

# INTERAGENCY INCIDENT BUSINESS MANAGEMENT HANDBOOK

## CHAPTER 70 – CLAIMS

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## CHAPTER 70 – CLAIMS

This chapter sets forth procedures governing claims for and against the government.

70 – CLAIMS. Claims against the government may be filed by any aggrieved person, or his/her authorized agent or legal representative. Claims may be filed for property loss, property damage, personal injury, or death.

Claims for personal injury of regular government employees and casuals are processed as outlined in Chapter 10, Section 15.

The government is mandated to collect for damage to, or loss of, its property.

70.01 – Authorities. Claims may be processed under authority of the following:

1. Contract Disputes Act of 1978. Claims arising under, or related to, contracts are settled under the Contract Disputes Act of 1978. Claims under the Contracts Disputes Act may be filed by the contractor against the government or by the government against the contractor, when either party believes it has been harmed by the other's actions outside the terms and conditions of the contract. A contracting officer is the only person authorized to settle these claims. (See Chapter 20, Section 26.6.)
2. Federal Tort Claims Act. (28 USC 1346(b) and 2671-2680) This Act provides for the filing of claims against the United States for personal property damage or loss, personal injury, or wrongful death caused by the negligent or wrongful acts or omissions of federal government employees while acting within the scope of their employment, under circumstances where the United States, if a private person, would be liable to the claimant in accordance with the law of the State where the act or omission occurred. Only the USDA Office of the General Counsel (OGC) and the USDI Office of the Solicitor have the authority to settle claims under the Federal Tort Claims Act.
3. Non-Tort Act of May 27, 1930 (Property Damage). (16 USC 574) This Act authorizes the Secretary of Agriculture to reimburse private property owners for damage or destruction caused by United States employees in connection with the protection, administration, and improvement of the National Forest. The Act provides a maximum amount payable of \$2,500. This statute provides relief only when the United States inflicts damage on others in protecting, administering, or improving the National Forest. It is not intended to pay for damages

incident to actions taken primarily to meet the needs of the private owner in relief from the same threat or situation facing government property, e.g., extinguishing fires, which threaten private property. In order to apply this Act, there must be no negligence on the part of the federal government and damage cannot be due to the sole protection of private property. If either of these two conditions is present, the claim cannot be allowed under this Act and must be considered under the Federal Tort Claims Act. Only appropriately designated officials have authority to settle claims under this Act.

4. Military Personnel and Civilian Employees Claims Act. (31 USC 3721.) Federal regular government employees, volunteers, and casuals may file claims for loss of or damage to personal property, provided possession of the property was reasonable, useful, and proper under the circumstances, and the loss or damage occurred incident to the individual's service. Normally, Human Resource Program enrollees, contractors or employees of contractors, employees of cooperators, state employees or inmates assigned to incidents are not covered under this Act. Interagency agreements should provide that each agency process claims of its own personnel. Only specific individuals have the authority to settle claims under this Act.

5. State Authorities. State procedures regarding claims resolution vary. (Contact appropriate state representative for specific guidance and documentation requirements.)

#### 70.04 – Responsibilities.

1. Agency Administrator is responsible for:
  - A. Ensuring that procedures outlined in this handbook are implemented and followed.
  - B. Providing an incident agency claims contact for the Compensation/Claims Unit Leader.
  - C. Providing incident agency guidelines and/or procedures for investigating and processing claims.
  - D. Notifying the incident agency's legal counsel or other officials as appropriate.
  - E. Submitting claims from incident personnel based on agency procedures.

