

OBJECTIVE

This chapter sets forth procedures governing claims for and against the government.

Claims against the government may be filed by any aggrieved person, or his/her authorized agent or legal representative. Claims may be filed for property loss, property damage, personal injury, or death.

Claims for personal injury of regular government employees and casuals are processed as outlined in Chapter 10.

The government is mandated to collect for damage to, or loss of, its property.

AUTHORITIES

Claims may be processed under authority of the following:

Contract Disputes Act of 1978 – Claims arising under, or related to, contracts are settled under the Contract Disputes Act of 1978. Claims under the Contracts Disputes Act may be filed by the contractor against the government or by the government against the contractor, when either party believes it has been harmed by the others actions outside the terms and conditions of the contract. A contracting officer is the only person authorized to settle these claims (Chapter 20).

Federal Tort Claims Act (28 USC 1346(b) and 2671-2680) – This Act provides for the filing of claims against the United States for personal property damage or loss, personal injury, or wrongful death caused by the negligent or wrongful acts or omissions of federal government employees while acting within the scope of their employment, under circumstances where the United States, if regarded as a private person, would be liable to the claimant in accordance with the law of the state where the act or omission occurred. Only the USDA Office of the General Counsel (OGC) and the USDI Office of the Solicitor have the authority to settle claims under the Federal Tort Claims Act.

Non-Tort Act of May 27, 1930 (Property Damage) (16 USC 574) – This Act authorizes the Secretary of Agriculture to reimburse private property owners for damage or destruction caused by United States employees in connection with the protection, administration, and improvement of the National Forest. The Act provides a maximum amount payable of \$2,500. This statute provides relief

1 only when the United States inflicts damage on others in protecting,
2 administering, or improving the National Forest. It is not intended to pay for
3 damages incident to actions taken primarily to meet the needs of the private
4 owner in relief from the same threat or situation facing government property,
5 e.g., extinguishing fires which threaten private property. In order to apply this
6 Act, there must be no negligence on the part of the federal government and
7 damage cannot be due to the sole protection of private property. If either of
8 these 2 conditions exist, the claim cannot be allowed under this Act and must be
9 considered under the Federal Tort Claims Act. Only appropriately designated
10 officials have authority to settle claims under this Act.

11
12 Military Personnel and Civilian Employees Claims Act (31 USC 3721.) –
13 Federal regular government employees, volunteers, and casuals may file claims
14 for loss of or damage to personal property, provided possession of the property
15 was reasonable, useful, and proper under the circumstances, and the loss or
16 damage occurred incident to the individuals service. Normally, Human
17 Resource Program enrollees, contractors or employees of contractors, employees
18 of cooperators, state employees or inmates assigned to incidents are not covered
19 under this Act. Interagency agreements should provide that each agency process
20 claims of its own personnel. Only specific individuals have the authority to
21 settle claims under this Act.

22
23 State Authorities – State procedures regarding claims resolution vary. Contact
24 appropriate state representative for specific guidance and documentation
25 requirements.

26 **RESPONSIBILITIES**

27
28
29 Agency Administrator responsibilities:

- 30
- 31 • Ensure procedures outlined in this handbook are implemented and
32 followed.
 - 33
 - 34 • Provide an incident agency claims contact for the Compensation/Claims
35 Unit Leader.
 - 36
 - 37 • Provide incident agency guidelines and/or procedures for investigating
38 and processing claims.
 - 39
 - 40 • Notify the incident agency's legal counsel or other officials as
41 appropriate.

- Submit claims from incident personnel based on agency procedures.

Incident Commander responsibilities:

- Manage the overall claims program on the incident.
- Ensure claims are investigated and documented.
- Initiate an investigation by an independent investigation team, as necessary.

Finance/Administration Section Chief responsibilities:

- Initiate an investigation of each claim.
- Provide recommendations for each claim (approve or deny), along with a statement explaining the basis for the recommendation to the incident agency.
- Coordinate with the Safety Officer, other section chiefs, and other incident personnel to ensure all required forms, information, and documentation are obtained.

Compensation/Claims Unit Leader responsibilities:

- Establish and ensure a system for investigating, documenting, and processing claims is implemented.
- Coordinate with incident personnel who may have information pertinent to a claim, e.g., the Ground Support Unit Leader for motor vehicle claims, law enforcement/security personnel for stolen property claims.
- Advise potential claimants of the claims process, upon request.

