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.		th sides of this	FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agen	су:			2. Name, address of claimant, ar (See instructions on reverse).		
3. TYPE OF EMPLOYMENT	4. DATE OF BIRTH	5. MARITAL STAT	US	6. DATE AND DAY OF ACCIDE	NT	7. TIME (A.M. OR P.M.)
 BASIS OF CLAIM (State in detail the the cause thereof. Use additional pa ditional pa 		nces attending the d	amage, i	njury, or death, identifying persons	and property involve	d, the place of occurrence and
9. PROPERTY DAMAGE						
NAME AND ADDRESS OF OWNER, I	F OTHER THAN CLAIMAN					
BRIEFLY DESCRIBE THE PROPERTY (See instructions on reverse side).	Y, NATURE AND EXTENT (OF THE DAMAGE AI	ND THE	LOCATION OF WHERE THE PRO	OPERTY MAY BE IN	SPECTED.
PERSONAL INJURY/WRONGFUL DEATH						
OF THE INJURED PERSON OR DECI	EDENT.					
11.	WITNESSES					
NAME				ADDRESS (Number, Street, Cit	y, State, and Zip Cod	e)
12. (See instructions on reverse).		AMOUNT O	F CLAIN	M (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 C FULL SATISFACTION AND FINAL SE			IES CAU	ISED BY THE INCIDENT ABOVE	AND AGREE TO AC	CCEPT SAID AMOUNT IN
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				CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS		
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.)		
Authorized for Local Reproduction Previous Edition is not Usable		NSN 75	40-00-6	34-4046		RD FORM 95 (REV. 2/2007) BED BY DEPT. OF JUSTICE

INSURANCI	ECOVERAGE						
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 insur	rance company (Number, Street, City, State, and Zip Code) and policy number.						
16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full cov	/erage 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 propos	ed 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 n	ame and address of insurance carrier (Number, Street, City, State, and Zip Code).						
INSTRU	JCTIONS						
Claims presented under the Federal Tort Claims Act should be su employee(s) was involved in the incident. If the incident involves 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	DAMAGES IN A <u>SUM CERTAIN</u> 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 <u>TWO YEARS</u> AFTER THE CLAIM ACCRUES.						
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	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.						
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.	(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						
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.	 (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. 						
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.	(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." 						
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