2. Incident Commander is responsible for:
  - A. Managing the overall claims program on the incident.
  - B. Ensuring claims are investigated and documented.
  - C. Initiating an investigation by an independent investigation team, as necessary.
3. Finance/Administration Section Chief is responsible for:
  - A. Initiating an investigation of each claim.
  - B. Providing recommendations for each claim (approve or deny), along with a statement explaining the basis for the recommendation to the incident agency.
  - C. Coordinating with the Safety Officer, other section chiefs, and other incident personnel to ensure all required forms, information, and documentation are obtained.
4. Compensation/Claims Unit Leader is responsible for:
  - A. Establishing and ensuring a system for investigating, documenting, and processing claims is implemented.
  - B. Coordinating with incident personnel who may have information pertinent to a claim, e.g., the Ground Support Unit Leader for motor vehicle claims, law enforcement/security personnel for stolen property claims.
  - C. Advising potential claimants of the claims process, upon request.
5. Incident personnel are responsible for reporting to their supervisor any accident or incident which has resulted, or may result, in a claim against or for the government.
6. Supervisors are responsible for reporting the accident or incident to both the Safety Officer and Finance/Administration Section Chief.
7. Safety Officer is responsible for coordinating investigations.

8. Contracting officers are responsible for settling contract claims within their authority and in conjunction with incident agency policy.
9. Claimants are responsible for complying with established incident agency and home unit policies and procedures in filing claims.

70.05 – Definitions. Definitions used throughout this handbook are contained in the Zero Code.

1. Claim: A written demand for a specific amount of money or other objects of value, other than ordinary obligations incurred for services, supplies, or things.
2. Claimant: An individual, partnership, association, corporation, country, the federal government, state, or other political subdivision asserting a right, demand, or claim against another entity.
3. Contract: Any written agreement giving one party a right, a service, a commodity in exchange for a right, a service, or a commodity. Contracts include land use permits, purchase orders, equipment rental agreements, leases, etc.
4. Government Vehicle: A vehicle owned by, on loan to, or leased by the government, including privately owned vehicles operated by government personnel acting within the scope of their employment.
5. Negligence: Failure to exercise that degree of care, which a careful and prudent (reasonable) person would exercise under similar circumstances.
6. Solicitor/Office of the General Counsel: Legal counsel to the Department of the Interior and the Department of Agriculture, respectively. Legal counsel is solely authorized to determine and settle tort claims.
7. Tort: A private or civil wrong or injury, inflicted or caused by a negligent or wrongful act or omission, giving the person who suffers from the wrong a right of action for damages. It is also defined as a breach of legal duty not imposed by contract.

71 – CLAIMS INVESTIGATIONS. All accidents or incidents, which may result in a claim for or against the government, must be promptly investigated and clearly reported by a trained investigator or other qualified personnel. Ideally, the investigation is completed by law enforcement personnel in

coordination with the Safety Officer. Serious accidents, e.g., fatality or hospitalization of three or more personnel, substantial property damage, or serious personal injury will normally be investigated by an independent investigation team.

Investigations should be made while witnesses are available, before damages have been repaired, and prior to presentation of claims.

The incident agency should not commission special Claims Damage Assessment Teams, except in unusual circumstances.

Chapter 60, Sections 62-65, provides investigation guidelines and reporting requirements.

72 – CLAIMS FILING. A claim shall be deemed to have been presented when an incident agency, home unit, or other designated office receives written notification, accompanied by a claim for money damages in sum certain (for a specific amount) from a claimant, or his/her duly authorized agent, or legal representative. Claims may be presented on a Claim for Damage, Injury, or Death (SF-95) for tort claims, agency-specific form for employee claims, or in other written form such as a letter. (See Section 74, Exhibit 01.)

72.1 – Contract Claims. Contract claims, e.g., claims involving the rental of equipment or vehicles) are covered under the Contract Disputes Act of 1978. (See Chapter 20, Section 26.6 for information on contract claims processing.)

The incident contracting officer can adjudicate contract claims within their warrant authority and limits set by the incident agency. For incident adjudicated claims, the vendor is normally compensated through the Emergency Equipment Rental Agreement invoicing process.

72.2 – Tort Claims. The Claim for Damage, Injury, or Death Form, SF-95, (See Section 74, Exhibit 01) should be provided when requested, when a person states a desire to file a claim, or when a person expresses the opinion that some compensation should be made. The SF-95 should not be volunteered as a routine matter of business.

