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		
Submit to Appropriate Federal Agence	ey:			Name, address of claimant, an (See instructions on reverse).			
3. TYPE OF EMPLOYMENT MILITARY CIVILIAN	4. DATE OF BIRTH	5. MARITAL STATU	JS	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 page		nces attending the da	amage, ir	njury, or death, identifying persons	s and property involve	d, the place of occurrence and	
9.		PROPE	RTY DA	MAGE			
NAME AND ADDRESS OF OWNER, IF					ODEDTY MAY DE INI	PRESTER	
BRIEFLY DESCRIBE THE PROPERTY (See instructions on reverse side).	, NATURE AND EXTENT	OF THE DAMAGE AN	ND THE	LOCATION OF WHERE THE PRO	OPERIT MAT BE IIN	SPECIED.	
10.		PERSONAL INJU	IRY/WR	ONGFUL DEATH			
STATE THE NATURE AND EXTENT C OF THE INJURED PERSON OR DECE		SE OF DEATH, WHIC	CH FORI	MS THE BASIS OF THE CLAIM.	IF OTHER THAN CL	AIMANT, STATE THE NAME	
11. WITNESSE				ES			
NAME				ADDRESS (Number, Street, Cit	y, State, and Zip Cod	e)	
12. (See instructions on reverse).		AMOUNT OF	F CLAIM	(in dollars)			
12a. PROPERTY DAMAGE	ERTY DAMAGE 12b. PERSONAL INJURY 12c. W		12c. WF	ONGFUL DEATH 12d. TOTAL (Failure to specify may cause forfeiture of your rights).			
I CERTIFY THAT THE AMOUNT OF C FULL SATISFACTION AND FINAL SE			ES CAU	SED 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.)			

FORM APPROVED

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							
No							
t.							
e 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							
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 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.							
				ay result in			
				PRIVACY ACT NOTICE			
 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 <u>solely</u> 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.