

## **Instructional Handout**

### **FILING A STANDARD FORM 95 (SF 95), “Claim for Damage, Injury, or Death”\***

#### **GENERAL GUIDANCE:**

- Read the entire SF 95 claim form thoroughly, especially the instructions on its reverse.
- The SF 95 must be signed in Block 13a by the claimant or duly authorized agent and must have a “Sum Certain” in Block 12d.
- The claim must be presented to the appropriate federal agency within **two years** after the claim accrues. Claims can be submitted to:

***87 ABW/JA, Office of the Staff Judge Advocate, 2901 Falcon Lane JB MDL, NJ 08641***

- Items not payable under the Federal Tort Claims Act (FTCA) or Military Claims Act (MCA) include costs of preparing and presenting a claim, such as copying charges, appraisals, and attorneys’ fees.

#### **AUTHORITY TO FILE CLAIM:**

- If you are presenting and signing the SF 95 as a duly authorized agent or other legal representative on behalf of an individual or corporate claimant, you should sign Block 13a and, immediately after your signature, insert your title or legal capacity and provide documentation of your authority to act.

#### **SUBSTANTIATION:**

- In support of your claim, you may be required to submit the following evidence or information. In some cases, additional evidence may be required:

##### **☐ All Claims.**

- ✓ A copy of any report(s) filed in connection with your damages (i.e. police, security forces, or accident report)
- ✓ Any other evidence or information which may have a bearing on the responsibility of the United States for damages being claimed.

##### **☐ Property Damage.**

- ✓ Proof of ownership (i.e. vehicle registration, title, property deed, etc.)
- ✓ A detailed statement of the amount claimed with respect to each item of property.
- ✓ Photographs of the damage.
- ✓ Where repair is economical, an itemized receipt of payment for necessary repairs or an itemized estimate for the cost of such repairs (two if over \$1,000.00).
- ✓ If repair is not economical, a statement listing date of purchase, purchase price, and salvage value.

##### **☐ Personal Injury.**

- ✓ Copies of all medical records regarding treatment you received.
- ✓ A written report from your attending physician or dentist 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 future treatment required, a statement of expected expenses for such treatment
- ✓ Itemized bills and/or receipts for medical, dental, and hospital expenses incurred.

- ✓ If a claim is made for loss of time from employment, a written statement from your employer showing actual time lost, whether you are a full or part-time employee, wages or salary actually lost, and tax returns.
- ✓ If a claim is made for loss of income and you are self-employed, documentary evidence showing the amounts of earnings actually lost.

## **INSURANCE:**

- Sometimes Claimants elect to file with their insurance provider to have repairs completed immediately. The insurance company may then file a claim against the government to recoup what they have paid. Your deductible is not automatically payable to the insurance company; you must give them written authorization to collect this amount on their behalf or file a separate claim for it.
- Please be aware the base legal office has up to six months to process and adjudicate claims.
- Advance Payments: Probably the most critical need in the first 24 hours after a disaster is taking care of the immediate necessities of those most affected by the disaster. CONUS SJAs do not have advance payment authority. If you have a disaster and anticipate the need to make advance payments, the base legal office will need to call JACC to get such authority delegated. Please note that advance payments are limited to immediate necessities, such as food, shelter, medical care, and clothing, and that it requires the execution of an advance payment agreement.

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

|  |                      |  |  |                                    |  |
|--|----------------------|--|--|------------------------------------|--|
| <b>CLAIM FOR DAMAGE,<br/>INJURY, OR DEATH</b>  |                      | <b>INSTRUCTIONS:</b> 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<br>OMB NO. 1105-0008 |  |
| 1. Submit to Appropriate Federal Agency:   |                      |  | 2. Name, address of claimant, and claimant's personal representative if any.<br>(See instructions on reverse). Number, Street, City, State and Zip code. |                                    |  |
| 3. TYPE OF EMPLOYMENT<br><br><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). |                      |  |  |                                    |  |
| <b>9. PROPERTY DAMAGE</b>  |                      |  |  |                                    |  |
| 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.<br>(See instructions on reverse side).   |                      |  |  |                                    |  |
| <b>10. PERSONAL INJURY/WRONGFUL DEATH</b>  |                      |  |  |                                    |  |
| 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.  |                      |  |  |                                    |  |
| <b>11. WITNESSES</b>   |                      |  |  |                                    |  |
| NAME   |                      | ADDRESS (Number, Street, City, State, and Zip Code)  |  |                                    |  |
|  |                      |  |  |                                    |  |
| <b>12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)</b>   |                      |  |  |                                    |  |
| 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              |  |
| <b>CIVIL PENALTY FOR PRESENTING<br/>FRAUDULENT CLAIM</b>   |                      |  | <b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT<br/>CLAIM OR MAKING FALSE STATEMENTS</b>   |                                    |  |
| 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.