It is the responsibility of private property owners to document and substantiate any claims filed for damage to or loss of personal property. Claimants must determine and initiate their claims without the aid of Government employees. They must rely on their own knowledge and records, and assume the burden for proving the Government negligent and for documenting their losses.

72.2-1 – Claim Documentation Requirements.

1. The claimant must submit the claim through an executed SF-95 (instructions are on the reverse of the form), or other written and signed document. The claimant must provide:
  - A. Claimants' complete name and address.
  - B. A statement describing what action or omission of the government caused the damage, loss, or injury. (This is the basis for the claim.)
  - C. The sum certain (specific amount) claimed.
2. The claimant should provide the following to support the written claim:
  - A. Proof of ownership for damaged property. Examples of documentation may include a copy of a vehicle title, registration, deed, or tax documents.
  - B. Documentation of the amount claimed. Depending on the item(s) claimed, this may include:
    - (1) Two itemized repair estimates or one paid receipt.
    - (2) Medical bills.
    - (3) Physician's statements.
    - (4) If loss of income is claimed, evidence of earnings and time lost from work.
    - (5) If repair is not economical or possible, two estimates of replacement costs, age of damaged/destroyed property (month and year property was obtained), and salvage value, if any.
  - C. Documentation of the insurance coverage of the property.
  - D. Witness statement(s) to support the claim.
3. The claim form must be signed by the claimant, the claimant's legal representative or authorized agent. If signed by other than the claimant, documentation must be provided of the signatory's authority to act in the

claimant's behalf. Claims for jointly owned property must be signed by all legal owners.

4. A claim can be submitted to the incident or to the incident agency. It does not have to be filed at the incident.
5. A tort claim must be filed within two years of the date of the incident that gave rise to the claim.

72.2-2 – Incident Procedures.

1. Incident personnel, upon receipt/notification of a tort claim:
  - A. Will record the date the claim was received and initial or sign in the margin of the claim form. This is the only information to be entered on the claim by incident personnel. Incident personnel may not complete any information for the claimant.
  - B. Will immediately inform the Finance/Administration Section (e.g., Compensation/Claims Unit Leader) of the claim.
  - C. Shall neither place themselves in a position of advising claimants on claims, or encouraging or discouraging the filing of claims. Title 18 of the United States Code, Section 205, specifically prohibits Government officials from assisting a property owner in the filing and substantiation of a claim.
2. Incident personnel may not:
  - A. Comment on the merits of a claim.
  - B. Comment on the liability of the incident agency or the private party.
  - C. Advise a claimant to, or not to, seek legal counsel.
  - D. Refuse to accept a claim.
  - E. Advise anyone to file a claim.
3. The Compensation/Claims Unit will initiate an investigation as appropriate and document the claim on the Incident Claims and Accident Log (See Section 74, Exhibit 04).

4. The Compensation/Claims Unit will include all available incident information pertaining to the claim in the claims package, e.g., investigation reports, photographs, witness statements.
5. Tort claim documentation can be filed in the Incident Claims Case File Envelope (See Section 74, Exhibit 05). An additional copy will be retained in the Incident Finance Package (See Chapter 40, Section 45, Exhibit 04). Distribute claims documents in accordance with incident agency procedures.

72.3 – Non-Tort Claims. Non-tort claims are covered under the Non-Tort Act (See Section 70.01--3). Procedures for filing and processing non-tort claims are the same as for tort claims, (See Section 72.2). Incident agency policies should provide direction relative to the payment for immediate improvements to damaged private land outside of the Non-Tort Act, e.g., repairing a wire fence around a water development.

72.4 – Employee Claims. Employee claims from regular federal government employees and federal casuels are covered under the Military Personnel and Civilian Employees Claims Act (See Section 70.01--4). Claims from state employees and state casuels are covered under applicable state regulations.

Agencies process claims from their personnel according to agency-specific procedures. Agencies may have specific documentation, processing procedures and/or reimbursement limitations.

