Mike Stevenson, GS-13, Logistics Management Specialist			
To: Approving Authority			
4. Appointing Authority - Robert Kandler, GS-15, Deputy Garrison Commander			
To: Staff Judge Advocate			
5. Stephen Barlow			
To: Approving Authority			
6. Herman Williams III, COL, MP, Commanding			
(A) Complete When a Loss is Discovered			
Date loss was discovered <u>2005/07/07</u>		Originating Unit <u>414th BSB, DOL, TMP</u>	
Preliminary search for item began <u>N/A</u>		Preliminary search for item ended <u>N/A</u>	
Date assigned document number <u>N/A</u>		Date assigned inquiry/investigation number <u>2005/07/09</u>	
(B) Initiator (Blocks 1 and 3 through 11 are completed by the individual initiating the investigation of property loss. Normally this will be the hand receipt holder or the accountable officer. When the hand receipt holder or accountable officer is not available, the person with the most knowledge of the incident causing the loss will initiate the financial liability investigating of property loss.)			
Block 1.	Has the date the investigation of property loss initiated been entered?	Yes <input checked="" type="checkbox"/>	No
Block 3.	Has the date the loss was discovered been entered?	Yes <input checked="" type="checkbox"/>	No
Block 4.	Has the correct stock number(s) been entered? If more than one, use a continuation sheet per figure 13-5. For items with a line item number (LIN), enter the LIN and for those items with a reportable item control code (RICC) of 2, A, B, C or Z, enter the RICC.	Yes <input checked="" type="checkbox"/>	No
Block 5.	Has the correct nomenclature(s) been entered, to include serial numbers if items have serial numbers? For damaged property, enter the cost of repair or the estimated cost of repair if actual cost is not available. Use continuation sheet when the loss to be investigated involves more than one item.	Yes <input checked="" type="checkbox"/>	No
Block 6.	Has the quantity of the item(s) lost, damaged or destroyed been entered? Use continuation sheet when necessary.	Yes <input checked="" type="checkbox"/>	No
Block 7.	Has the unit cost of the item(s) lost, damaged or destroyed been entered? Use continuation sheet when necessary.	Yes <input checked="" type="checkbox"/>	No
Block 8.	Has the total cost of the item(s) lost, damaged or destroyed been entered? Use continuation sheet when necessary.	Yes <input checked="" type="checkbox"/>	No
Block 9.	Has an accurate and concise statement of facts surrounding the loss been entered? Statement should identify as much as possible what happened, how it happened, where it happened, who was involved, when it happened and any evidence of negligence, willful misconduct, or deliberate unauthorized use or disposition of the property.	Yes <input checked="" type="checkbox"/>	No
Block 10.	Has a recommendation been entered by the initiator? Recommendations may be entered by the commander, accountable officer, and when appropriate by the financial liability investigating officer.	Yes <input checked="" type="checkbox"/>	No
Block 11.	Has the individual who completed blocks 1 and 3 through 10, completed blocks 11a through 11e?	Yes <input checked="" type="checkbox"/>	No
Block 12.	Has the responsible officer or the reviewing authority completed blocks 12 through 12g?	Yes	No <input checked="" type="checkbox"/>
Attach the financial liability investigation of property loss to this checklist and tracking document, and forward to the accountable officer or person maintaining the expendable/durable document register for assignment of a document/voucher number.			
(C) Accountable Officer (Block 17 is completed by the accountable officer or person maintaining the expendable or durable document register prior to forwarding the investigation to the appointing authority or approving authority as appropriate.)			

DA FORM 7531, AUG 2004

APD V1.00
Page 1 of 4

Enclosure 7: DA Form 7531 (Page 1 of 4).