Incident personnel responsibilities:

- Report to their supervisor any accident, incident, or property damage which has resulted, or may result, in a claim against or for the government.

1 Supervisor’s responsibilities:

- 2
- 3 • Report the accident or incident to both the Safety Officer and the
- 4 Finance/Administration Section Chief.

5

6 Safety Officer responsibilities:

- 7
- 8 • Coordinate investigations.

9

10 Contracting officer’s responsibilities:

- 11
- 12 • Settle contract claims within their authority and in conjunction with
- 13 incident agency policy.

14

15 Claimant’s responsibilities:

- 16
- 17 • Comply with established incident agency and home unit policies and
- 18 procedures in filing claims.

19

20 **DEFINITIONS**

21

22 Definitions used throughout this handbook are contained in Appendix C -

23 Glossary.

24

25 Claim – A written demand for a specific amount of money or other objects of

26 value, other than ordinary obligations incurred for services, supplies, or things.

27

28 Claimant – An individual, partnership, association, corporation, country, the

29 federal government, state, or other political subdivision asserting a right,

30 demand, or claim against another entity.

31

32 Contract – Any written agreement giving one party a right, a service, or a

33 commodity in exchange for a right, a service, or a commodity. Contracts include

34 land use permits, purchase orders, equipment rental agreements, leases, etc.

35

36 Government Vehicle – A vehicle owned by, on loan to, leased or rented by the

37 government.

38

39 Negligence – Failure to exercise a degree of care, which a careful and prudent

40 (reasonable) person would exercise under similar circumstances.

1 Solicitor/Office of the General Counsel – Legal counsel to the Department of the
2 Interior and the Department of Agriculture, respectively. Legal counsel is solely
3 authorized to determine and settle tort claims.

4
5 Tort – A private or civil wrong or injury, inflicted or caused by a negligent or
6 wrongful act or omission, giving the person who suffers from the wrong a right
7 of action for damages. It is also defined as a breach of legal duty not imposed by
8 contract.

10 CLAIMS INVESTIGATIONS

11
12 All accidents, incidents or property damage which may result in a claim for or
13 against the government must be promptly investigated and clearly reported by a
14 trained investigator or other qualified personnel. Ideally, the investigation is
15 completed by law enforcement personnel in coordination with the Safety Officer.
16 Serious accidents, e.g., fatality or hospitalization of three or more personnel,
17 substantial property damage, or serious personal injury will normally be
18 investigated by an independent investigation team.

19
20 Investigations should be made while witnesses are available, before damages
21 have been repaired, and prior to presentation of claims.

22
23 If a motor vehicle accident occurs on public roads it will be investigated by the
24 appropriate law enforcement agencies and in accordance with jurisdictional
25 agency policy. The Motor Vehicle Accident Report, SF-91, and the Statement
26 of Witness, SF-94, (Exhibits 42 and 43) may be used to document motor vehicle
27 accidents.

28
29 The incident agency should not commission special Claims Damage Assessment
30 Teams, except in unusual circumstances.

32 CLAIMS FILING

33
34 A claim shall be deemed to have been presented when an incident agency, home
35 unit, or other designated office receives written notification, accompanied by a
36 claim for money damages in sum certain (for a specific amount) from a claimant,
37 or his/her duly authorized agent or legal representative. Claims may be
38 presented on a Claim for Damage, Injury, or Death (SF-95) for tort claims,
39 agency-specific form for employee claims, or in other written form such as a
40 letter. (Exhibit 44)

CONTRACT CLAIMS

Contract claims (e.g., claims involving the rental of equipment or vehicles) are covered under the Contract Disputes Act of 1978 (Chapter 20 Contract Claims).

The incident contracting officer can adjudicate contract claims within their warrant authority and limits set by the incident agency. For incident adjudicated claims, the vendor is normally compensated through the Emergency Equipment Use Invoice (OF-286) payment process.

TORT CLAIMS

The Claim for Damage, Injury, or Death Form, SF-95 (Exhibit 44) or other written document, should be provided when requested, when a person states a desire to file a claim, or when a person expresses the opinion that some compensation should be made. The SF-95 should not be volunteered as a routine matter of business.

It is the responsibility of private property owners to document and substantiate any claims filed for damage to or loss of personal property. Claimants must determine and initiate their claims without the aid of government employees. They must rely on their own knowledge and records, and assume the burden for proving the government negligent and for documenting their losses.

