

**ENVIRONMENTAL PROTECTION AGENCY
FEDERAL TORT CLAIMS ACT
INSTRUCTION PACKET***

Address:

U.S. Environmental Protection Agency
Office of General Counsel
ATTN: Claims Officer
William Jefferson Clinton North
(WJCN)
1200 Pennsylvania Ave., NW
(MC 2399A)
Washington, D.C. 20460

Contact Information:

Phone: (202)564-2738

* This instruction packet provides information on how to complete the SF 95 Claim Form.

1.	Block 1	<p><u>First-Class Mail</u> EPA Claims Officer Office of General Counsel U.S. Environmental Protection Agency 1200 Pennsylvania Avenue, NW (Mail Code 2399A) Washington, D.C. 20460</p> <p><u>Courier Service</u> (UPS, FedEx, etc.) EPA Claims Officer Office of General Counsel U.S. Environmental Protection Agency 1200 Pennsylvania Avenue, NW WJC North Building, Room 7454A Washington, D.C. 20460</p> <p>Claims may also be filed with the EPA office where the EPA employee works.</p>
2.	Block 2	<p>Name, 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 the person signing with evidence of authority to present a claim.</p> <p>Note: Only the registered owner of a vehicle or authorized representative, legal representative, (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.</p>
3.	Block 3	<p>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.</p>
4.	Block 4	<p>Claimant's date of birth.</p>
5.	Block 5	<p>Claimant's marital status.</p>
6.	Block 6	<p>Fill in the day and date of the accident/incident.</p>
7.	Block 7	<p>Fill in the time that the accident/incident occurred.</p>
8.	Block 8	<p>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.</p>
9.	Block 9	<p>If you are not claiming property damage, please fill in "not applicable" or "N/A." If you are claiming property damage, please provide ownership information and describe the damage and its location. Also, attach the following required documentation:</p> <ol 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).

		<ul style="list-style-type: none"> b. Copy of two itemized estimates 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 if applicable:</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; and 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 specific dollar amount (Sum Certain). Approximate amounts are not acceptable. Failure to specify a sum certain will render your claim invalid and forfeit your rights.</p>
13.	Block 13	13a. Original signature of the claimant (or authorized representative) is required. 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 carrier, and if so 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	If a claim has been filed with your insurance carrier, please indicate what action your carrier has taken or has proposed to take with regard to your claim.
19.	Block 19	Please indicate whether or not you carry public liability and/or property damage insurance. If so, please provide the name and address of your insurance carrier.