The incident may not approve reimbursement or replacement of personal property. If it is necessary to provide personal property to a regular government employee or casual in order for the individual to perform their duties, e.g., personal gear lost in a burnover, the personal property must be provided through the commissary process and a payroll deduction (See Chapter 10, Section 14, Commissary). The individual must file a claim in accordance with home unit procedures to document the loss and request reimbursement

72.4-1 - Information to be Provided to the Claimant.

1. Employee claims should be filed on the Employee Claim for Loss or Damage to Personal Property, AD-382 for USDA personnel, DI-570 for USDI personnel (See Section 74, Exhibits 02 and 03), and appropriate state form for state personnel. Most states accept federal forms to initially report the claim.

The claim should include:

- A. Claimant's name and home address.
  - B. Claimant's home unit address.
  - C. List of specific items claimed.
  - D. Specific amount claimed for each item, and total amount claimed.
  - E. Date (month/year) item was originally acquired.
  - F. Purchase price or value when acquired.
  - G. Current repair or replacement cost.
  - H. Statement as to whether lost property was insured, whether claimant filed a claim with insurer, the disposition of that claim, or whether claimant will file a claim with insurer.
2. The claimant must provide the following to support the written claim:
- Documentation of the value of the claim. This may include:
- (1) Original purchase receipts.
  - (2) Receipt for repair or replacement.
  - (3) Two repair estimates if the item has not been repaired.
  - (4) Copies of catalog descriptions or advertisements of the same or like item(s).
  - (5) Written statements to support the claim. Claimant's statement should address whether the possession of property was necessary to the performance of duty. Include statements from individuals with knowledge of the loss or damage, or at a minimum, a statement from someone who can verify the claimant's possession of the property.
3. Claims need not be completed at the incident. Claimants may choose to file the claim at their home unit following agency guidelines. Claimants are responsible for obtaining witness and supervisor statements prior to leaving the incident.

72.4-2 – Incident Procedures.

1. Incident personnel will, upon receipt/notification of an employee claim:
  - A. Record the date the claim was received and initial or sign in the margin of the claim form. This is the only information to be entered by incident personnel. Incident personnel may not complete any information for the claimant.
  - B. Immediately inform the Finance/Administration Section, e.g., Compensation/Claims Unit Leader of the claim.
2. The Compensation/Claims Unit will initiate an investigation as appropriate and document the claim on the Incident Claims and Accident Log (See Section 74, Exhibit 04).
3. The Compensation/Claims Unit will contact the claimant's supervisor and request a statement. The statement should include the supervisor's name, incident assignment, agency and home unit address and telephone number(s), and signature.

The statement should address:

- A. Description of the circumstances or event that resulted in the claim.
  - B. Whether the property claimed was reasonable, useful, or proper under the circumstances.
  - C. Any objections to the allowance of the claim.
  - D. Any information relative to the validity of the claim.
4. The Compensation/Claims Unit will include any incident information pertaining to the claim, e.g., investigation reports, photographs, witness statements in the claims package.
  5. Employee claim documentation can be filed in the Incident Claims Case File Envelope, OF-314 (See Section 74, Exhibit 05). A copy of all claim documentation will be attached to the claimant's Emergency Firefighter Time Report, OF-288. An additional copy will be retained in

the Incident Finance Package (See Chapter 40, Section 45, Exhibit 04). Distribution of claims documents will be in accordance with incident agency procedures.

72.5 – Government Claims. A claim for the government, e.g., a private vehicle damaging a government vehicle, must include documentation to support the claim. Processing should be done in accordance with incident agency procedures and policy. Law enforcement personnel should immediately be notified of incidents, which may result in a claim for the government.

72.6 – Government Property Damage. See Chapter 30, Property Management for loss/damage documentation, replacement or repair procedures.

