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(<i>s</i>) if necessary. See reverse side for additional instructions.					FORM APPROROVED OMB NO. 1105-0008 EXPIRES 6-30-01	
1. Submit To Appropriate Federal Ag	ency:				e, Address of claimant and ee instructions on reverse.)			
3. TYPE OF EMPLOYMENT ÿ military ÿ civilian	4. DATE OF I	BIRTH 5. MAR	RITAL STATUS	6. DATE AN	ND DAY OF ACCIDENT	DAY OF ACCIDENT 7. TIME (A.M. OR P.M)		
8. Basis of Claim (State in detail place of occurrence and the cause	thereof) (Use ad	dditional pages if n	ecessary.) ETY DAMAGE			g persons an	d property involved, the	
NAME AND ADDRESS OF OWNE	R, IF OTHER T	HAN CLAIMANT	(Number, street, c	city, State, and Zi	ip Code)			
BRIEFLY DESCRIBE THE PROPEI instructions on reverse side) 10. STATE NATURE AND EXTENT ON NAME OF INJURED PERSON OR INJU	P F EACH INJUR	ERSONAL INJUI	RY/WRONGFUI DEATH, WHICE	L DEATH				
11. WITT			TNESSES	NESSES ADDRESS(Number, street, city, State, and Zip Code)				
12. (See instructions on reverse)	101. D		OF CLAIM(in d		TH DEATH	124 TOTA	I (F.:'I	
12a. PROPERTY DAMAGE		ERSONAL INJUR		12c. WRONGF		cause forfe	L (Failure to specify may iture of your rights.)	
I CERTIFY THAT THE AMOUNT ACCEPT SAID AMOUNT IN FUL						NT ABOVE	AND AGREE TO	
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.)				32 2220 024	13b. Phone number	of signatory	14. DATE OF CLAIM	

Previous editions not usable

and not more than \$10,000, plus 3 times the amount of damages sustained by the

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM

The claimant shall forfeit and pay to the United States the sum of not less than \$5,000

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT

CLAIM OR MAKING FALSE STATEMENTS

than \$5,000 and not more than \$10,000, plus 3 times the amount of damages

sustained by the United States. (See 18 U.S.C.A. 287.)

Imprisonment for not more than five years and shall be subject to a fine of not less

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".

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

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

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.

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

- (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 other aspect of this collection of information, including suggestions for reducing this burden,

to Director, Torts Branch

and to the . 10 1 .

CIVII DIVISIOII	Office of Management and Budget						
U.S. Department of Justice	Paperwork Reduction Project (1105-0008)						
Washington, DC 20530	Washington, DC 20503						
INS	SURANCE COVERAGE						
In order that subrogation claims be adjudicated, it is essential that the claimant provide	ide the following information regarding the insurance coverage of his vehicle or property.						
15. Do you carry accident insurance? \ddot{y} Yes, if yes give name and address of insurance company (<i>Number, street, city, State, and Zip Code</i>) and policy number. \ddot{y} No							
16. Have you filed claim on your insurance carrier in this instance, and if so, is it for	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? ÿ Yes, If yes, giv	ive name and address of insurance carrier (Number, street, city, State, and Zip Code) ÿ No						

SF 95 (Rev. 7-85) BACK