Claim Documentation Requirements

The claimant must submit the claim through an executed SF-95 (instructions are on the reverse of the form) or other written and signed document. The claimant must provide:

- Claimants' complete name and address.
- A statement describing what action or omission of the government caused the damage, loss, or injury. (This is the basis for the claim.)
- The sum certain (specific amount) claimed.

The claimant should provide the following to support the written claim:

- 1 • Proof of ownership for damaged property. Examples of documentation
2 may include a copy of a vehicle title, registration, deed, or tax
3 documents.
- 4
- 5 • Documentation of the amount claimed. Depending on the item(s)
6 claimed, this may include:
7
 - 8 ○ Two itemized repair estimates or 1 paid receipt
 - 9 ○ Medical bills
 - 10 ○ Physician's statements
 - 11 ○ If loss of income is claimed, evidence of earnings and time lost
12 from work
 - 13 ○ If repair is not economical or possible, 2 estimates of
14 replacement costs, age of damaged/destroyed property (month
15 and year property was obtained), and salvage value, if any
 - 16
- 17 • Documentation of the insurance coverage of the property.
- 18
- 19 • Witness statement(s) to support the claim.
- 20

21 The claim form must be signed by the claimant, the claimant's legal
22 representative or authorized agent. If signed by other than the claimant,
23 documentation must be provided of the signatory's authority to act in the
24 claimant's behalf. Claims for jointly owned property must be signed by all legal
25 owners.

- 26
- 27 • A claim can be submitted to the incident or to the incident agency. It
28 does not have to be filed at the incident.
- 29
- 30 • A tort claim must be filed within 2 years of the date of the incident that
31 gave rise to the claim.
- 32

33 **Incident Procedures**

34
35 Incident personnel, upon receipt/notification of a tort claim:

- 36
- 37 • Will record the date the claim was received and initial or sign in the
38 margin of the claim form. This is the only information to be entered on
39 the claim by incident personnel. Incident personnel may not complete
40 any information for the claimant.

- 1 • Will immediately inform the Finance/Administration Section (e.g.,
2 Compensation/Claims Unit Leader) of the claim.
3
- 4 • Shall neither place themselves in a position of advising claimants on
5 claims or encouraging or discouraging the filing of claims. Title 18 of
6 the United States Code, Section 205, specifically prohibits government
7 officials from assisting a property owner in the filing and substantiation
8 of a claim.
9

10 Incident personnel may not:

- 11 • Comment on the merits of a claim
- 12 • Comment on the liability of the incident agency or the private party
- 13 • Advise a claimant to, or not to, seek legal counsel
- 14 • Refuse to accept a claim
- 15 • Advise anyone to file a claim

16 The Compensation/Claims Unit will initiate an investigation as appropriate and
17 document the claim on the Incident Claims and Accident Log (Exhibit 47).
18

19 The Compensation/Claims Unit will include all available incident information
20 pertaining to the claim in the claims package, e.g., investigation reports,
21 photographs, witness statements.
22

23 Tort claim documentation can be filed in the Incident Claims Case File Envelope
24 OF-314 (Exhibit 48). An additional copy will be retained in the Incident
25 Finance Package (Exhibit 39). Distribute claims documents in accordance with
26 incident agency procedures.
27

28 **NON-TORT CLAIMS**

29 Non-tort claims are covered under the Non-Tort Act. Procedures for filing and
30 processing non-tort claims are the same as for tort claims. Incident agency
31 policies should provide direction relative to the payment for immediate
32 improvements to damaged private land outside of the Non-Tort Act, e.g.,
33 repairing a wire fence around a water development.
34

EMPLOYEE CLAIMS

Employee claims from regular federal government employees and federal casuals are covered under the Military Personnel and Civilian Employees Claims Act. Claims from state and local government employees are covered under applicable state regulations.

Agencies process claims from their personnel according to agency specific procedures. Agencies may have specific documentation, processing procedures and/or reimbursement limitations.

The incident may not approve reimbursement or replacement of personal property. If it is necessary to provide personal property to a regular government employee or casual in order for the individual to perform their duties, e.g., personal gear lost in a burnover, the personal property must be provided through the commissary process and a payroll deduction (Chapter 10, Commissary). The individual must file a claim in accordance with home unit procedures to document the loss and request reimbursement.