IMEU-WSB-ZB

SUBJECT: USAG Wiesbaden Financial Liability Investigations of Property Loss Standard Operating Procedure

Block 17.	Has the accountable officer completed blocks 17a through 17f showing the assignment of a document number or voucher number to the financial liability investigation of property loss for lost and destroyed property? For damaged property, a document number is not assigned.	Yes	No	N/A <input checked="" type="checkbox"/>
(D) Appointing Authority or Approving Authority as Appropriate (Leave blocks 13a and 13d through 13h blank at this time. These blocks are completed after the investigation is completed to show whether the appointing authority approves of the financial liability officer's findings and recommendations. When an appointing authority has not been designated, these blocks will be left blank.)				
Block 13c.	Has the appointing authority or the approving authority as the appropriate completed block 13c indicating whether an financial liability officer is appointed? When a financial liability officer is appointed, use a memorandum as described in figure 13-12; when an AR 15-6 financial liability officer is appointed use, an appointment memorandum in accordance with AR 15-6, paragraph 2-1b.	Yes	<input checked="" type="checkbox"/>	No
(E) Financial Liability Officer (Block 15 is completed by the financial liability officer prior to returning the investigation to the appointing authority or approving authority as appropriate.)				
Block 15a.	The financial liability officer's findings and recommendations are recorded here. In conducting the financial liability investigation of property loss has the financial liability officer--			
	<input type="checkbox"/> Scrutinized all available evidence.	Yes	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/> Interviewed witnesses and secured statements from individuals concerning: <input type="checkbox"/> The cause of the loss or damage. <input type="checkbox"/> The responsibility for the loss or damage.	Yes	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/> Compiled evidence substantiating or refuting any statement in block 9, DD Form 200.	Yes	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/> Physically examined the damaged property, when available, and released it for repair or disposal. This should be done on the first day of the financial liability officer's appointment.	Yes	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/> Consulted with the appointing/approving authority as appropriate for guidance, when needed.	Yes	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/> Determined the amount of damage, if property was damaged. This value may be the actual cost of repairs or an estimated cost of the repairs obtained from technical manuals or other reliable sources. Determine the value of the property immediately before it was damaged if the property is not economically repairable. The accountable officer may be asked to assist if he or she has not been directly involved.	Yes	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/> Has action been taken to exercise control over the property recovered during the investigation?	Yes	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/> Has the total loss to the government been computed correctly?	Yes	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/> Has the financial liability officer coordinated this investigation with the claims investigating officer when the investigation covers the loss, damage or destruction of Government property that is being, has been, or shall be investigated because of attendant events by a claims financial liability officer. This includes cases where military personnel or civilian employees, while driving a privately owned vehicle, damage Government property and have insurance to pay for part of the loss.	Yes	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/> Ensured that individuals being recommended for a possible charge of financial liability are aware of their rights.	Yes	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/> Request individual(s) to acknowledge their understanding of their rights by completing block 16, DD Form 200.	Yes	<input checked="" type="checkbox"/>	No

Enclosure 7 (Continued): DA Form 7531 (Page 2 of 4).

IMEU-WSB-ZB

SUBJECT: USAG Wiesbaden Financial Liability Investigations of Property Loss Standard Operating Procedure