### 73 – CLAIMS PROCESSING.

The incident management team will submit all original claims documentation to the incident agency. The incident agency will review for accuracy and completeness and will forward to the appropriate adjudicating official. This includes forwarding employee claims to the employee's home unit, if different than incident agency. Agencies may have specific documentation, processing procedures and/or reimbursement limitations.

### 74 – EXHIBITS.

74 – Exhibit 01

CLAIM FOR DAMAGE, INJURY, OR DEATH, SF-95

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit To Appropriate Federal Agency: USDA Forest Service Albuquerque Service Center Claims Management 101 B Sun Avenue NE Albuquerque, NM 87109			2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, Street, City, State and Zip Code) John Doe Route 6, Box 10 Denio, NV 89855		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH 2/20/1950	5. MARITAL STATUS Married	6. DATE AND DAY OF ACCIDENT 7/28/xxxx	7. TIME (A.M. OR P.M.) 3:40 p.m.	
8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary.) Green Creek Fire burned 2 miles of buck and pole fence and a 2001 John Deere 6310 tractor. Location: Flying J Ranch (15 miles NE of Denio, NV on Hwy 255). Fence and tractor were located at the north end of Huckleberry pasture.  We were informed by the local sheriff to evacuate at 12:00 noon on 7/28. We returned at 6:00 p.m. to find the above described damage to our personal property.					
<b>9. PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). Same as above.					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.) 120 fence poles completely burned and a 2001 John Deere 6310 tractor completely destroyed. See attached supporting documentation for repair estimate and replacement costs of property. Tractor and fence remain where they were damaged.					
<b>10. PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.  None					
<b>11. WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Jane Doe Tom Smith		Route 6, Box 10, Denio NV 89855 Box 998, Denio, NV 89855			
12. (See instructions on reverse.) <b>AMOUNT OF CLAIM (in dollars)</b>					
12a. PROPERTY DAMAGE  \$18,500	12b. PERSONAL INJURY  none	12c. WRONGFUL DEATH  none	12d. TOTAL (Failure to specify may cause forfeiture of your rights.)  \$18,500		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.)		13b. Phone number of person signing form (702) 702-7027	14. DATE OF SIGNATURE 7/30/xxxx		
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>  The claimant is liable to the United States Government for the civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729.)		<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)			

74 – Exhibit 01 – Continued

CLAIM FOR DAMAGE, INJURY, OR DEATH, SF-95

INSURANCE COVERAGE	
In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.	
15. Do you carry accident insurance? <input checked="" type="checkbox"/> Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. <input type="checkbox"/> No Policy #12X54342 State Farm Insurance 435 Main, Reno, NV 89501	
16. Have you filed a claim on your insurance carrier in this instance, and if so, is it full coverage or deductible? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Items not covered under policy	17. If deductible, state amount.  \$1000
18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts.) Claim denied	
19. Do you carry public liability and property damage insurance? <input checked="" type="checkbox"/> Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). <input type="checkbox"/> No Same as above.	
INSTRUCTIONS	
<p><b>Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.</b></p> <p style="text-align: center;"><b>Complete all items - Insert the word NONE where applicable.</b></p> <p>A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY</p> <p><b>Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.</b></p> <p>If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.</p> <p>The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.</p> <p>If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item #12 of this form.</p>	
<p>DAMAGES IN A <b>SUM CERTAIN</b> FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN <b>TWO YEARS</b> AFTER THE CLAIM ACCRUES.</p> <p>The amount claimed should be substantiated by competent evidence as follows:</p> <p>(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.</p> <p>(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.</p> <p>(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.</p> <p>(d) <b>Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.</b></p>	
PRIVACY ACT NOTICE	
<p>This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.</p> <p>A. <i>Authority:</i> The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.</p> <p>B. <i>Principal Purpose:</i> The information requested is to be used in evaluating claims.</p> <p>C. <i>Routine Use:</i> See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.</p> <p>D. <i>Effect of Failure to Respond:</i> Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid".</p>	
PAPERWORK REDUCTION ACT NOTICE	
<p>This notice is <u>solely</u> for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, D.C. 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.</p>	

