

INSTRUCTIONS FOR STANDARD FORM 95

I. **STANDARD FORM 95 (SF 95), "Claim for Damage, Injury, or Death":** You **must** submit **three (3)** completed forms, **WITH AN ORIGINAL SIGNATURE, IN INK, ON EACH COPY**. (Note: you may complete one form, omitting the signature, photocopy it three times (one for your file), then sign three forms.) Please read the entire claim form thoroughly, especially the instructions on the reverse side of the form, before supplying the information needed. In addition, the following instructions are provided:

A. **Block #1** - Enter: U.S. Army Corps of Engineers, Office of Counsel, 167 North Main Street, B-202, Memphis, TN 38103-1894, if blank.

B. **Block #2** - Enter full name(s) of the person(s) filing claim-one claimant per set of three claim forms. If a corporation is filing the claim, list the corporate name. List the present mailing address, including zip code. (See III). If an attorney represents the claimant, **both** addresses must be listed.

C. **Block #'s 3 - 7** - self-explanatory. These blocks **must** be completed.

D. **Block #8** - Enter a brief but complete description of the incident. Be sure to list the **CITY AND STATE** where the accident occurred. Entering "see police report" or "see attached" is **not** acceptable. Your description of the incident should explain why you believe the United States is responsible for your damages and/or injuries. This block **must** be completed because the form must stand on its own merit.

E. **Block #9** - Name of property owner, if other than Claimant. **Note: the registered owner of a vehicle is the only person who can claim for damage to that vehicle.** However, this might not be the case where there is either personal injury or the person filing the claim has some contractual liability for damage to the vehicle. Briefly describe where the damaged property is located, and the nature and extent of damages sustained (please be specific). For damaged vehicles, give year, make, and model.

F. **Block #10** - Personal Injury. Indicate the nature and extent of the injury.

G. **Block #11** - Give the names and addresses of persons who witnessed the accident, **or were passengers** (if motor vehicle accident).

H. **Block #12 - EACH CLAIM MUST BE FOR A DEFINITE SUM OF MONEY.** If no claim is being submitted for one of the three blocks (property damage, personal injury, wrongful death) enter "none" in the appropriate block. The claim **must be totaled** in Block #12d. You must specify a definite sum of money for your claim to be valid.

I. **Block #13 - Signature and telephone number of Claimant.** The person whose name and address appears in Block #2 should sign the claim forms, and date in Block #14. If signed by an attorney, proof of representation must be included for the claim to be valid.

J. **Reverse Side** - Complete information concerning insurance coverage **must** be provided.

II. DOCUMENTATION OF LOSS (28 CFR Part 14.4):

A. In support of a claim for personal injury or death, you must submit a written report by the attending physician showing the nature and extent of injury, the nature and extent of treatment, and any permanent disability. All medical records, medical reports, and medical bills must be submitted.

B. In support of claims for property damage, **two** itemized estimates must be submitted to substantiate the claim, along with proof of ownership of the damaged property (vehicle registration or property deed). You are entitled to reimbursement for rental expenses for the length of time necessary to repair your vehicle, **not** the length of time it takes to obtain funds to repair your vehicle. Generally, this limits rental time to no more than two weeks without further substantiation.

III. AUTHORITY TO FILE CLAIM:

A. This form need only be submitted for claimants that are businesses or corporations. This form shows that the person signing the SF 95 is authorized to file the claim for the company.

B. The SF 95 should be signed by a person duly authorized by the corporation to sign claims on behalf of the corporation. An officer or agent of the corporation, **not** the individual signing the SF 95, must complete and sign the Authority to File Claim form. The individual signing the claim (SF 95) should appear in the second paragraph of the Authority to File Claim form.

IV. INSURANCE COMPANIES, PLEASE NOTE: An insurance company and the insured should each submit a **separate** claim. On one set of SF 95s, the insurance company's name is entered in Block #2 and the individual authorized to sign for the company should sign in Block #13. The insurance company's claim is limited to actual amounts paid on behalf of the insured (as evidenced by copies of payment vouchers). On a separate set of SF 95s, the insured's name is entered in Block #2, and the insured's signature is in Block #13. The amounts claimed in Block #12 will reflect the respective damages of each claimant.

V. ADDITIONAL INFORMATION:

A. The statute of limitations for tort claims against the United States is **two years**. This means that the appropriate federal office must **receive** a claim no later than two years from the date of incident.

B. The Supreme Court of the United States has held that the claim of a member of the armed services, or heirs, for injuries or death arising incident to federal service, or for damage to a member's property incurred incident to federal service, are not payable under the Federal Tort Claims Act, (Feres v. United States, 340 U.S. 135 (1950)).

C. The Military Claims Act permits military members to file claims for property damage caused by governmental negligence. However, **subrogation claims are barred** under this act in accordance with Army Regulation 27-20, paragraph 3-8(d)(2), which states: "Claims for subrogation are excluded."

D. If you have questions about any part of the claims process, please contact the Office of Counsel Office at (901) 544-3608.