



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS 341 MISSILE WING (AFGSC)

CLAIM FOR DAMAGE, INJURY OR DEATH
STANDARD FORM 95

INSTRUCTIONS:

Please see the attached STANDARD FORM 95 and a list of other documentation that you will need to submit in order to file a claim against the United States.

PLEASE SUBMIT THE ITEMS WHICH ARE CHECKED:

- STANDARD FORM 95, Claim for Damage, Injury or Death
- Documentation of loss, damage or injury
- Authority to file claim
- Copy of vehicle registration
- Other: Estimates of repair/replacement; pictures; incident/police report

1. **STANDARD FORM 95:** You must submit at least one (1) completed claim form, with an original signature, in ink, on each copy. Please read the entire claim form thoroughly, especially the instructions on the reverse side before supplying the information needed. In addition, the following instructions are provided:

- a. Block Number 1. - Office of the Staff Judge Advocate, ATTN: Claims, 7218 Goddard Drive, Malmstrom AFB, Montana 59402-6860.
- b. Block Number 2. - full name(s) of person(s) filing the claim. If the claim is being filed by a corporation, list the corporate name. List the present mailing address, including the zip code (see Parts 4 and 5 of these instructions).
- c. Block Number 4. - the date of birth of the claimant
- d. Block Number 6 through 8. - enter: a complete description of the street or intersection of streets, the city and state where the incident occurred, the date and time of the incident and the facts and circumstances surrounding the claim.
- e. Block Number 10. - Personal Injury. Indicate the nature and extent of the injury and the name of the doctor or hospital where treated, if any.
- f. Block Number 11. - Name and address of any witnesses.
- g. Block Number 12. - Each claim must be for a definite sum of money. If no claim is being submitted for any one of the three blocks (Property

Damage; Personal Injury; Wrongful Death), enter "None" in the appropriate block(s). The claim should be totaled in Block 12d.

h. Block Number 13. - Signature of claimant. The person whose name and address appears in Block 2 should sign the claim forms and date them.

i. Reverse Side: Complete all information concerning insurance coverage.

2. DOCUMENTATION OF LOSS:

** Please note that as the claimant you are responsible to prove that the government was negligent, and that the government's negligence caused your damages. The information you provide must address how the government's negligent acts toward you caused damage to you and/or your property.

a. In support of a claim for personal injury or death, the claimant must submit a written report by the attending physician showing the nature and extent of the injury, the nature and extent of treatment, prognosis and any permanent disability. The amount of hospitalization should be documented with itemized bills for medical, hospital or burial expenses attached.

b. In support of claims for property damage, at least **two** itemized estimates must be submitted to substantiate the claim. If you are unable to provide two estimates, please state how you arrived at the amount claim. You must provide all underlying documentation that supports your claims.

3. **AUTHORITY TO FILE CLAIM ON BEHALF OF A BUSINESS OR CORPORATION:** This need only be submitted for claimants that are businesses.

4. **INSURANCE COMPANIES (NOTE):** Insurance companies and the insured may each submit a separate claim. The insurance company's name should be entered in Block 2 and the individual who is authorized to sign the claim must include a letter stating that he/she is authorized to settle and assert claims on behalf of the company. If the insurance company and the insured are filing concurrently, Block 2 should include both the name of the insured and the insurance company. All parties must sign Block 13a.

5. ADDITIONAL INFORMATION:

The Statute of Limitations for claims against the United States is two years. This means that claims must be received by this office no later than 2 years from the date of the incident.

You may also choose to file with your insurance company, and give your insurance company the right to file a claim against the government to recoup the monies that they have paid you.

Should you have any questions about any part of the claims process, feel free to contact this office.

Telephone: 406-731-3471.

**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.

3. TYPE OF EMPLOYMENT

MILITARY 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**

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).

**CRIMINAL PENALTY FOR PRESENTING FRAUDULENT
CLAIM OR MAKING FALSE STATEMENTS**

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.