



DEPARTMENT OF THE ARMY
HEADQUARTERS, 25th INFANTRY DIVISION
OFFICE OF THE STAFF JUDGE ADVOCATE, AREA CLAIMS OFFICE
BUILDING 2037, 278 ALESHIRE AVENUE
SCHOFIELD BARRACKS, HAWAII 96857-6000

FILING A CLAIM ON STANDARD FORM 95 (SF 95) FOR VEHICLE DAMAGE

Claims for vehicle damage may be payable when the damage is caused by the negligent or wrongful acts or omissions of military personnel or civilian employees of the Department of Army (DA) or Department of Defense while acting within the scope of their official duty under circumstances in which the United States, if a private person, would be liable to the Claimant in accordance of the law of the place where the act or omission occurred.

Your claim must be received by the appropriate federal agency within two years from the date the alleged accident or incident occurred.

The following checklist is provided to assist you in preparing your claim packet:

_____ 1. **SF 95**. Please type or legibly print all information on both pages of the SF 95. Specific instructions are on page 2 of the form. Complete Blocks 1 – 18, do not leave any of the blocks blank. Write “N/A” in the blocks that do not pertain to your claim. Be sure to enter a sum certain in the blocks in Section 12, enter your signature, contact phone number, and the date of your signature in Blocks 13a, 13b and 14, respectively.

The claim must be signed by the Claimant, an authorized agent, or other legal representative. The agent or legal representative must provide evidence to the Government that establishes authority to act on behalf of the Claimant.

_____ 2. **Vehicle Title or Registration**. The person who is the registered owner must file the claim. Submit a copy of the title or registration with your claim.

_____ 3. **Insurance Coverage**. Submit a copy of your insurance card or declaration page of your insurance policy in effect at the time of the accident or incident.

_____ 3. **Repair Estimates**. Two written repair estimates from reputable repair shops are required in all claims, regardless of the amount of the claim.

a. The repair estimates must state the number of hours to repair the vehicle, cost for parts, etc.

b. If you have settled a claim with your insurance company, the repair estimate that you received from your insurance company will be sufficient and a second repair estimate is not needed.

c. The Claims Office must be given the opportunity to inspect your vehicle and take photographs before any repairs begin. However, if you settled with your insurance company, no inspection by the Claims Office is necessary.

_____ 4. **Accident/Incident Report.** A copy of the Military Police Report (MPR) and/or SF 91, or Honolulu Police Department Report (HPD) if the accident occurred off-post.

_____ 5. **Photos.** Submit any photos you have of the accident scene and the damage to your vehicle.

_____ 6. **Damage by WEED WHACKER claims.** In addition to the above listed items, you must provide the name and phone number of the Soldier or DA Civilian employee who you allege caused the damage.

_____ 7. **RENTAL CAR REIMBURSEMENT claims.** In addition to the above listed items, you must provide a copy of the car rental agreement that shows the total cost for the number of days that the rental is necessary while your vehicle is in the repair shop.

_____ 8. **Damage by POTHOLE claims.** In addition to the above listed items, you must provide a detailed description of the location of the pothole and photographs of the pothole to show its size and location of the pothole in relation to street signs, notable landmarks, etc. on the military installation. **Report the pothole to DPW (usarmy.wheeler.id-pacific.list.dpw-demand-maintenance-orders@mail.mil) and provide a copy of the work order.**

_____ 9. **Other.** _____

Please return this checklist when you submit your claim packet to the Claims Office.

NOTE: If your claim is determined to be payable and you sign a settlement agreement with the Government, the adjudication of your claim will be considered final. We do NOT make supplemental payments for alleged “hidden damage” to your vehicle.

After you sign a settlement agreement, the date that you receive the actual payment may vary. You will be responsible for any repairs completed prior to receiving your claim payment.

YOUR SIGNATURE

DATE