	<ul style="list-style-type: none"> o If appropriate, prepare a statement that individual recommended for a charge of financial liability refused to sign block 16g, DD Form 200, after being given the opportunity. <ul style="list-style-type: none"> oo A full explanation of the person's rights shall be included and a reply shall be requested. oo If the reply is not received within 30 days after the date of mailing, the financial liability officer shall record this fact and take action to complete the DD Form 200. This record of fact shall be included in, or appended to, the DD Form 200. oo Any reply received after the expiration of 30 days shall be forwarded through the same channels as the DD Form 200, form attachment to the original DD Form 200. o Was consideration given to any new evidence received after a recommendation was made? If the financial liability recommendation remains unchanged, the financial liability officer shall note that the added evidence was considered and provide the rationale for not changing the decision. The notation shall be on all copies of the report immediately following the original recommendation. If the financial liability officer makes a change in the original recommendations because of the new evidence, the financial liability officer shall record such change as "Amended Recommendations." These recommendations should be recorded immediately after the original recommendations. 	Yes	<input checked="" type="checkbox"/>	No	N/A
Block 15b.	Has the dollar amount of the loss been entered by the financial liability officer?	Yes	<input checked="" type="checkbox"/>	No	N/A
Block 15c.	When a charge of financial liability is being recommended, has the monthly basic pay of the respondent been entered?	Yes	<input checked="" type="checkbox"/>	No	N/A
Block 15d.	When a charge of financial liability is being recommended, has the recommended amount of financial liability been entered?	Yes	<input checked="" type="checkbox"/>	No	N/A
Blocks 15e-15k.	Self explanatory.	Yes	<input checked="" type="checkbox"/>	No	N/A
On completion of the investigation, the financial liability officer forwards the completed DD Form 200 with all exhibits to the approving authority. When the approving authority has designated an appointing authority, the financial liability officer forwards the completed investigation to the appointing authority.					
(F) Appointing Authority (Block 13 is completed by the appointing authority when one has been designated by the approving authority. When an appointing authority has not been designated, block 13a through b and d through f are left blank.)					
Block 13a.	On completion of the appointing authority's review of the financial liability investigation of property loss, a recommendation is made to either approve or disapprove the financial liability officer's findings and recommendations.	Yes	<input checked="" type="checkbox"/>	No	N/A
Block 13b.	The appointing authority's rationale for the decision reached in block 13a is entered in block 13b.	Yes	<input checked="" type="checkbox"/>	No	N/A
Block 13c.	This block was previously completed, as indicated in (D) above.	Yes	<input checked="" type="checkbox"/>	No	N/A
Blocks 13c-13h.	Self explanatory.	Yes	<input checked="" type="checkbox"/>	No	N/A
On completion of block 13, the financial liability investigation of property loss is either -- <ul style="list-style-type: none"> o Returned to the financial liability officer for additional investigation or documentation of findings and recommendation, or o Forwarded to the approving authority. 					
(G) Approving Authority (This set of blocks is completed by the approving authority to show the approving authority's preliminary decision after the approving authority's initial review of the financial liability officer's findings and recommendations.)					

Enclosure 7 (Continued): DA Form 7531 (Page 3 of 4).

SUBJECT: USAG Wiesbaden Financial Liability Investigations of Property Loss Standard Operating Procedure

Block 14a.	On completion of the approving authority's initial review of the financial liability officer's findings and recommendations, has the approving authority indicated his or her approval or disapproval of the financial liability officer's findings and recommendations? <ul style="list-style-type: none"> o If the financial liability officer has recommended that all persons be relieved of responsibility and accountability for the loss and the approving authority agrees with the financial liability officer, the approving authority may approve the financial liability investigation of property loss and close the investigation, per AR 735-5, paragraph 13-39g(3). o If the financial liability officer has recommended that person(s) be charged with financial liability for the loss, and the approving authority agrees with the financial liability officer, the approving authority must forward the financial liability investigation of property loss to the supporting Office of the Staff Judge Advocate for legal review prior to making a final decision, per AR 735-5, paragraph 13-40d. o When the approving authority makes a decision contrary to the recommendations of the investigating officer or AR 15-6 financial liability officer, either to relieve all concerned from financial liability or assess financial liability against a new individual, this decision is entered in block 14a(1) with 	Yes	<input checked="" type="checkbox"/>	No	N/A
Block 14b.	Has the approving authority entered his or her rationale for the initial decision shown in block 14a? When a decision to charge an individual(s) with financial liability, comments should be entered stating who the respondent is and the amount of financial liability to be assessed.	Yes	<input checked="" type="checkbox"/>	No	N/A
Block 14c.	Has the approving authority indicated whether a legal review is necessary? A legal review is required when -- <ul style="list-style-type: none"> o A charge of financial liability is recommended. o The recommendations appear to be inconsistent with the findings. 	Yes	<input checked="" type="checkbox"/>	No	N/A
Blocks 14d-14h.	Self explanatory	Yes	<input checked="" type="checkbox"/>	No	N/A
On completion of block 14, when the approving authority decides to approve a charge of financial liability, he or she must forward the financial liability investigation of property loss to the supporting Office of the Staff Judge Advocate for legal review prior to making the final decision to assess financial liability.					
(H) Staff Judge Advocate When financial liability is recommended, or when recommendations appear to be inconsistent with the financial liability officer's findings, a judge advocate or civilian attorney must review the findings and recommendations and provide an opinion on the adequacy of the evidence and its relationship to the findings and recommendations. This legal review will be attached to the financial liability investigation of property loss as an exhibit. On completion of the legal review, the financial liability investigation of property loss will be returned to the approving authority.					
(I) Approving Authority On receipt of the financial liability investigation of property loss containing a legal review from Staff Judge Advocate, the approving authority will conduct a final review of the financial liability officer's findings and recommendation together with the Staff Judge Advocate's legal review and make a final decision concerning the charge of financial liability. <ul style="list-style-type: none"> o When a decision is reached to charge an individual with financial liability, the approving authority notifies the respondent by memorandum per AR 735-5, paragraph 13-42a. See AR 735-5, paragraph 13-43 addressing actions required when a respondent submits a request for reconsideration. o When a decision is reached to relieve all concerned of accountability and responsibility for the loss, investigation will be closed out per AR 735-5, paragraph 13-40e. 					

