OFFICE OF THE STAFF JUDGE ADVOCATE
CLAIMS BRANCH (TORTS)
4217 ROBERTS AVENUE, SUITE 5030, FORT MEADE, MD 20755-5030
PHONE 301-677-9898/9960 – FAX 301-677-9758

INSTRUCTIONS FOR FILING A FEDERAL TORT CLAIM

ADMINISTRATIVE REMEDY - The Federal Tort Claims Act (FTCA), Title 28, United States Code (USC), §§ 2671-2680, as implemented by the United States Army in Army Regulation 27-20 (AR 27-20), provides that the United States Government will process claims or other actions arising from damage or loss of personal property or from personal injury or death caused by a negligent or wrongful act or omission of an employee of the United States acting within the scope of employment. The FTCA requires that a claimant first file an administrative claim with the appropriate federal agency for administrative processing prior to initiating a lawsuit against the United States. **THE FTCA CONTAINS A MANDATORY SIX (6) MONTH ADMINISTRATIVE INVESTIGATION AND SETTLEMENT PERIOD**. After six months, a claimant may initiate a lawsuit in federal court. This Instruction for Filing a Claim should not be construed as a promise of favorable action on an administrative claim, or that an administrative claim, in all cases, will be processed within six months.

PROPER CLAIM - A claim is a writing, signed by a proper claimant or legal representative, seeking a sum certain. All claims must be filed with the federal agency within two (2) years of the negligent or wrongful act or omission which caused the damage or loss of personal property, personal injury, or death; or within two (2) years of when the negligent or wrongful act or omission reasonably should have been discovered. Filing means that the administrative claim is received by the federal agency. A postmarked letter does not toll the two (2) years. You must comply with the instructions in the attached claim form - Standard Form 95 (SF95). During the processing of the administrative claim, you may be required to provide information supporting the administrative claim pursuant to The Attorney General's Regulation, Administrative Claims under the Federal Tort Claims Act, Title 28, Code of Federal Regulations, § 14.4.

PROPER CLAIMANT - An administrative claim must be submitted in the name of, and signed by, the owner of the property and/or submitted and signed by the injured party if there are personal injuries. If there is more than one owner of the property, the SF 95 should be submitted in the names of, and signed by, all owners of the property. An administrative claim can be prepared, signed and presented by an agent or legal representative. The administrative claim must be submitted in the name of the claimant (ex. owner of property, the person injured, or legal survivors of a decedent). If the administrative claim is signed by the agent or legal representative, the agent or legal representative must provide their title or capacity, and furnish competent evidence of the authority of such agent or legal representative to act (ex. power of attorney, attorney's retainer agreement, or signed writing by the claimant providing authority).

REQUIRED INFORMATION – Fill out the SF95 completely. **PLEASE INCLUDE YOUR PHONE NUMBER, FAX NUMBER AND EMAIL ADDRESS**. Furnish a complete description of the incident; names and address of authorities to whom you reported the incident; police report; witness names, contact information and signed statements. **SF95MUST STATE THE DAMAGES CLAIMED AS A DEFINITE (SUM CERTAIN) SUM OF MONEY.** Failure to provide a sum certain could invalidate the filing of the SF95, and the two (2) year filing deadline will continue. All SF95 forms submitted must have an **original signature.**

PROPERTY DAMAGE - Provide proof of ownership for damaged property (ex. vehicle title or registration). Also, provide a copy of a repair estimate or actual repair bill. If the vehicle is outside the State of Maryland, please provide 2 (two) estimates. If property is destroyed, provide an estimate stating that the property is a total loss and provide a written estimate of the salvage value, if any, for the property.

PERSONAL INJURY - Provide all medical bills (hospital bills, physician bills, physical therapy, chiropractor) setting forth the diagnosis and prognosis of the injuries. **YOU MUST INDEX, NUMBER AND PROVIDE TABLE OF CONTENTS FOR ALL MEDICAL RECORDS TO PREVENT A SIGNIFICANT DELAY IN PROCESSING YOUR CLAIM**. An injured claimant may be required to submit to a medical examination at Government expense.

INSURANCE - Any portion of expenses covered by any form of insurance or Worker's Compensation provisions should be indicated in the space provided on the reverse of the SF95. If your automobile insurance company pays you for your damage and now seeks reimbursement (subrogation), the insurance company must either file a joint claim with you (the company seeks its payment to you and you seek your deductible), or separate claims can be filed for each party's interest (the company seeks its payment to you and you seek your deductible). For joint claims, the name of the insurance company and the insured must appear in SF 95, Block "2." If the claim is filed and signed by an insurance company agent, the file must contain written authorization from the insured that the insurance company agent can file on behalf of the insured.

CLAIM FOR DAMAGE, INJURY, OR DEATH	**INSTRUCTIONS:** Please read carefully the instructions on the reverse side and supply information requested on both sides of the 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 DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. *(See instructions on reverse side.)*

10. PERSONAL INJURY/WRONGFUL DEATH

STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF 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 ACCIDENT 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 signatory	14. DATE OF CLAIM

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM	CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS
The claimant shall forfeit and pay to the United States the sum of $2,000 plus double the amount of damages sustained by the United States. *(See 31 U.S.C. 3729.)*	Fine of not more than $10,000 or imprisonment for not more than 5 years or both. *(See 18 U.S.C. 287, 1001.)*

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, 38 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 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.

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 state each agency.

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.

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

to Director, Torts Branch
Civil Division
U.S. Department of Justice
Washington, DC 20530

and to the
Office of Management and Budget
Paperwork Reduction Project (1105-0008)
Washington, DC 20503

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 his 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 claim on your insurance carrier in this instance, and if so, is it 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? ☐ Yes, If yes, give name and address of insurance company *(Number, street, city, State, and Zip Code)* ☐ No