



FEDERAL TORT CLAIMS ACT INSTRUCTION PACKET



Hours of Operation

Walk-In Service: Monday – Wednesday, Friday, 0900 – 1600
Thursday, 1300 – 1500 (Closed for training on Thursday mornings)

Closed on All Holidays and Weekends

Address:

Office of the Staff Judge Advocate
ATTN: Claims
50 3rd Ave, Suite 132
Fort Knox, KY 40121-5230

Contact Information:

Phone: (502) 624-6913
Fax: (502) 624-2375

Claims Website:

<http://www.knox.army.mil/garrison/supportoffices/sja/claims.aspx>

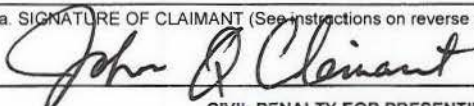
Claims for property damage and/or personal injury or wrongful death caused by the negligence of a government employee acting within the scope of employment are payable under the Federal Tort Claims Act (FTCA) or the Military Claims Act (MCA). A claim must be presented to the Army or other appropriate federal agency within **2 years** of accrual. The proper format for filing a claim is a completed Standard Form 95 (SF-95). The SF-95 is available from the claims office. An online version, which can be filled in online, can be found at www.gsa.gov at "Forms Library." By federal law, the claims office has 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 complete the SF-05 according to the following directions and attach all requested documents.

1.	Block 1	<p>Office of the Staff Judge Advocate ATTN: Claims 50 Third Ave, Suite 131 Fort Knox, KY 40121-5230</p> <p>The Fort Knox Claims Office has area responsibility for incidents occurring on Fort Knox and in all counties in Kentucky with the exception of Ballard, Butler, Caldwell, Calloway, Carlisle, Christian, Crittenden, Daviess, Fulton, Graves, Henderson, Hickman, Hopkins, Livingston, Logan, Lyon, Marshall, McCracken, McLean, Muhlenberg, Ohio, Simpson, Todd, Trigg, Union, Warren, and Webster. The Fort Knox Office is also responsible for incidents occurring throughout the states of Indiana, Michigan, and Ohio. You should present your claim to the Fort Knox Claims Office if your loss occurred in one of the above listed areas.</p>
2.	Block 2	<p>Name, social security number, current mailing address of claimant (or authorized agent, or other legal representative), and a current email address. 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 use and convenience as required:</p> <p>Authority to File Claim (for authorized agents) Attorney Authorization (for legal representatives) Authorization for Insurance Company to include Deductible in Subrogation Claim</p> <p>Note: 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 incident.</p>
3.	Block 3	Check the appropriate block. If you are not presently employed, leave blank. If you were in the military or on orders for active duty training at the time of the incident, check the military block.
4.	Block 4	Claimant's date of birth
5.	Block 5	Claimant's marital status
6.	Block 6	Fill in the day and date of the accident/incident.
7.	Block 7	Fill in the time that the accident/incident occurred.
8.	Block 8	Provide complete details of all the facts and circumstances of the incident or occurrence. Be certain to indicate the location of the incident and identify all individuals involved and the proximate cause of the incident or occurrence. If the space provided is inadequate, please attach a continuation sheet.
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

		<p>provide ownership information and describe the damage and its location. Also, attach the following required documentation:</p> <ul style="list-style-type: none"> a. Proof of ownership of property involved (copy of title or registration, or a 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. Copy of an itemized estimate of repair or a copy of an itemized paid receipt if the vehicle has already been repaired. c. Any other paid receipts for expenses related to the damage (i.e. towing fee, reasonable rental car receipts, etc.).
10.	Block 10	<p>If you are not claiming personal injury or wrongful death, please fill in "not applicable" or "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, please attach the following required information:</p> <ul style="list-style-type: none"> a. Appointment as the administrator of the estate for the decedent for wrongful death claims; b. Copies of the claimant's complete medical records, both inpatient and outpatient care as related to the accident; c. A written report by the claimant's attending physician(s) or other medical professional setting forth the nature and extent of any treatment, any degree of temporary or permanent disability, the prognosis, period of hospitalization, any diminished earning capacity, and a statement of expected expenses for any future treatment that may be required; d. Itemized bills for medical, dental, and hospital expenses incurred, or itemized receipts for payments of such expenses; e. If claiming lost wages, provide a written statement from the employer showing the job description, actual time lost from employment, and wages/salary actually lost. If claiming loss of self-employment income, provide documentary evidence showing the amount of earnings actually lost, including a copy of a tax return.
11.	Block 11	List names and addresses of any witnesses. If none, fill in "N/A" or "unknown."
12.	Block 12	<p>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. This will include the total of any amounts in 12a, 12b, and 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 the invalid</p>

		presentation of your claim and may result in the forfeiture of your rights.
13.	Block 13	13a. Original signature of the claimant (or authorized representative) is required. Faxed or photocopies are not acceptable. 13b. Provide a telephone number where claimant or authorized representative can be reached.
14.	Block 14	Fill in the date the claim is signed by the claimant or authorized representative.
15.	Block 15	Please indicate whether you carry accident insurance. If so, insert the name, address of the insurance company and policy number.
16.	Block 16	Indicate whether or not you have filed a claim with your insurance and indicate the type of policy (i.e. full coverage or deductible). If you have not filed with your insurance carrier please indicate "no claim filed."
17.	Block 17	Indicate the amount of your deductible.
18.	Block 18	Indicate whether or not you have filed with you insurance carrier and any action already taken by your insurance company or any proposed action to be taken.
19.	Block 19	Respond to the questions regarding public liability or property damage insurance. If yes, you may enter "refer to block 15." If no, please check the no box.

If these instructions leave any unanswered questions please contact the Fort Knox Claims Office.

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: Office of the Staff Judge Advocate US Army Cadet Command and Fort Knox 50 Third Avenue, Suite 132 Fort Knox, Kentucky 40121-5230			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code. John Q. Claimant, 123-45-6789 111 Anywhere Street Anytown, Kentucky 40000 E-mail john.q.claimant@yahoo.com		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH 01/02/1950		5. MARITAL STATUS Married	
6. DATE AND DAY OF ACCIDENT 01/02/2015 Wednesday		7. TIME (A.M. OR P.M.) 5:00 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). I was stopped at a red light in the northbound lane of Wilson Road at the intersection of Seventh Avenue on Fort Knox. A military vehicle, license G12-12345, failed to stop and ran into the rear of my vehicle. The vehicle was driven by SPC John Smith, whose army unit is Troop C, 5th Squadron, 12th Cavalry Regiment and he is stationed at Fort Knox. I called the Military Police and the report number is 15-00001. There were no passengers in my vehicle and I did not sustain any injuries.					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). See Block 2.					
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). Damage consisted of a broken rear brake light on the right side of the vehicle, a large dent in the trunk and right rear quarter panel, and a large crack in the rear bumper. The vehicle can be inspected at my home, see block 2 above.					
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. There were no injuries.					
11. WITNESSES					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
SPC Ed Cook (passenger in military veh)		C Trp, 5/12/ Cav, Fort Knox, KY 40121			
12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
999.12		0.00		0.00	
				12d. TOTAL (Failure to specify may cause forfeiture of your rights). 999.12	
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).  CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM			13b. PHONE NUMBER OF PERSON SIGNING FORM H: 502-624-1234 W: 502-624-6789		14. DATE OF SIGNATURE 04/08/2015
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).			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS 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

Fidelity Insurance Company Policy Number: ER A123 4567-9
P.O. Box 1234
Louisville KY 40204

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.

No claim filed. 500.00

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).

No claim filed.

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

See information in Block 15 above.

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 filed 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.