

# CLAIM FOR DAMAGE, INJURY, OR DEATH

INSTRUCTIONS: Prepare in ink or typewriter. 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.

FORM APPROVED  
OMB NO.  
43-RO597

1. SUBMIT TO:		2. NAME AND ADDRESS OF CLAIMANT (Number street, city, State, and Zip Code)		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN	4. AGE	5. MARITAL STATUS	6. NAME AND ADDRESS OF SPOUSE, IF ANY (Number, street, city, State, and Zip Code)	
7. PLACE OF ACCIDENT (Give city or town and State: if outside city limits, indicate mileage or distance to nearest city or town)			8. DATE AND DAY OF ACCIDENT	9. TIME (A.M. or P.M.)
10. AMOUNT OF CLAIM (in dollars)				
A. PROPERTY DAMAGE	B. PERSONAL INJURY	C. WRONGFUL DEATH	D. TOTAL	
11. DESCRIPTION OF ACCIDENT (State below, in detail, all known facts and circumstances attending the damage, injury, or death, identifying persons and property involved and the cause thereof)				
12. PROPERTY DAMAGE				
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, (old Zip Code)				
BRIEFLY DESCRIBE KIND AND LOCATION OF PROPERTY AND NATURE AND EXTENT OF DAMAGE (See instructions on reverse side for method of substantiating claim)				
13. PERSONAL INJURY				
STATE NATURE AND EXTENT OF INJURY WHICH FORMS THE BASIS OF THIS CLAIM				
14. WITNESSES				
NAME		ADDRESS (Number, street, city, state (old...		
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				
15. SIGNATURE OF CLAIMANT (This signature should be used in all future correspondence)			16. DATE OF CLAIM	
<p style="text-align: center;"><b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b></p> <p>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 R.S. §3490,5438:31 USC 231.)</p>		<p style="text-align: center;"><b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b></p> <p>Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 62 Sec.. 698, 749; 18 U S C 287. 100)</p>		

**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. 14.3.

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 tender your claim "invalid".

**INSTRUCTIONS**

**Complete all items--Insert the word NONE where applicable**

Claims for damage to or for loss or destruction of property, or for personal injury, must be signed by the owner of the property damaged or lost or the injured person. If, by reason of death, other disability or for reasons deemed satisfactory by the Government, the foregoing requirement cannot be fulfilled, 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 authority to act.

If claimant intends to file claim for both personal injury and property damage, claim for both must be shown in item 10 of this form. Separate claims for personal injury and property damage are not acceptable. The amount claimed should be substantiated by competent evidence as follows:

(a) In support of 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 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. Any further 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.

(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".

**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.

17. 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

18. HAVE YOU FILED CLAIM ON YOUR INSURANCE CARRIER IN THIS INSTANCE, AND IF SO, IS IT FULL COVERAGE OR DEDUCTIBLE?

19. IF DEDUCTIBLE, STATE AMOUNT

20. 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)

21. 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 FOR SUBMITTING AN ADMINISTRATIVE TORT CLAIM TO THE  
UNITED STATES MARSHALS SERVICE

In order to complete your claim, you must complete all blocks of the attached Standard Form (SF) 95, *Claim For Damage, Injury, or Death*, to include a sum certain; that is to say, the specific amount of damages you are claiming. You are also required to submit the following information pursuant to 28 C.F.R. § 14.4:

1. If a claim is being made for injuries:

- a. Physician(s) reports setting forth the nature and extent of your injury; the nature and extent of your treatment; the degree of any temporary or permanent disability; your prognosis; period of any hospitalization; and any diminished earning capacity.
- b. Itemized bills or paid receipts for medical and hospital expenses incurred.
- c. If you are claiming for lost wages, a written statement from your employer reflecting actual time lost from employment, whether you are a full or part-time employee, and the amount of wages or salary actually lost.

2. If a claim is being made for vehicle damage:

- a. Proof of vehicle ownership (*i.e.*, copy of registration, title, etc.).
- b. At least two estimates of the cost to repair, copy of the paid repair bill or copy of the paid receipt.

3. If you are being represented by an attorney, evidence of his or her authority to represent you (*e.g.*, a copy of the signed retainer agreement, etc.) NOTE: There is no provision for attorney fees to be separately awarded under the FTCA. See, e.g., 28 U.S.C. § 2412(a)(1). Attorney fees deducted from the amount awarded to you are limited to no more than 20% of the amount of an administrative settlement or no more than 25% of a judgment

or a settlement of suit in litigation. See 28 U.S.C. § 2678.

Under the Federal Tort Claims Act, the Government is afforded six months from the date a completed tort claim is received by this agency to administratively adjudicate the claim before a claimant can institute a civil action. See 28 U.S.C. § 2675(a).

Please complete, sign and date the enclosed SF-95. Send it as soon as possible, along with all required information and available documentation, to:

United States Marshals Service  
Office of General Counsel  
Washington, DC 20530-1000

You are responsible for notifying the USMS Office of General Counsel of any changes of address after submitting your claim.