

## PATTON LAW CENTER - CLAIMS OFFICE

Building 107, Patton Barracks  
GPS Address: Speyerer Strasse 15  
69124 Heidelberg  
Website: [www.bw.eur.army.mil/community life/legal/claims/default.html](http://www.bw.eur.army.mil/community_life/legal/claims/default.html)

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Office Hours:  
M, T, W & F: 0900-1600 hrs  
TH: 1330-1600 hrs

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### CLAIMS FOR DAMAGE CAUSED BY US GOVERNMENT NEGLIGENCE

The Following Items Are Required To Process Your Claim:

- \_\_\_\_\_ SF 95 (Claim for Damage, Injury or Death)
- \_\_\_\_\_ DD Form 1844 (List of Property and Claims Analysis Chart)
- \_\_\_\_\_ Written Repair Estimate
- \_\_\_\_\_ Evidence of Replacement Cost (Original receipts, catalog pages, webpages)
- \_\_\_\_\_ Photographs of damaged items
- \_\_\_\_\_ PCS Orders/Amendments
- \_\_\_\_\_ Electronic Funds Transfer Form
- \_\_\_\_\_ Vehicle Registration
- \_\_\_\_\_ Insurance Policy Declaration Page
- \_\_\_\_\_ Privacy Act Statement
- \_\_\_\_\_ Other documents as requested by Claims Personnel

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**Untruthful acts or statements by a claimant may be considered fraud and may result in criminal prosecution, a reduction in any award or denial of the claim.**

**You must provide missing documentation to the claims office within 10 duty days of the date this checklist is signed. After this time, the claims office may process your claim as filed which may result in a reduction of an award or denial of the claim.**

\_\_\_\_\_ (Claimant signature) \_\_\_\_\_ (Date)

## FILING A CLAIM FOR DAMAGE CAUSED BY US GOVERNMENT NEGLIGENCE UNDER THE MILITARY CLAIMS ACT (MCA)

Please read the following carefully. Complete the forms neatly, and give us all the information you can to ensure fast and fair adjudication and payment.

1. The MCA applies to claims for damage caused by the negligence of soldiers or DA/DOD civilians performing official duties.
2. You **MUST** file a claim within two years following the date of the incident. This time limit is not waivable.
3. You are required to avoid unnecessary costs and to mitigate your damages. For example, **do not get a rental car unless you have discussed the matter with the claims examiner**. If a rental car is authorized, reimbursement will only be for the least expensive vehicle, generally at the lowest Government rate. You must also make every reasonable effort to reduce damages, such as drying items that are wet to prevent them from becoming moldy
4. **DO NOT** dispose of any damaged property until you have consulted with the claims office. We may need to inspect the items.
5. If you have private insurance that will cover your loss you may, but are not required to file a claim with your insurer. IF you do, you must provide any settlement documents to the claims office because you may not be compensated twice for the same damage.

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> 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).					
<b>9. PROPERTY DAMAGE</b>					
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).					
<b>10. PERSONAL INJURY/WRONGFUL DEATH</b>					
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.					
<b>11. WITNESSES</b>					
NAME			ADDRESS (Number, Street, City, State, and Zip Code)		
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights).
<b>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.</b>					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).			13b. PHONE NUMBER OF PERSON SIGNING FORM		14. DATE OF SIGNATURE
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>		
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.

