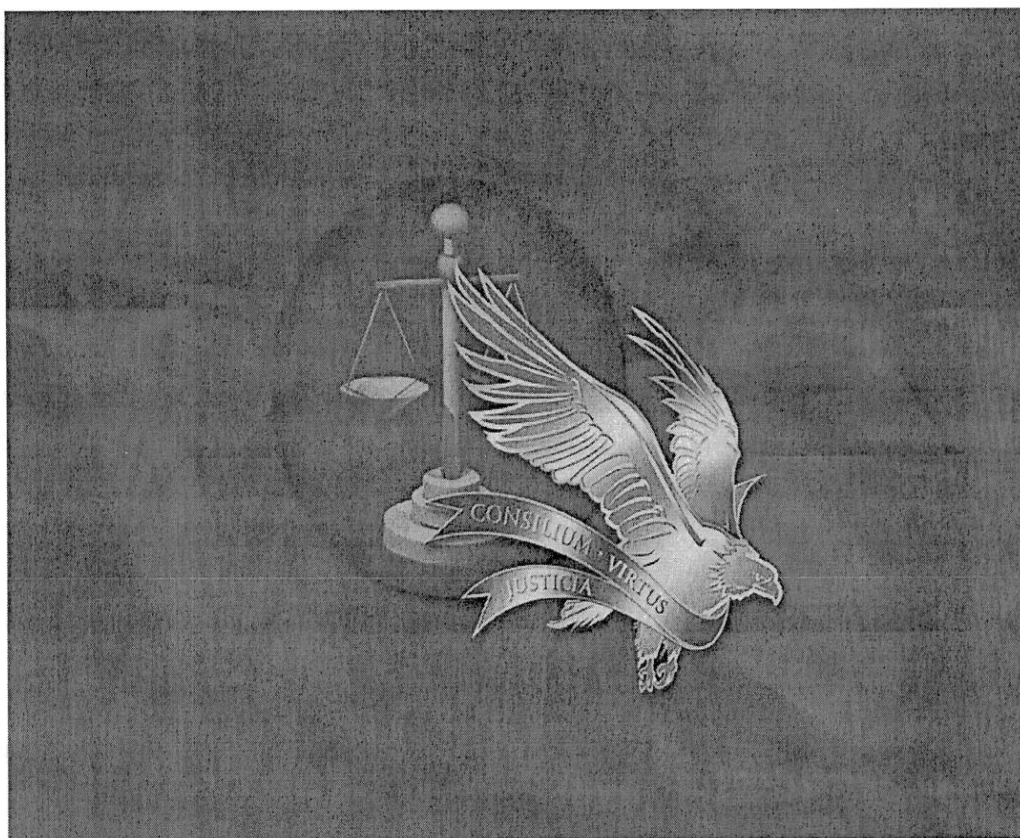


CLAIMS FOR DAMAGE, INJURY
OR DEATH (SF-95)



OFFICE OF THE STAFF JUDGE ADVOCATE

37 TRW/JAD

1701 KENLY AVENUE, SUITE 117
LACKLAND AFB TX 78236-5158

(210) 671-3365/66 DSN 473-3365/66
FAX (210) 671-5192

CLAIM FOR DAMAGE, INJURY OR DEATH

1. These instructions are furnished to assist you in the preparation of your claim against the United States under the Federal Tort Claims Act (28 USC 1346(b), 2671-2680) and the Military Claims Act (10 USC 2731, 2733, 2735).

2. In order to properly assert a claim, a written notification of an incident, preferably a Standard Form 95 (SF-95), must be submitted and be signed, dated and be accompanied by a claim for money damages for a sum certain (a specific amount) for injury to or loss of property, personal injury or death alleged to have occurred by reason of the incident. The claim must be filed within 2 years after it accrues (28 C.F.R. 14)

3. To ensure the minimum requirements for a claim are met, complete the attached SF-95 using blue or black ink. Be sure to fill in block numbers 2 through 19, *which includes the reverse side of the form*. Also, in block 8, you need to state in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of the occurrence and the cause thereof. You may use additional pages if necessary. You must also claim a specific dollar amount in the appropriate sections of block 12 on the SF-95. For attorneys or agents who will be signing on behalf of the claimant, there are special instructions on the reverse side of the SF-95 on how to appropriately fill in block 13a.

4. Upon proper completion of the SF-95 and the inclusion of all required supporting documentation, information, and evidence, please mail the original to:

37 TRW/JAD
1701 Kenly Avenue, Suite 117
Lackland AFB TX 78236-5158

5. Failure to comply with these instructions may result in delays in the processing of your claim, and can result in denial based on lack of substantiation. It is therefore important that you follow these instructions carefully and completely.

6. If you have any questions or desire any additional information, please contact the Claims office at (210) 671-3365/66, DSN 473-3365/66.

2 Attachments:

1. Required Supporting Documents
2. Standard Form 95

REQUIRED SUPPORTING DOCUMENTS

1. The following supporting documentation is required in all instances:

- a. Police Report or Law Enforcement Report (if, applicable).
- b. Witness Statement(s) (if, applicable).
- c. Any type of third party report generated as a result of the incident or accident.
- d. Evidence that the damage was caused by: a government employee while acting within scope of his employment; or by a government function.

