



DEPARTMENT OF THE NAVY

OFFICE OF THE JUDGE ADVOCATE GENERAL
TORT CLAIMS UNIT NORFOLK
9620 MARYLAND AVENUE, SUITE 205
NORFOLK, VIRGINIA 23511-2949

FEDERAL TORT CLAIMS ACT CLAIMS PROCEDURES

Claims for property damage and/or personal injury or wrongful death caused by the negligence of a government employee acting within the scope of employment are payable under the Federal Tort Claims Act (FTCA) or the Military Claims Act (MCA). A claim must be presented to the TCU or other appropriate federal agency within **2 years** of accrual. The proper format for filing a claim is a completed Standard Form 95 (SF-95). A blank SF-95 is attached. By federal law, we have **six months** from the date the claim is properly presented to take action on the claim. In order for us to adjudicate your claim fairly and quickly, please fill out the SF-95 according to the following directions, and attach all requested documents:

1. **Block 1** - Office of the Judge Advocate General
Tort Claims Unit Norfolk
9620 Maryland Avenue, Suite 205
Norfolk, VA 23511-2949
2. **Block 2** - Name and current mailing address of claimant (or authorized agent, or legal representative). If authorized agent, provide evidence establishing express authority to act for claimant, showing title/legal capacity of person signing with evidence of authority to present a claim. The following forms may be attached for your convenience and use as required:

Authority to File Claim (for authorized agents)
Attorney Authorization (for legal representatives)
Authorization for Insurance Company to Include Deductible
in Subrogation Claim

* Please note that only the registered owner of a vehicle (or subrogated insurance company) may file a claim for damages to that vehicle, regardless of who was driving the vehicle at the time of the incident.

3. **Block 3** - Check whether claimant was a member of the armed forces on active duty or a civilian employee of the United States government at the time of the incident
4. **Block 4** - Claimant's date of birth
5. **Block 5** - Claimant's marital status
6. **Block 6** - Fill in day and date of accident/incident when claim accrued
7. **Block 7** - Fill in approximate time of accident/incident when claim accrued

8. **Block 8** - Provide detailed facts that form the basis of your claim. Identify all people involved to the best of your ability, and city and state of occurrence. Attach the **police report/incident complaint report or accident information exchange sheet**, if you have one. The law requires that the Department of the Navy independently investigate each claim presented. All claims filed under the FTCA are thoroughly investigated. The more information you can provide to us regarding the government employee involved (name, duty station, phone number, etc.) the faster we can complete our investigation. Without sufficient information to investigate, we cannot adjudicate your claim.
9. **Block 9** - If you are not claiming property damage, please fill in "not applicable" or "N/A." If you are claiming property damage, please provide ownership information and describe the damage and its location. Also attach the following required information:
- a. Proof of ownership of property involved (copy of title or registration, or copy of insurance coverage for insurance company claimants). Please note that only the registered owner of a vehicle (or subrogated insurance company) may file a claim for damages to that vehicle, regardless of who was driving the vehicle at the time of the incident;
 - b. Copies of **two** separate itemized estimates for repair, or a copy of an itemized paid receipt. If the property is not economically repairable, or is lost or destroyed, provide a written statement by a dealer/mechanic/appraiser as to value of property, date of purchase, and original cost; and
 - c. Any other paid receipts for expenses related to damage (i.e. towing fee, reasonable rental car receipts, etc.).
10. **Block 10** -If you are not claiming personal injury or wrongful death, please fill in "N/A." If you are claiming personal injury or wrongful death, please state the nature and extent of each injury or cause of death. Also attach the following required information:
- a. Copies of claimant's complete medical records, both inpatient and outpatient related to this accident;
 - b. Provide a written report by claimant's attending physician(s) or other medical professional setting forth the nature and extent of the injury, nature and extent of treatment, any degree of temporary or permanent disability, the prognosis, period of hospitalization, any diminished earning capacity, and a statement of expect expenses for any future treatment required;
 - c. Itemized bills for medical, dental, and hospital expenses incurred, or itemized receipts of payments for such expenses;

d. If claiming lost wages, provide a written statement from claimant's employer showing job description, actual time lost from employment, and wages/salary actually lost. If claiming loss of self-employed income, provide documentary evidence showing amount of earnings actually lost, including tax returns.