74 – Exhibit 02

EMPLOYEE CLAIM FOR LOSS OR DAMAGE TO PERSONAL  
PROPERTY, AD-382

U.S. DEPARTMENT OF AGRICULTURE

EMPLOYEE CLAIM FOR LOSS OR DAMAGE TO PERSONAL PROPERTY  
(PUBLIC LAW 88-558; 78 STAT. 767)

<i>CRIMINAL PENALTY FOR PRESENTING A FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS: Fine of not more than \$10,000 or imprisonment for not more than 5 years or both ( See 62 Stat. 698, 749; 18U.S.C. 287, 1001)</i>				
<i>CIVIL PENALTY FOR PRESENTING A FRAUDULENT CLAIM: The claimant shall forfeit and pay to the United States the sum of \$2,000 plus double the amount of damages sustained by the United States. (See Revised Statutes Sec. 3490; 31U.S.C. 231.)</i>				
NAME OF CLAIMANT	AGENCY WHERE EMPLOYED AND TITLE OF POSITION		LOCATION (City)	
<b>John Smith</b>	<b>Forest Service Forestry Technician</b>		<b>Boise, Idaho</b>	
ADDRESS OF CLAIMANT (Including Zip Code)	LOCATION WHERE LOSS OR DAMAGE OCCURRED	DATE OF LOSS OR DAMAGE	AMOUNT OF CLAIM	
<b>1234 Lost Way Boise, ID 83709</b>	<b>East Complex Incident (base camp)</b>	<b>8/28/2007</b>	<b>\$500.00</b>	
DESCRIPTION OF PROPERTY (Itemized Listing)	DATE ACQUIRED	PURCHASE PRICE OR VALUE	VALUE WHEN LOST OR DAMAGED	ESTIMATED COST OF REPAIR
<b>Sleeping bag</b>	<b>12/25/XXXX</b>	<b>\$125.00</b>	<b>\$100.00</b>	
<b>2 Pair jeans</b>	<b>6/1/XXXX</b>	<b>\$80.00</b>	<b>\$60.00</b>	
<b>2 LS Denim Shirts</b>	<b>9/15/XXXX</b>	<b>\$50.00</b>	<b>\$40.00</b>	
<b>I-Pod</b>	<b>12/25/XXXX</b>	<b>\$350.00</b>	<b>\$300.00</b>	
<i>Attach supplemental sheet, if necessary</i>				
Claim is for (Check one)	LOSS <b>XXX</b>	DAMAGE	GIVE BRIEF DESCRIPTION OF CIRCUMSTANCES	
			<b>Items were stored in my personal tent and stolen while I was working the night shift from 1800 8/28 to 0600 8/29</b>	
WAS PROPERTY INSURED	If answer is "yes", give name of insurer and itemize the amount collected.			
<b>Yes</b>	<b>State Farm; all but \$50.00 deductible</b>			
YES NO				
I make this claim with the full knowledge of the penalties for willfully making a false claim, and certify that I am entitled to any payments				
DATE	IF CLAIMANT IS NOT OWNER OF PROPERTY, STATE RELATIONSHIP TO OWNER	SIGNATURE OF CLAIMANT		
<b>8/29/XXXX</b>		<i>John Smith</i>		

FORM AD-382 (10-65)

74 – Exhibit 03

EMPLOYEE CLAIM FOR LOSS OR DAMAGE OF PERSONAL  
PROPERTY, DI-570

UNITED STATES  
DEPARTMENT OF THE INTERIOR

EMPLOYEE CLAIM  
FOR LOSS OR DAMAGE TO PERSONAL PROPERTY  
(P.L. 88-558)

INSTRUCTIONS: Submit in triplicate. Please type

Name of Claimant <b>Tom Plank</b>			Address of Claimant 1900 Homestead Road Fairbanks, AK 99701	
Bureau or Office BLM	City P.O. Box 35005 Ft. Wainwright, AK 99703	Telephone no. (907) 356-5600		
Location of loss or damage Big Lake Incident			Date of loss or damage 06/14/XX	Total amount of claim \$333.00

