

CLAIM FOR DAMAGE, INJURY OR DEATH
STANDARD FORM 95

INSTRUCTIONS:

Enclosed please find the forms you will need to file a claim against the United States.

PLEASE SUBMIT THE ITEMS WHICH ARE CHECKED:

- STANDARD FORM 95, Claim for Damage, Injury or Death
- Documentation of loss, damage or injury
- Authority to file claim
- Copy of vehicle registration
- Other _____

1. STANDARD FORM 95: You must submit at least one (1) completed claim form, with an original signature, in ink, on each copy. Please read the entire claim form thoroughly, especially the instructions on the reverse side before supplying the information needed. In addition, the following instructions are provided:

a. Block Number 1. –

Office of the Staff Judge Advocate,

ATTN: Claims, 1633 Mekong Street, Building 6222

Fort Carson, Colorado 80913-4163.

b. Block Number 2. - full name(s) of person(s) filing the claim. If the claim is being filed by a corporation, list the corporate name. List the present mailing address, including the zip code (see Parts 4 and 5 of these instructions).

c. Block Number 4. - the date of birth of the claimant

d. Block Number 6 through 8. - enter: a complete description of the street or intersection of streets, the city and state where the incident occurred, the date and time of the incident and the facts and circumstances surrounding the claim.

e. Block Number 10. - Personal Injury. Indicate the nature and extent of the injury and the name of the doctor or hospital where treated, if any.

f. Block Number 11. - Name and address of any witnesses.

g. Block Number 12. - Each claim must be for a definite sum of money. If no claim is being submitted for any one of the three blocks (Property Damage; Personal Injury; Wrongful Death), enter "None" in the appropriate block(s). The claim should be totaled in Block 12d.

h. Block Number 13. - Signature of claimant. The person whose name and address appears in Block 2 should sign the claim forms and date them.

i. Reverse Side: Complete all information concerning insurance coverage.

2. DOCUMENTATION OF LOSS:

a. In support of a claim for personal injury or death, the claimant must submit a written report by the attending physician showing the nature and extent of the injury, the nature and extent of treatment, prognosis and any permanent disability. The amount of hospitalization should be documented with itemized bills for medical, hospital or burial expenses attached.

b. In support of claims for property damage, only one itemized estimate must be submitted to substantiate the claim.

3. AUTHORITY TO FILE CLAIM ON BEHALF OF A BUSINESS OR CORPORATION: This need only be submitted for claimants that are businesses.

4. INSURANCE COMPANIES (NOTE): Insurance companies and the insured may each submit a separate claim. The insurance company's name should be entered in Block 2 and the individual who is authorized to sign the claim must include a letter stating that he/she is authorized to settle and assert claims on behalf of the company. If the insurance company and the insured are filing concurrently, Block 2 should include both the name of the insured and the insurance company. All parties must sign Block 13a.

5. ADDITIONAL INFORMATION:

The Statute of Limitations for claims against the United States is two years. This means that claims must be received by this office no later than 2 years from the date of the incident.

Should you have any questions about any part of the claims process, feel free to contact this office.

Telephone: (719) 526-1342.