1. NAME OF CLAIMANT (Last, First, Middle Initial) DOE, John		3. PICK-UP DATE (YYYYMMDD) 20100801		LIST OF PROPERTY AND CLAIMS ANALYSIS CHART (Items 14 through 31 to be filled out by Claims Office)							
2. CLAIMANT'S NSURANCE COMPANY (If applicable) a. NAME USAA		4. DELIVERY DATE (YYYYMMDD) 20101015		14. ORIGIN CONTRACTOR	17. 2ND CONTRACTOR	21. CLAIM NUMBER	22. NET WT/MAX CAR LIABLE				
b. POLICY NO. 888556666		9. ORIGINAL COST	11. AMOUNT CLAIMED a. Repair Cost b. Replace- ment Cost	15. INVENTORY DATE (YYYYMMDD)	18. EXCEPTION SHEET DATE (YYYYMMDD)	23. GBL NUMBER	24. LOT NUMBER				
5. LINE NO.	6. 7. LOST OR DAMAGED ITEMS (Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")	10. MM/YYYY PURCHASED		16. EXCEPTIONS	19. INV NO.	20. EXCEPTIONS	25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY
1	1 2005 VW JETTA GLS	23000.00									
2	1 3 INCH SCRATH ON LEFT REAR DOOR	400.00	35.00	05/2005							
3	1 BUMPER CRACKED ON MIDDLE BOTTOM	66/2004	400.00	06/2004							
4	1 ESTIMATE OF REPAIR (50 EURO)	12/2010	64.00								
12. REMARKS		13. TOTAL	\$	30. TOTAL AMOUNT ALLOWED	\$	31. THIRD PARTY LIABILITY	\$				

EXAMPLE



# ELECTRONIC FUND TRANSFER WORKSHEET

## PAYEE INFORMATION

Name (Last, First, Middle Initial): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number (DSN or COMM): \_\_\_\_\_

## FINANCIAL INSTITUTION INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

9 Digit Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of Account:                      Checking                      Savings

Claimant Signature \_\_\_\_\_

## Privacy Act Statement

The following information is provided to comply with the Privacy Act of 1974 (P. L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 C.F.R. 210. This information will be used by the Treasury Department to transmit payment data by electronic means to vendor's or individual's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

## Privacy Act Statement

**Authority:** 31 U.S.C. 3721, and EO 9397, November 1943 (SSN).

**Principal Purpose:** Filing, investigation, processing and settlement of claims for losses incident to service.

**Routine Uses:**

- a. Information is principally used to provide a legal basis for the administrative payment of claims against the Government. Information is also used in connection with:
  - (1) Recovery from carriers, warehouse firms, insurers and other third parties.
  - (2) Collection from claimants of improper payments or overpayments.
  - (3) Investigation of possible fraudulent claims.
  - (4) Possible criminal prosecution by the Department of Justice or other agencies if fraud is established.
  
- b. Social Security Numbers are used to assure correct identification of claimants in order to assure payment to the proper claimant and avoid duplication of claims.

**Disclosure:** Voluntary; however, failure to supply information will cause delay in settlement and may result in denial of a portion of or all of the claim.

I acknowledge that I am hereby informed of the above matters regarding the information to be solicited from me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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Signature of Claimant

## List of Estimators

Listing of a firm is not an endorsement, but you should consult the claims office before getting estimates from an unlisted firm. Listing of a firm does not provide any warranty or guarantee of the quality of service rendered by that firm. In adjudicating your claim, we are not bound by the estimate. **IMPORTANT:** The German word for estimate is "Kostenvoranschlag". Do not get a "Gutachten" (appraisal). The fee for a "Gutachten" is not compensable. **CAUTION:** Claims regulations required that a repair estimate must be from a repair shop that is in the business of actually doing the repairs for which they are providing the estimate. An estimate for the body work and painting of a vehicle must be from an auto body shop that will perform the work, and not from an auto dealer or repair shop that will subcontract the body work and painting to a third party.

