

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: 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: Office of The Staff Judge Advocate Attn: Claims Division 6930 Morrison Ave., Bldg. 130 Fort Benning, GA 31905			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code. SSN: ____-____-____		
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 (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). 					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). 					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side). 					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT. 					
11. WITNESSES					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights).		
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	14. DATE OF SIGNATURE	
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS		
The claimant is liable to the United States Government for a 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).			Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

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 the 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 a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No

17. If deductible, state amount.

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).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

INSTRUCTIONS

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.

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

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.

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.

The claim may be filled 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.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

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.

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 the 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 specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

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, 28 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."

PAPERWORK REDUCTION ACT NOTICE

This notice is solely 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, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

INSTRUCTIONS FOR COMPLETING THE STANDARD FORM 95

You, the claimant, are responsible for correctly completing the Standard Form 95 (SF95) and for furnishing the evidence necessary to substantiate your claim. Your failure to do so may prevent your claim from being processed or cause summary denial. Standard Form 95 (SF 95), Claim for Damage, Injury, or Death, must be submitted with every claim based on property damage, injury, or death caused by Government employees acting within the scope of their employment. Read the instructions on both sides of the form and complete the SF 95 as accurately as possible. The following information may be used to assist you in completing the SF 95.

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.

Block 2. Enter the claimant's name and address in this space.

a. 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.

b. If this 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.

c. 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.

d. 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. *The aforementioned is a claimant's guide for submitting a claim against the United States Army (USA). Nothing in this document should be construed as legal advice from the Army, nor shall any cause of action arise nor shall any liability be imposed on the Army for anything contained in the instructions herein. Neither these instructions nor any statement made by any Army personnel should be construed to mean that a claim, if submitted, will be approved. Types and amounts of documentation vary from claim to claim, but this reference is in accordance with Title 28 or the Code of Federal Regulations (CFR), Part 14.4.

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

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.

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.

Blocks 9 and 10. These blocks should contain specific information about the property damaged or the injuries sustained.

Block 11. Be sure to list the full names and addresses of any witnesses who may be able to confirm the events or circumstances surrounding the accident or incident. You may want to list the telephone numbers of witnesses if known.

Block 12. A sum certain must be listed, broken down by property damage, personal injury, and wrongful death. The term “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.

Block 13a. The 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.

Block 14. The claimant should complete this space with the date the claim form is presented to the Claims Office. **Ideally, this form should be hand-carried and presented in person.** Remember, 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. If a claim is received by this office after the two year statute of limitations is tolled, the claim may be denied.

Blocks 15 through 19. Insurance data is mandatory. While a claimant is **not required** to file a claim against their private insurer, this information must be completed whether or not the claimant files an insurance claim. The Army may contact your private insurer.

EVIDENCE NEEDED BY THE CLAIMS OFFICE:

1. **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 give the Claims Office an accurate picture of what occurred.
2. **Doctor’s Report:** If your claim resulted from personal injury or death, written reports from all attending physicians showing the nature and extent of injury and treatment, any degree of permanent disability, prognosis, and any periods of hospitalization or incapacitation should be attached.
3. **Incident Reports:** If your claim involves any contacts with military or civilian police, you should attach a copy of each relevant incident report.
4. **Itemized Bills:** Submit itemized bills for all expenses actually incurred as a direct result of the accident. Medical bills should be attached regardless of whether or not they have been paid.
5. **Written Estimates:** If your claim involves damage to property that can be economically repaired, at least one itemized estimate of repair must be attached.
6. **Value Statements:** If your claim involves property that is lost, destroyed, or that cannot be economically repaired, attach statements of the original cost, date of purchase, and the value of the property before and after the accident. The statements must be obtained from disinterested persons familiar with the values of and the cost of repairs to this type of property.
7. **Evidence of Ownership:** If your claim involves damage to property, attach evidence that you owned the damaged property, i.e. an automobile title or registration.
8. **Statement Supporting Amount of Claim:** You must submit 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 is a part of your claim.
9. **Other Information:** Submit any other evidence in your possession that supports your claim. The Claims Office, depending upon the particular type of claim being submitted, may require additional information. Your cooperation in obtaining and providing the information will assist this office in immediately processing your claim.

After completing the standard Form 95 and obtaining all the necessary supporting documents, you may call the Claims or walk in anytime within our business hours. Walk-ins are **not required** to turn in your claim packet but you may wish to do so depending on the complexity of your claim. For claimants who live a considerable distance from the Claims Office, such that driving will pose an undue hardship, you may mail or fax the claim packet. However, **you must mail the original forms to the Claims Office before payment can be made.**

****Remember, your claim must be RECEIVED by the appropriate federal agency within two years of the date of the incident to be valid. The date of mailing does not toll the statute of limitations.*** After you have filed your claim with the Government, any and all subsequent correspondence received from the alleged wrongdoer, his employer, insurance company, or anyone concerning your claim should be forwarded to the Claims Office immediately.