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SUBJECT: USAG Wiesbaden Financial Liability Investigations of Property Loss Standard Operating Procedure



WOLFGANG GÖBEL KFZ-Meister

Reparatur aller Fahrzeugtypen • Inspektion • TÜV-Vorführung • Glasschäden und Reifenservice

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Kostenvoranschlag

Datum 19.8.2005

Art der Leistung

VEN-Nr. 110704017	
Chrysler Neon SE CT-2823 BN 031 Fahrgestellnr. 1C3ESB6CX2D818374 Km-Stand: 43726	
Stoßstange vorn komplett abmontieren. Stoßstange instandsetzen, spachteln und lackieren. Stoßstangenhalterung links aus und einbauen, richten. Stoßstange vorn mit Kennzeichenhalterung montieren.	307,25
1 Kennzeichenhalter	38,15
Lack und Schwemmmaterial	308,55
	<hr/>
	725,95

Example of proper exhibit label.

Steuernr. 02282160254

EXHIBIT G, FLIPL (or investigation number), 22 AUGUST 2005, \$500.00, USAG HESSEN DOL

Enclosure 9: Sample Exhibit Label.

**Investigation of Property Loss
Time Segments
With Appointing Authority**

**Step 1
Investigation of Property Loss
Initiation Process**

- Starts with the discovery of the loss**
- Preliminary search for the missing item(s)
 - Identification of the missing, damaged, or destroyed item(s) using Army portion of FEDLOG
 - Gather dates and circumstances
 - Initiation of the Investigation of Property Loss, DD Form 200
 - Complete the narrative portion
 - Get document/voucher number assigned
 - Provide the investigation of property loss to the appointing authority

- End of the initiation process
- 15 Days Active Army
 - 75 Days USAR
 - 45 Days ARNG

**Step 2
Investigation of Property Loss
Investigation and Recommendation Process**

Starts after the document/voucher number is assigned by the accountable officer and the investigation of property loss is provided to the appointing authority

- Investigating officer appointed if appropriate
- Review the property records
- Obtain statements
- Ascertain the facts
- Determine the proximate cause
- Calculate the amount of the loss
- Make recommendation
- If financial liability is recommended, notify the individual(s)
- Consider respondent's rebuttal statement
- Review by the appointing authority
- Decision by the appointing authority
- Provide to the approving authority

- End of the investigation and recommendation process
- 40 Days Active Army
 - 85 Days USAR
 - 75 Days ARNG

- Cumulative days
- 55 Days Active Army
 - 160 Days USAR
 - 120 Days ARNG

**Step 3
Investigation of Property Loss Adjudication
Process**

- Starts upon receipt of the investigation of property loss by the approving authority, from the appointing authority**
- Approving authority assigns the inquiry/investigation number
 - Review by the approving authority
 - JAG Review (When assessment of financial liability is sought)
 - Decision by the approving authority

- End of the adjudication process
- 20 Days Active Army
 - 80 Days USAR
 - 30 Days ARNG

- Cumulative days
- 75 Days Active Army
 - 240 Days USAR
 - 150 Days ARNG

**Step 4
Notify individual being charged**

- 30 Days Active Army
- 30 Days USAR
- 60 Day ARNG

**Step 5
Provide to FAQ/USPFO for collection**

- 1 Day Active Army
- 1 Day USAR
- 1 Day ARNG

Note 1: Time used to notify the respondent of the investigating officer's recommendation to assess financial liability is not counted against the time constraints for step 2.
Note 2: Time used to notify the respondent of the approving authority's decision to assess financial liability is not counted against the time constraints in step 3.