<u>AUDIO/STEREO/TV</u>	<u>FURNITURE</u>	<u>AUTO REPAIR</u>	<u>BICYCLE REPAIR</u>	<u>CLOCKS</u>	<u>UPHOLSTERY AND CARPET CLEANING</u>	<u>GLASS AND FRAMING</u>
AAFES Pick-Up Point HD Shopping Center 06221-1374671 or PHV 06221-1374670 Cost estimate: \$35 for electronic items except PCs	Theo Fleig Masters Craftsmen Grabenstrasse 6 69117 Heidelberg 06221-419413 0179-6603040 Cost estimate: € 75 - 80	A.T.U Heidelberg Eppelheimer Strasse 36 0180-52727466 Cost estimate: normally free of charge (perform smart repair)	Outdoor Recreation PHV Bldg 104 06221-576258  Tari Bikes Bahnhofstrasse 2 69168 Wiesloch 06222-383791 Cost estimate: € 15	Clockworld Kurfuersten-Anlage 69 69115 Heidelberg 06221-6531593 Cost estimate: free of charge	Gentner Dossenheimer Landstrasse 39 69121 Heidelberg 06221-480365  Alle Kotte Truebnerstrasse 22 69121 Heidelberg 06221-474192 Cost estimate: free of charge	Arts & Craft/Photo PHV Bldg 4507 06221-338 9421 06221-338 9422  Roland Friedrichs Dantestrasse 43 69115 Heidelberg 06221-24527 Cost estimate:
Deytronic Elektrohandels-gesellschaft Landenburgerstrasse 85 69120 Heidelberg 06221-410335 Cost estimate: € 23.80	Der Moebeldoktor Heidelberger Strasse 30 68723 Schwetzingen 06202/8595994 Cost estimate: € 15 - 20	Lucky Lack Rudolf-Diesel-Str. 4 69115 Heidelberg 06221-21314 Cost estimate: € 65  Auto-Service Grossmueller Heinrich-Lanz-Str. 6 69115 Heidelberg 06221-166051 Cost estimate: free of charge	Zweirad Schmidt Heinrich-Fuchs-Str. 6 69126 Heidelberg 06221-390993 Cost estimate: €20 -30	Juwelier Maier Inh. Uwe Maier Hauptstrasse 103 69207 Sandhausen 06224-2731 Cost estimate: free of charge	<u>WATER BEDS</u>  U. Kaboth-Baehr Waterbed Discount Hauptstrasse 73 69207 Sandhausen 06224-923513	Glax Reidel GmbH Carl-Bosch-Strasse 2 69115 Heidelberg 06221-53950 Cost estimate: free of charge
Power Zone HD Shopping Center 06221-161870 Cost estimate: \$ 36 for TVs	Der Moebeldoktor Peter Zimmermann Friesenheimer Strasse 14 68169 Mannheim 0621-7624074 Cost estimate: € 80 - 100	Autospenglerei Autolackiererei Mohr GmbH Hallesche Strasse 30 68309 Mannheim 0621-701081	Eid und Sengle Auktionen/Antiquitaeten Bergheimer Strasse 101 69115 Heidelberg 06221-22784 (only appraisals for high value items)	Kuckucksnest Inh. G. Burger Wallfahrtstrasse 15 78098 Triburg/Schwarzwald 07722-919546 Cost estimate: free of charge	<u>PIANO REPAIR</u>  Klavierhaus Udo Mueller Friedrichstrasse 14 69412 Eberbach 06271-71971  Klavierhaus Kohler Ziegelgasse 29 68307 Mannheim 0621-771143	
AAFES Pick-Up Point HD Shopping Center 06221-1374671 Cost estimate: \$75	Jochen Stumpf - Schreinerei - Innenausbau GmbH Max Berk Strasse 7 69226 Nussloch 06224-146441 06221 - 300062	<u>SEWING MACHINES</u>  Pfiaff Naechzentrum Ploeck 30 69117 Heidelberg 06221-25797 Cost estimate: € 25	Porzellan-Klinik Gabriele Habers Knochenhauerstr. 5 28195 Bremen (0421) 321616	<u>AUTO PARTS</u>  A.T.U Autoteile Heidelberg Eppelheimer Strasse 36 0180-52727466 Cost estimate: normally free of charge	Panik's U.S. Auto parts & supply Am Kieferschlag 10 91126 Schwabach 09211-61939	
Heinlein Buero- u. Computertechnik GmbH Hans-Bunte-Str. 8 69123 Heidelberg 06221 - 707408 Cost estimate: approximately € 25	<u>WATER BEDS</u>  U. Kaboth-Baehr Waterbed Discount Hauptstrasse 73 69207 Sandhausen 06224-923513					