Information to be Provided by the Claimant

Employee claims should be filed on the Employee Claim for Loss or Damage to Personal Property, AD-382 for USDA personnel, DI-570 for USDI personnel (Exhibits 45 and 46), and appropriate state form for state personnel. Most states accept federal forms to initially report the claim.

The claim should include:

- Claimants name and home address
- Claimants home unit address
- List of specific items claimed
- Specific amount claimed for each item and total amount claimed
- Date (month/year) item was originally acquired
- Purchase price or value when acquired
- Current repair or replacement cost

- 1 • Statement as to whether lost property was insured, whether claimant
2 filed a claim with insurer, the disposition of the claim, or whether
3 claimant will file a claim with insurer.
4

5 The claimant must provide documentation to support the written claim. This
6 may include:

- 7
- 8 • Original purchase receipts.
 - 9
 - 10 • Receipt for repair or replacement.
 - 11
 - 12 • Two repair estimates if the item has not been repaired.
 - 13
 - 14 • Copies of catalog descriptions or advertisements of the same or like
15 item(s).
 - 16
 - 17 • Written statements to support the claim. Claimant's statement should
18 address whether the possession of property was necessary to the
19 performance of duty. Include statements from individuals with
20 knowledge of the loss or damage, or at a minimum, a statement from
21 someone who can verify the claimant's possession of the property.
 - 22
 - 23 • Incident supervisor statement.
 - 24
 - 25 • Photos.
 - 26
 - 27 • Copy of investigation report, if applicable.
 - 28

29 Claims need not be completed at the incident. Claimants may choose to file the
30 claim at their home unit following agency guidelines. Claimants are responsible
31 for obtaining witness and supervisor statements prior to leaving the incident.
32

33 **INCIDENT PROCEDURES**

34

35 Incident personnel will, upon receipt/notification of an employee claim:

- 36
- 37 • Record the date the claim was received and initial or sign in the margin
38 of the claim form. This is the only information to be entered by
39 incident personnel. Incident personnel may not complete any
40 information for the claimant.

- Immediately inform the Finance/Administration Section, e.g., Compensation/Claims Unit Leader of the claim.

The Compensation/Claims Unit will initiate an investigation as appropriate and document the claim on the Incident Claims and Accident Log (Exhibit 47).

The Compensation/Claims Unit will contact the claimant's supervisor and request a statement. The statement should include the supervisors name, incident assignment, agency and home unit address and telephone number(s), and signature.

The statement should address:

- Description of the circumstances or event that resulted in the claim.
- Whether the property claimed was reasonable, useful, or proper under the circumstances.
- Any objections to the allowance of the claim.
- Any information relative to the validity of the claim.

The Compensation/Claims Unit will include any incident information pertaining to the claim, e.g., investigation reports, photographs, witness statements in the claims package.

Employee claim documentation can be filed in the Incident Claims Case File Envelope, OF-314 (Exhibit 48). A copy of all claim documentation will be attached to the claimant's Emergency Firefighter Time Report, OF-288. An additional copy will be retained in the Incident Finance Package (Exhibit 38). Distribution of claims documents will be in accordance with incident agency procedures.

GOVERNMENT CLAIMS

A claim for the government, e.g., a private vehicle damaging a government vehicle, must include documentation to support the claim. Processing should be done in accordance with incident agency procedures and policy. Law enforcement personnel should immediately be notified of incidents that may result in a claim for the government.

Government Property Damage

Reference Chapter 30, Property Management, for loss/damage documentation, replacement or repair procedures.

CLAIMS PROCESSING

The incident management team will submit all original claims documentation to the incident agency. The incident agency will review for accuracy and completeness and will forward to the appropriate adjudicating official. This includes forwarding employee claims to the employee's home unit, if different than incident agency. Agencies may have specific documentation, processing procedures and/or reimbursement limitations.

