INSTRUCTIONS FOR FILING A CLAIM FOR PROPERTY DAMAGE OR PERSONAL INJURY

CLAIMANTS:

BLOCK 1: WRITE IN THE ADDRESS OF THE FT. BENNING CLAIMS OFFICE "DA, HQ, USAIC & FT. BENNING, ATTN: ATZB-JAC, FORT BENNING, GA 31905

BLOCK 2: CLAIMANT'S NAME, ADDRESS & SOCIAL SECURITY NUMBER

BLOCK 3-5: THIS INFORMATION MUST RELATE TO THE CLAIMANT, NOT A LEGAL REPRESENTATIVE. IN A DEATH CASE, THE INFORMATION SHOULD RELATE TO THE DECEASED.

BLOCK 6-7: THE DATE AND TIME OF INCIDENT GIVING RISE TO THE CLAIM

BLOCK 8: A THOROUGH EXPLANATION OF WHY THE CLAIMANT BELIEVES HE/SHE HAS A CLAIM AGAINST THE UNITED STATES

BLOCK 9-10: THE PROPERTY DAMAGE/INJURIES MUST BE EXPALINED IN DETAIL OR NO COMPENSATION CAN BE PAID.

BLOCK 11: COMPLETE NAME, ADDRESSES AND PHONE NUMBERS OF WITNESSES

BLOCK 12: A DEFINITE AMOUNT MUST BE LISTED AND TOTALLED BROKEN DOWN BY PROPERTY DAMAGE, PERSONAL INJURY AND WRONGFUL DEATH

BLOCK 13: CLAIMANT MUST SIGN THE FORM AND INCLUDE A DAYTIME PHONE NUMBER

BLOCK 14: DATE OF FILING

BLOCK 15-19: INSURANCE INFORMATION IS MANDATORY, INDICATE WHETHER THE CLAIMANT HAS FILED AN INSURANCE CLAIM

AGENTS COOPERATION: IF A PERSON IS FILING A CLAIM ON BEHALF OF ANOTHER PERSON, THE NAME AND ADDRESSES OF BOTH SHOULD BE LISTED. THE CLAIM SHOULD NOT BE FILED IN THE NAME OF THE AGENT AND THE LEGAL TITLE OF THE REPRESENTATIVE BUT BE LISTED, PROOF OF REPRESENTATION MUST ALSO ACCOMPANY THE CLAIM FORM (POWER OF ATTORNEY, ETC...). FOR A PERSON FILING ON BEHALF OF A CORPORATION, PROOF MUST BE PROVIDED THAT THE PERSON SIGNING THE CLAIM IS AUTHORIZED TO FILE ON BEHALF OF THE CORPORATION.

SUBSTANTIATION: THE STANDARD FORM 95 SHOULD BE ACCOMPANIED BY THE FOLLOWING (WHEN APPLICABLE): POLICE REPORT; PROOF OF OWNERSHIP; MEDICAL BILLS AND RELATED MEDICAL RECORDS, INCLUDING NAMES OF TREATMENTS PHYSICIANS; STATEMENTS BY EMPLOYERS REGARDING LOST WAGES; THE CLAIMANT'S SOCIAL SECURITY NUMBER; ITEMIZED LIST OF DAMAGES CLAIMED; AT LEAST ONE ESTIMATE OF REPAIR (VEHICLES); AND ANY OTHER RELEVANT DOCUMENTATION.

POINT OF CONTACT: THE POINT OF CONTACT AT FORT BENNING FOR CLAIMS AGAINST THE UNITED STATES IS THE **CLAIMS DIVISION @706-545-2285.**

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:	2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.
OFFICE OF THE STAFF JUDGE ADVOCATE **6450 WAY AVENUE** **BLDG #2839; CLAIMS DIVISION** **FORT BENNING, GA 31905**	**SSN:** _____

3. TYPE OF EMPLOYMENT	4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT	7. TIME (A.M. OR P.M.)
☐ MILITARY ☐ CIVILIAN				

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).

EMAIL: _____

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 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.

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.

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.