2. In cases involving a claim for property damage, personal injury, and or death, you must submit the following evidence or information, as applicable (28 C.F.R. 14.4):

1) Claims for property damage:

- a) Proof of ownership.
- b) A detailed statement of the amount claimed with respect to each item of property.
- c) Two itemized written estimates of the cost of repairs, or if repairs have already been made, an itemized receipt of payment for necessary repairs.
- d) If repair of the property is not economical, a statement listing the date of purchase, purchase price and salvage value is requested.

2) Claim for Personal Injury:

- a) A written report by your attending physician setting forth the nature and extent of the injury, nature and extent of treatment, any degree of temporary or permanent disability, the prognosis, period of hospitalization, and any diminished earning capacity. If the prognosis reveals the necessity for future treatment, a statement of expected expenses for such treatment is required.
- b) Itemized bills for medical, dental, and hospital expenses incurred, or itemized receipts of payment for such expenses.

c) If a claim is made for loss of time from employment, due to injury, a written statement from your employer showing actual time lost from employment, whether you are a full or part-time employee, and wages or salary you actually lost.

d) If a claim is made for loss of income and you are self-employed, documentary evidence showing the amounts of earnings for the past three years and the actual amount of your loss.

3) Claims for Death:

a) An authenticated death certificate or other competent evidence showing cause of death, date of death, and age of decedent.

b) Decedent's employment or occupation at time of death, including his or her monthly or yearly salary or earnings (if any), and the duration of last employment or occupation.

c) Names, addresses, birth dates, kinship, and marital status of the decedent's survivors, including identification of those survivors who were dependent for support upon the decedent at the time of death.

d) Degree of support afforded by the decedent to each survivor dependent upon him for support at the time of death.

e) Decedent's general physical and mental condition before death.

f) Itemized bills for medical and burial expenses incurred by reason of the incident causing death, or itemized receipts of payment for such expenses.

g) If damages for pain and suffering prior to death are claimed, a physician's detailed statement specifying the injuries suffered, duration of pain and suffering, any drugs administered for pain, and the decedent's physical condition in the interval between injury and death.

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of the 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:			2. Name, Address of claimant and claimant's personal representative, if any. <i>(See instructions on reverse.) (Number, street, city, State and Zip Code)</i>			
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN		4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT		7. TIME (A.M. or P.M.)
8. Basis of Claim <i>(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.)</i>						
9. PROPERTY DAMAGE						
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT <i>(Number, street, city, State, and Zip Code)</i>						
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. <i>(See instructions on reverse side.)</i>						
10. PERSONAL INJURY/WRONGFUL DEATH						
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.						
11. WITNESSES						
NAME			ADDRESS <i>(Number, street, city, State, and Zip Code)</i>			
12. (See instructions on reverse) AMOUNT OF CLAIM <i>(In dollars)</i>						
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH		12d. TOTAL <i>(Failure to specify may cause forfeiture of your rights.)</i>
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.						
13a. SIGNATURE OF CLAIMANT <i>(See instructions on reverse side.)</i>				13b. Phone number of signatory		14. DATE OF CLAIM
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS			
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. <i>(See 31 U.S.C. 3729.)</i>			Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. <i>(See 18 U.S.C. 287, 1001.)</i>			

PRIVACY ACT NOTICE

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.

A. *Authority:* The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 38 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

- B. *Principal Purpose:* The information requested is to be used in evaluating claims.
- C. *Routine Use:* See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
- D. *Effect of Failure to Respond:* Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid".

INSTRUCTIONS

Complete all items - insert the word NONE where applicable

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 DAMAGES IN A SUM CERTAIN 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 TWO YEARS AFTER THE CLAIM ACCRUES.

Any instructions or information necessary in the preparation of your claim will be furnished, upon request, by the office indicated in Item #1 on the reverse side. 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 supplemental regulations also. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with said 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.

If claimant intends to file claim for both personal injury and property damage, claim for both must be shown in Item 12 of this form.

The amount claimed should be substantiated by competent evidence as follows:

(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.

(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.

(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.

(d) Failure to completely execute this form or to supply the requested material within two years from the date the allegations accrued may render your claim "invalid". A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

Failure to specify a sum certain will result in invalid presentation of your claim and may result in forfeiture of your rights.

Public reporting burden for this collection of information is estimated to average 15 minutes 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: Director, Torts Branch
Civil Division
U.S. Department of Justice
Washington, DC 20530

and to the
Office of Management and Budget
Paperwork Reduction Project (1105-0008)
Washington, DC 20503

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? Yes, If yes, give name and address of insurance company (Number, street, city, State, and Zip Code) and policy number. No

16. Have you filed claim on your insurance carrier in this instance, and if so, is it full coverage or deductible?

17. If deductible, state amount

18. If claim has been filed with your carrier, what action has your insurer taken or proposes to take with reference to your claim? (It is necessary that you ascertain these facts)

19. Do you carry public liability and property damage insurance? Yes, If yes, give name and address of insurance company (Number, street, city, State, and Zip Code) No