



FEDERAL TORT CLAIMS ACT INSTRUCTIONS FOR COMPLETING THE STANDARD FORM 95



FORT KNOX AREA CLAIMS OFFICE

Hours of Operation

Walk-In Service: Monday – Friday, 0800 – 1600
Closed on All Holidays and Weekends

Contact Information

Address: Office of the Staff Judge Advocate
ATTN: Claims Division
50 3rd Ave, Suite 208
Fort Knox, KY 40121-5230

Phone: 502-624-2934

Fax: 502-624-8178

E-mail: usarmy.knox.usacc.mbx.sja-claims@army.mil

Claims Website: <https://home.army.mil/knox/about/Garrison/legal-assistance-office/claims-division>

Claims for property damage and/or personal injury or wrongful death are generally payable under the Federal Tort Claims Act (FTCA) or the Military Claims Act (MCA) when the injury or damage is caused by negligent or wrongful acts or omissions of military personnel or DA or DoD employees while acting within the scope of their employment. The proper format for filing a claim is a completed Standard Form 95 (SF-95) which is available at www.gsa.gov. If you believe you have a tort claim against the Government, complete the SF 95 in accordance with its instructions and the following guidance and attach all requested documents.

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The claimant is responsible for correctly completing the Standard Form 95 (SF95) and for furnishing the evidence necessary to substantiate your claim. Your failure to do so may prevent your claim from being processed or cause summary denial. Standard Form 95 (SF 95), Claim for Damage, Injury, or Death, must be submitted with every claim based on property damage, injury, or death caused by Government employees acting within the scope of their employment. Read the instructions on both sides of the form and complete the SF 95 as accurately as possible. The following information may be used to assist you in completing the SF 95.

Block 1. Enter the address of the agency to which you are submitting your claim. If you wish to file this claim with more than one Federal agency or non-Government defendants, you should enter the address of the primary agency and furnish the identifying information on all addresses in a separate attached document.

Our office only has responsibility for incidents occurring in Ohio, Michigan, Indiana, and on Fort Knox and in all counties in Kentucky except for 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.

Block 2. Enter the claimant's name, address, and email address. (You DO NOT need to enter the claimant's Social Security Number. It will be required on the enclosed CEFT Input Form.)

a. Except for jointly owned property, each claimant should submit a separate claim form. For example, if spouses are filing for personal injury and loss of consortium, each files a separate form.

b. If the claim is being filed by an agent on behalf of another person, both names and addresses should be listed. However, the claim is not filed in the name of the agent and the legal title of the representative must be listed. For example, if the person presenting the claim has a power of attorney to file a claim, the words "Agent for" followed by the claimant's name should follow the name of the agent.

c. Proof of representative capacity must accompany the claim form. For an agent, it is the power of attorney or other document indicating representative capacity. For an executor or administrator of an estate, it is a copy of the court appointment. For a person filing on behalf of a corporation, it is proof that the person signing the claim is authorized to file a claim on behalf of the corporation.

d. Attorneys hired by a claimant do not have representative capacity by virtue of their agreement to represent the claimant. An attorney must present a power of attorney or other document that contains specific authorization to file a claim form on behalf of the claimant. *The aforementioned is a claimant's guide for submitting a claim against the United States Army (USA). Nothing in this document should be construed as legal advice from the Army, nor shall any cause of action arise, nor shall any liability be

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imposed on the Army for anything contained in the instructions herein. Neither these instructions nor any statement made by any Army personnel should be construed to mean that a claim, if submitted, will be approved. Types and amounts of documentation vary from claim to claim, but this reference is in accordance with Title 28 or the Code of Federal Regulations (CFR), Part 14.4. **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 the incident.

Blocks 3 through 5. This information must relate to the claimant, not the representative. In a death case, information should relate to the deceased. If the claimant is not presently employed, leave the box in Block 3 blank. If the claimant was in the military or on orders for active-duty training at the time of the incident, check the military block.

Blocks 6 and 7. For most claims, this will be the date of the accident or incident causing injury. In some cases, such as medical malpractice, the date may be the date when the claimant realized that a negligent act may have caused the alleged injury.

Block 8. Complete this space with a description of the accident or incident giving rise to the claim, in your own words. Your explanation should present your perceptions regarding the “who, what, when, where, why, and how” of the accident or incident. Do not assume that the documents submitted with this form will suffice. This form should present enough information to permit this office to investigate the claim without relying on other documentation. If the space is inadequate, please attach a continuation sheet.

Blocks 9 and 10. These blocks should contain specific information about the property damaged or the injuries sustained. If the claimant is not claiming property damage, please write “not applicable” or “N/A” in block 9. If the claimant is not claiming personal injury, please write “not applicable” or “N/A” in block 10.

Block 11. Be sure to list the full names and addresses of any witnesses who may be able to confirm the events or circumstances surrounding the accident or incident. Please list the telephone numbers and email addresses of witnesses if known.