EXHIBITS

- Exhibit 42 – Motor Vehicle Accident Report (SF-91)
- Exhibit 43 – Statement of Witness (SF-94)
- Exhibit 44 – Claim for Damage, Injury, or Death (SF-95)
- Exhibit 45 – Employee Claim for Loss or Damage to Personal Property (AD-382)
- Exhibit 46 – Employee Claim for Loss or Damage of Personal Property (DI-570)
- Exhibit 47 – Incident Claims and Accident Log
- Exhibit 48 – Incident Claims Case File Envelope (OF-314)

EXHIBIT 42
MOTOR VEHICLE ACCIDENT REPORT, SF-91

MOTOR VEHICLE ACCIDENT REPORT	Please read the Privacy Act Statement on Page 3	INSTRUCTIONS: Sections I through IX are filled out by the vehicle operator. Section X, items 72 thru 82c are filled on by the operator's supervisor. Section XI thru XIII are filled out by an accident investigator for bodily injury, fatality, and/or damage exceeding \$500.				
SECTION I - FEDERAL VEHICLE DATA						
1. DRIVER'S NAME (Last, first, middle)			2. DRIVER'S LICENSE NO./STATE/LIMITATIONS		DATE OF ACCIDENT	
4a. DEPARTMENT/FEDERAL AGENCY PERMANENT OFFICE ADDRESS				4b. WORK TELEPHONE NUMBER		
5. TAG OR IDENTIFICATION NUMBER	6. EST. REPAIR COST \$	7. YEAR OF VEHICLE	8. MAKE	9. MODEL	10. SEAT BELTS USED <input type="checkbox"/> YES <input type="checkbox"/> NO	
11. DESCRIBE VEHICLE DAMAGE						
SECTION II - OTHER VEHICLE DATA (Use Section VIII if additional space is needed)						
12. DRIVER'S NAME (Last, first, middle)			13. SOCIAL SECURITY NO./ TAX IDENTIFICATION NO.	14. DRIVER'S LICENSE NO./STATE/LIMITATIONS		
15. a DRIVER'S WORK ADDRESS				15b. WORK TELEPHONE NUMBER		
16a. DRIVER'S HOME ADDRESS				16b. HOME TELEPHONE NUMBER		
17. DESCRIPTION OF VEHICLE DAMAGE				18. ESTIMATED REPAIR COST \$		
19. YEAR OF VEHICLE	20. MAKE OF VEHICLE		21. MODEL OF VEHICLE		22. TAG NUMBER AND STATE	
23a. DRIVE'S INSURANCE COMPANY NAME AND ADDRESS				23b. POLICY NUMBER		
				23c. TELEPHONE NUMBER		
24. VEHICLE IS <input type="checkbox"/> CO-OWNED <input type="checkbox"/> RENTAL <input type="checkbox"/> LEASED <input type="checkbox"/> PRIVATELY OWNED		25a. OWNER'S NAME(S) (Last, first, middle)		25b. TELEPHONE NUMBER		
26. OWNER'S ADDRESS(ES)						
SECTION III - KILLED OR INJURED (Use Section VIII if additional space is needed)						
27. NAME (last, first, middle)			28. SEX	29. DATE OF BIRTH		
30. ADDRESS						
A	31. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN		32. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)	33. LOCATION IN VEHICLE	34. FIRST AID GIVEN BY	
	35. TRANSPORTED BY		36. TRANSPORTED TO			
	37. NAME (last, first, middle)			38. SEX	39. DATE OF BIRTH	
40. ADDRESS						
B	41. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN		42. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)	43. LOCATION IN VEHICLE	44. FIRST AID GIVEN BY	
	45. TRANSPORTED BY		46. TRANSPORTED TO			
	47. Pedestrian			48. TRANSPORTED TO		
a. NAME OF STREET OR HIGHWAY			b. DIRECTION OF PEDESTRIAN (SW corner to NW corner, etc.) FROM TO			
c. DESCRIBE WHAT PEDESTRIAN WAS DOING AT TIME OF ACCIDENT (crossing intersection with signal, against signal, diagonally; in roadway playing, walking, hitchhiking, etc.)						

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EXHIBIT 42 – Continued

SECTION IV - ACCIDENT TIME AND LOCATION (Use section VII if additional space is needed.)

48. DATE OF ACCIDENT 49. PLACE OF ACCIDENT (Street address, city, state, ZIP Code; Nearest landmark; Distance nearest intersection; Kind of locality (industrial, business, residential, open country, etc.); Road description).

50. TIME OF ACCIDENT
 AM
 PM

51. INDICATE ON THIS DIAGRAM HOW THE ACCIDENT HAPPENED

Use one of these outlines to sketch the scene. Write in street or highway names or numbers.

a. Number Federal vehicle as 1, other vehicle as 2, additional vehicle as 3 and show direction of travel with arrow.