DESCRIPTION OF PROPERTY (Attach supplemental sheet, if necessary)

Itemized Listing	Date Acquired	Purchase Price or Value	Value When Lost	Estimated Repair Cost
Helly-Hansen Rain Gear	5/1/XX	\$125.00	\$125.00	N/A
Wool Sweater (LL Bean)	4/20/XX	\$60.00	\$60.00	N/A
Bean Boots, 24"	7/1/XX	\$95.00	\$95.00	N/A
2 pair wool socks	5/1/XX	\$20.00	\$20.00	N/A
1 T-Shirt, long sleeve	6/1/XX	\$18.00	\$18.00	N/A
1 wool cap	3/10/XX	\$15.00	\$15.00	N/A

Claim is for  Loss  Damage (Check one) Please give brief statement of circumstances:

I was an initial attack smokejumper at the Big Lake Incident. We set up our camp in what we considered a safe zone at the south end of the fire. While working the east flank, wind shifted and burned over camp. Personal gear bag was destroyed.

Was property insured?  Yes  No (If "Yes", give name of insurer and itemize amount collected)

CRIMINAL PENALTY FOR PRESENTING A FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS: Fine of not more than \$10,000 or imprisonment for not more than 5 years, or both (See 62 Stat. 698, 749; 18 U.S.C. 287, 1001).

CIVIL PENALTY FOR PRESENTING A FRAUDULENT CLAIM: The claimant shall forfeit and pay to the United States the sum of \$2,000, plus double the amount of damages sustained by the United States (See R.S. Sec. 3490, 5438; 31 U.S.C. 231).

I make this claim with full knowledge of the penalties for willfully making a false claim, and certify that I am entitled to any payments.

Date 6/20/XX	If claimant is not owner, state relationship	Signature of Claimant <i>/s/ Tom Plank</i>
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74 – Exhibit 05

INCIDENT CLAIMS CASE FILE ENVELOPE, OF-314

NAME OF CLAIMANT <i>Kingston, Earl</i>	DATE OF LOSS OR DAMAGE <i>7/30/xx</i>	INCIDENT/COMPLEX NAME <i>Mink Creek</i>	UNIT LOG NUMBER <i>2</i>
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**CHECK LIST FOR CASE FILES**

(Indicate Whether Completed)	YES (Date)	NO
Employee Claim for Loss or Damage to Personal Property (AD-382, DI-570) OR Claim for Damage, Injury or Death (SF-95)	<i>7/30/xx</i>	
Motor Vehicle Accidents: SF-91, SF91A, AND SF-94; or DI134 Supervisor's Statement		
Witness Statement (If Available)		
Investigation Report	<i>7/30/xx</i>	
Photographs Included ( <i>of tent</i> )	<i>7/30/xx</i>	
Support Documents Attached to Claim		
Police Report or Camp Security Report	<i>7/30/xx</i>	

CLAIMANT ASSIGNED TO: *SRV #12*  
(Crew, OH Section or Individual)

CLAIMANT'S HOME UNIT: \_\_\_\_\_  
(Agency)

*172 Long Drive*  
(Address)

*Nysaa, OR, 97715*  
(City, State and Zip Code)

*(555) 111-3333*  
(Telephone No. with Area Code)

SUPERVISOR ON INCIDENT: *Joe Super*  
(Agency)

SUPERVISOR'S HOME UNIT: \_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State and Zip Code)

\_\_\_\_\_  
(Telephone No. with Area Code)

Follow-up Needs/Comments: \_\_\_\_\_  
\_\_\_\_\_

CLAIMS SPECIALIST/UNIT LEADER NAME <i>Polly Larson</i>	HOME UNIT TELEPHONE NUMBER (w/AREA CODE) <i>(123) 456-7890</i>	FINANCE/ADMIN SECTION CHIEF INITIALS <i>pl</i>
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