Block 12. A “sum certain” must be listed, broken down by property damage, personal injury, and wrongful death. The term “sum certain” means the amount of money the claimant seeks as compensation for the loss; an actual dollar figure must be listed on the claim form. Words, such as “uncertain” or “to be determined,” and special characters, such as “!” or “?” may not be included on this form.

Block 13a. The claimant’s name should be signed exactly as it appears in Block 2 and it should be the claimant’s signature, unless the claim is filed by a properly designated agent on behalf of the claimant. Original signatures are required and digital, faxed or photocopies are not acceptable. The completed SF 95 may be faxed or emailed, but the original copy must be mailed or brought to the claims office for the appropriate federal agency.

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Block 14. The claimant should complete this space with the date the claim form is presented to the Claims Office. Ideally, this form should be hand-carried and presented in person. Remember, to be valid, **a claim must be RECEIVED by the appropriate federal agency within two years of the date of the incident.** The mailing date does not toll the statute of limitations. If a claim is received by this office after the two-year statute of limitations is tolled, the claim may be denied.

Blocks 15 through 19. Insurance data is mandatory. While a claimant is not required to file a claim against their private insurer, this information must be completed whether or not the claimant files an insurance claim. The Army may contact your private insurer.

EVIDENCE NEEDED BY THE CLAIMS OFFICE:

1. Description of Incident: A detailed, complete account of the accident should appear in Item 8 on the SF 95. This account should include all information necessary to answer the questions of who, what, when, where, and how. Use as many supplemental pages as needed to give the Claims Office an accurate picture of what occurred.

2. Doctor's Report: If your claim resulted from personal injury or death, written reports from all attending physicians showing the nature and extent of injury and treatment, any degree of permanent disability, prognosis, and any periods of hospitalization or incapacitation should be attached.

3. Incident Reports: If your claim involves any contacts with military or civilian police, you should attach a copy of each relevant incident report.

4. Itemized Bills: Submit itemized bills for all expenses actually incurred as a direct result of the accident. Medical bills should be attached regardless of whether or not they have been paid.

5. Written Estimates: If your claim involves damage to property that can be economically repaired, at least two itemized estimates of repair must be attached.

6. Value Statements: If your claim involves property that is lost, destroyed, or that cannot be economically repaired, attach statements of the original cost, date of purchase, and the value of the property before and after the accident. The statements must be obtained from disinterested persons familiar with the values of and the cost of repairs to this type of property.

7. Evidence of Ownership: If your claim involves damage to property, attach evidence that you owned the damaged property, i.e. an automobile title or registration. **NOTE:** If the property is jointly owned, both owners must sign the SF 95

8. Statement Supporting Amount of Claim: You must submit a detailed statement indicating how you arrived at the total amount claimed in Item 12d on the SF 95. This

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statement should itemize the types of damage and amounts of each expense that is a part of your claim.

9. Lost Wages: 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 earning actually lost, including a copy of tax return.

10. CEFT Input Form: Enclosed is a CEFT Input form. The information is required by Defense Finance and Accounting Service (DFAS) to process any settlement for payment. The Department of the Treasury must have certain information to process any payment request. Please complete and return the CEFT Input Form, both the top and bottom with signature. The information on the bottom of the form is essentially the same as for an Electronic Funds Transfer (EFT). DFAS will check information with the Treasury Department against the information provided by your bank or financial institution. Any discrepancy will cause a payment request to be rejected. Accordingly, you may defer to your firm's bank or financial institution. Any discrepancy will cause a payment request to be rejected. Accordingly, you may wish to defer to your bank or financial institution to assist with completing the CEFT Input Form. You may return this form by email or mail.

11. Other Information: Submit any other evidence in your possession that supports your claim. The Claims Office, depending upon the particular type of claim being submitted, may require additional information. Your cooperation in obtaining and providing the information will assist this office in immediately processing your claim.

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After completing the standard Form 95 and obtaining all the necessary supporting documents, you may walk in anytime within our business hours. Walk-ins are not required to turn in your claim packet, but you may wish to do so depending on the complexity of your claim. For claimants who live a considerable distance from the Claims Office, such that driving will pose an undue hardship, you may mail or fax the claim packet. However, you must mail the original forms to the Claims Office before payment can be made.

*Remember, your claim must be RECEIVED by the appropriate federal agency within two years of the date of the incident to be valid. The date of mailing does not toll the statute of limitations. After you have filed your claim with the Government, any and all subsequent correspondence received from the alleged wrongdoer, his employer, insurance company, or anyone concerning your claim should be forwarded to the Claims Office immediately.

If these instructions leave any unanswered questions, please contact the Fort Knox Claims Office using the information on page 1 of these instructions. Our personnel are authorized to assist you in filling your claim properly.