



OFFICE OF THE STAFF JUDGE ADVOCATE
101ST AIRBORNE DIVISION (AIR ASSAULT) AND FORT CAMPBELL
CLAIMS DIVISION
(270) 798-5011



TORT CLAIMS

1. **Tort Claims.** Claims for death, personal injury, or damage to, or loss of, property are generally payable when the injury or damage is caused by negligent or wrongful acts or omissions of military personnel or civilian employees of DA or DoD while acting within the scope of their employment.

2. **Standard Form (SF) 95.** If you believe you have a tort claim against the Government, complete the SF 95 in accordance with its instructions and the guidance below.

a. **Block 1.** Enter the address of the agency to which you are submitting your claim. If you wish to file this claim with more than one Federal agency or non-Government defendants, you should enter the address of the primary agency and furnish the identifying information on all addresses in a separate attached document.

b. **Block 2.** Enter claimant's name and address in this space. Each claimant should submit a separate claim form. For example, if spouses are filing for personal injury and loss of consortium, each files a separate form. If the claim is being filed by an agent on behalf of another person, both names and addresses should be listed. The claim is not filed in the name of the agent, and the legal title of the representative must be listed. For example, if the person presenting the claim has a power of attorney to file a claim, the words "Agent for" followed by the claimant's name should follow the name of the agent. Proof of representative capacity must accompany the claim form. For an agent, it is the power of attorney or other document indicating representative capacity. For an executor or administrator of an estate, it is a copy of the court appointment. For a person filing on behalf of a corporation, it is proof that the person signing the claim is authorized to file a claim on behalf of the corporation. Attorneys hired by a claimant do not have representative capacity by virtue of their agreement to represent the claimant. An attorney must present a power of attorney or other document that contains specific authorization to file a claim form on behalf of the claimant.

c. **Blocks 3 through 5.** This information must relate to the claimant, not the representative. In a death case, information should relate to the deceased.

d. **Blocks 6 and 7.** For most claims, this will be the date of the accident or incident causing injury. In some cases, such as medical malpractice, the date may be the date when the claimant realized that a negligent act may have caused the alleged injury.

e. **Block 8.** Complete this space with a description of the accident or incident giving rise to the claim, in your own words. Your explanation should present your perceptions regarding the "who, what, when, where, why, and how" of the accident or incident. Do not assume that the documents submitted with this form will suffice. This form should present enough information to permit this office to investigate the claim without relying on other documentation.

f. **Blocks 9 and 10.** Specific information about the property damaged or the injuries sustained.

g. **Block 11.** Full names and addresses of any witnesses who may be able to confirm the events or circumstances surrounding the incident. List the telephone numbers if known.

h. **Block 12.** A sum certain must be listed, broken down by property damage, personal injury, and wrongful death. "Sum certain" means the amount of money the claimant seeks as compensation for the loss; an actual dollar figure must be listed on the claim form. Words, such as "uncertain" or "to be determined," and special characters, such as "!" or "?" may not be included on this form.

i. **Block 13a.** Claimant's name should be signed exactly as it appears in Block 2 and it should be the claimant's signature, unless the claim is filed by a properly designated agent on behalf of the claimant.

j. **Block 14.** Write the date the claim form is presented to the Claims Office. Ideally, this form should be hand-carried and presented in person. In order to be valid, a claim must be RECEIVED by the appropriate federal agency within **two years** of the date of the incident. The mailing date does not toll the statute of limitations.

k. **Blocks 15 through 19.** Whether or not a claimant decides to file with a private insurer, this information must be completed. The Army may contact your private insurer.

3. In addition to the SF 95, gather the following documentation:

a. **Description of Incident.** A detailed, complete account of the accident should appear in Item 8 on the SF 95. This account should include all information necessary to answer the questions of who, what, when, where, and how. Use as many supplemental pages as needed to provide an accurate picture of what occurred.

b. **Doctor's Report.** If claim resulted from personal injury or death, provide written reports from attending physicians showing the nature and extent of injury and treatment, any degree of permanent disability, prognosis, and any periods of hospitalization or incapacitation.

c. **Incident Reports.** If claim involves contacts with police, provide relevant incident reports.

d. **Itemized Bills.** Submit itemized bills for all expenses actually incurred as a direct result of the incident. Medical bills should be attached regardless of whether or not they have been paid.

e. **Written Estimates.** If claim involves damage to property that can be economically repaired, provide at least one itemized estimate of repair.

f. **Value Statements.** If claim involves property that is lost, destroyed, or that cannot be economically repaired, provide statements of the original cost, date of purchase, and the value of the property before and after the incident. The statements must be obtained from disinterested persons familiar with the values of and the cost of repairs to this type of property.

g. **Evidence of Ownership.** If claim involves damage to property, provide evidence that you owned the damaged property, e.g. automobile title or registration.

h. **Statement Supporting Amount of Claim.** Compose a detailed statement indicating how you arrived at the total amount claimed in Item 12d on the SF 95. This statement should itemize the types of damage and amounts of each expense that are part of your claim.

i. **Other Information.** Submit any other evidence that supports your claim. The Claims Office may request additional information. Your cooperation in providing the requested information will help facilitate the timely processing of your claim.

4. Bring the SF 95 and above documentation to the Claims Office. For claimants who live a considerable distance from Fort Campbell, mail the claim packet to the following address: Office of the Staff Judge Advocate; ATTN: AFZB-JA-C (Ms. Turner); 125 Forrest Road, Room 101; Fort Campbell, Kentucky 42223-5208.