11. **Block 11** -List names and addresses of any witnesses. If none, fill in "N/A" or "unknown."
12. **Block 12** - 12a. Total property damage claimed. If none, fill in "N/A." 12b. Total personal injury claimed. If none, fill in "N/A." 12c. Total amount for wrongful death claimed. If none, fill in "N/A." 12d. Total amount claimed (12a + 12b + 12c). **You must demand a sum certain dollar figure.** Approximate amounts or "see attached" are not acceptable. Failure to specify a sum certain will result in invalid presentation of your claim and may result in forfeiture of your rights.
13. **Blocks 13a and 13b** - Original signature of **claimant** (or authorized representative) required. Faxed or photocopies are acceptable. Provide telephone number where claimant can be reached.
14. **Block 14** - Fill in date claim is **signed** by claimant.
15. **Blocks 15 -19** - Complete requested insurance information.

If you have any questions concerning your claim, please contact our FTCA Claims Division at (757) 341-4583, DSN 341-4583, or by fax at (757) 341-4562. They can also be contacted via e-mail at TORTCLAIMSUNIT@navy.mil. Please understand that filing a claim is **not** a guarantee of payment. You will be notified if your claim will be settled or denied. Send your completed SF-95 and all attached documentation to:

Office of the Judge Advocate General
Tort Claims Unit Norfolk
9620 Maryland Avenue, Suite 205
Norfolk, Virginia 23511-2949

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.			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 <input type="checkbox"/> MILITARY <input type="checkbox"/> 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 THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).						
10. PERSONAL INJURY/WRONGFUL DEATH						
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE 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 INCIDENT 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 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.)		

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 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

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage 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 proposed 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 carrier (Number, Street, City, State, and Zip Code). No

INSTRUCTIONS

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 REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

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 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.

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.

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.

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.

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.
- (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."

PAPERWORK REDUCTION ACT NOTICE

This notice is solely 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.

Authority to File Claim

To: Office of the Judge Advocate General
Tort Claims Unit Norfolk
9620 Maryland Avenue, Suite 205
Norfolk, Virginia 23511-2949

This form is used to document the fact that the officer or agent signing the Standard Form 95 is authorized to act on behalf of the company or corporation filing the claim. This form may not be signed by the person signing the Standard Form 95.

Date: _____

The undersigned is _____
(Position: i.e. President, Secretary, etc.)

of _____
(Name and address of corporation or company)

and in such capacity has access to the books and records of

(Name of corporation or company)

_____ is
(Name of Agent signing claim)

_____ of
(Position of Agent)

(Name of Corporation or company)

and has the power and authority to file, adjust and settle claims

for and on behalf of _____

as its duly authorized agent.

Signature*

* This form must be signed by someone other than the person signing the Standard Form 95.

For Subrogation: This form should NOT be signed by your insured.

AUTHORIZATION FOR INSURANCE COMPANY TO INCLUDE DEDUCTIBLE IN
SUBROGATION CLAIMS

To: OFFICE OF THE JUDGE ADVOCATE GENERAL
TORT CLAIMS UNIT NORFOLK
9620 MARYLAND AVENUE, SUITE 205
NORFOLK, VA 23511-2949

I, _____ hereby authorize my
(Name of Insured)

insurance company _____ to act as my
(Name of Insurance Company)

agent in recovery of my insurance deductible of \$ _____,

incurred as the result of an incident that occurred on

or about _____.

Insurance company's claim number: _____

(Signature of Insured)

Date signed

NOTE: This form is required for all FTCA and MCA claims when the Standard Form 95 is signed by the insurance company "as subrogee and agent" of the insured.

Attorney Authorization

**To: Office of the Judge Advocate General\
Tort Claims Unit Norfolk
9620 Maryland Avenue, Suite 205
Norfolk, Virginia 23511-2949**

I, _____, hereby designate and authorize
(Claimant)

_____, associated with the law office of
(Name of Attorney)

_____ to represent me and continue any
(Name of Law Firm)

and all claims which have been filed or will be filed arising from:

(Description of Incident)

which occurred on _____.
(Date of Incident)

Executed this _____ day of _____, 20____, at

Signature of Claimant