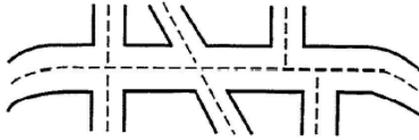
Example → 1 ← 2

b. Use solid line to show path before accident and broken line after the accident.

c. Show pedestrian by .

d. Show railroad by ++++++.

e. Place arrow in this circle to indicate NCERTY.



52. POINT OF IMPACT (Check one for each vehicle)

FED	2	AREA
		a. Front
		b. R. Front
		c. L. Front
		d. Rear
		e. R. Rear
		f. L. Rear
		g. R. Side
		h. L. Side

53. DESCRIBE WHAT HAPPENED (Refer to vehicles as "Fed", "2", "3", etc. Please include information on posted speed limit, approximate speed of vehicles, road conditions, weather conditions, driver visibility, condition of accident vehicles, traffic controls (warning light, stop signal, etc.), condition of light (daylight, dusk, night, dawn, artificial light, etc.), and driver actions (making a U-turn, passing, stopped in traffic, etc.)

SECTION V - WITNESS/PASSENGER (Witness must fill out SF 94, Statement of Witness) (Continue in Section VIII.)

54. NAME (Last, first, middle)	55. WORK TELEPHONE NUMBER	56. HOME TELEPHONE NUMBER
A 57. WORK ADDRESS		58. HOME ADDRESS
59. NAME (Last, first, middle)	60. WORK TELEPHONE NUMBER	61. HOME TELEPHONE NUMBER
B 62. WORK ADDRESS		63. HOME ADDRESS

SECTION VI - PROPERTY DAMAGE (Use Section VIII if additional space is needed.)

64a. NAME OF OWNER (Last, first, middle)	64b. WORK TELEPHONE NUMBER	64c. HOME TELEPHONE NUMBER
64d. WORK ADDRESS		64e. HOME ADDRESS
65a. NAME OF INSURANCE COMPANY	65b. TELEPHONE NUMBER	65c. POLICY NUMBER
66. ITEM DAMAGED	67. LOCATION OF DAMAGED ITEM	68. ESTIMATED COST

SECTION VII - POLICE INFORMATION

69a. NAME OF POLICE OFFICER	69b. BADGE NUMBER	69c. TELEPHONE NUMBER
70. PRECINCT OR HEADQUARTERS	71a. PERSON CHARGED WITH ACCIDENT	71b. VIOLATION(S)

EXHIBIT 42 – Continued

SECTION VIII - EXTRA DETAILS

SPACE FOR DETAILED ANSWERS. INDICATE SECTION AND ITEM NUMBER FOR EACH ANSWER. IF MORE SPACE IS NEEDED, CONTINUE ITEMS ON PLAIN BOND PAPER.

PRIVACY ACT STATEMENT

The information on this form is subject to the Privacy Act of 1974 (5 U.S.C. section 552a). Authority to collect the information is Title 40 U.S.C. Section 491 and the title 31 U.S.C. Section 7701. The formation is required by federal Government agencies to administer motor vehicle programs, including maintaining records on accidents involving privately owned and Federal fleet vehicles, and collecting accident claims resulting from accidents. Federal employees, and employees under contract, will use the information only in the performance of their official duties. Routine uses of the collected information may include disclosures to: appropriate Federal, State, or local agencies or contractors when relevant to civil, criminal, or regulatory investigations or prosecutions; the Office of personnel Management and the General Accounting Office for program evaluation purposes; a Member of Congress or staff in response to a request for assistance by the individual of record; another Federal agency, including the Department of Treasury and Justice, or a court under judicial proceedings; agency Inspectors General in conducting audits; private insurance and the collection agencies (including agencies under contract to Treasury to collect debt), and to other agency finance offices for federal management and debt collection. Furnishing the requested information is mandatory, including the Social security Number or Taxpayer's Identification Number(TIN) for use as a unique identifier to ensure accurate identification for individuals or firms in the system.

SECTION IX - FEDERAL DRIVER CERTIFICATION

I certify that the information on this form (Sections I thru VII) is correct to the best of my knowledge and belief.

72a. NAME AND TITLE OF DRIVER	72b. DRIVER'S SIGNATURE AND DATE <div style="text-align: center;">(blank)</div>
-------------------------------	--

SECTION X - DETAILS OF TRIP DURING WHICH ACCIDENT OCCURRED

73. ORIGIN	74. DESTINATION
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75. EXACT PURPOSE OF TRIP

76. TRIP BEGAN	DATE	TIME (Include AM or PM)	77. ACCIDENT OCCURRED	DATE	TIME (Include AM or PM)
----------------	------	-------------------------	-----------------------	------	-------------------------

78. AUTHORITY FOR THE TRIP WAS GIVEN TO THE OPERATOR <input type="checkbox"/> ORALLY <input type="checkbox"/> IN WRITING (Explain)	79. WAS THERE ANY DEVIATION FROM DIRECT ROUTE? <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)
---	--

80. WAS THE TRIP MADE WITHIN ESTABLISHED WORKING HOURS? <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain)	81. DID THE OPERATOR, WHILE ENROUTE, ENGAGE IN ANY ACTIVITY OTHER THAN THAT FOR WHICH THE TRIP WAS AUTHORIZED? <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)
---	--

82. COMPLETED BY DRIVER'S SUPERVISOR <input type="checkbox"/> YES <input type="checkbox"/> NO	a. DID THIS ACCIDENT OCCUR WITHIN THE EMPLOYEE'S SCOPE OF DUTY b. COMMENTS
---	---

83a. NAME AND TITLE OF SUPERVISOR	83b. SUPERVISOR'S SIGNATURE AND DATE <div style="text-align: center;">(blank)</div>	83c. TELEPHONE NUMBER
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EXHIBIT 42 – Continued

SECTION XI - ACCIDENT INVESTIGATION DATA

84. DID THE INVESTIGATION DISCLOSE CONFLICTING INFORMATION. NO YES (If checked, explain below.)

85. PERSONS INTERVIEWED

NAME		DATE	NAME		DATE
a.			c.		
b.			d.		

86. ADDITIONAL COMMENTS (Indicate section and item number of each comment).

SECTION XII - ATTACHMENTS

87. LIST ALL ATTACHMENTS TO THIS REPORT

SECTION XIII - COMMENTS/APPROVALS

88. REVIEWING OFFICIAL'S COMMENTS

89. ACCIDENT INVESTIGATOR

90. ACCIDENT REVIEWING OFFICIAL

a. SIGNATURE 		b. DATE	a. SIGNATURE 		b. DATE
c. NAME (First, middle, last)			c. NAME (First, middle, last)		
d. TITLE			d. TITLE		
e. OFFICE			e. OFFICE		
f. OFFICE TELEPHONE NUMBER		EXTENSION	f. OFFICE TELEPHONE NUMBER		EXTENSION
AREA CODE	NUMBER		AREA CODE	NUMBER	

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EXHIBIT 43
STATEMENT OF WITNESS, SF-94

STATEMENT OF WITNESS <i>(Attach additional sheets if necessary)</i>	1. DID YOU SEE THE ACCIDENT?	2. WHEN DID THE ACCIDENT HAPPEN?		FORM APPROVED O.M.B. NUMBER 3090-0118
		a. TIME	<input type="checkbox"/> a.m. b. DATE <input type="checkbox"/> p.m.	

3. WHERE DID THE ACCIDENT HAPPEN? *(Give street location and city)*

4. TELL IN YOUR OWN WAY HOW THE ACCIDENT HAPPENED

5. WHERE WERE YOU WHEN THE ACCIDENT OCCURRED?

6. WAS ANYONE INJURED, AND IF SO, EXTENT OF INJURY IF KNOWN?

7. DESCRIBE THE APPARENT DAMAGE TO PRIVATE PROPERTY

8. DESCRIBE THE APPARENT DAMAGE TO GOVERNMENT PROPERTY	9. IF TRAFFIC CASE, GIVE APPROXIMATE SPEED OF:
	a. GOVERNMENT VEHICLE <i>Miles per Hr.</i>
	b. OTHER VEHICLE <i>Miles per Hr.</i>

10. GIVE THE NAMES AND ADDRESSES OF ANY OTHER WITNESSES TO THE ACCIDENT *(If known)*

a. NAMES	b. ADDRESSES <i>(Include ZIP Code)</i>
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WITNESS COM- PLETING THIS FORM	11. HOME ADDRESS <i>(Include ZIP Code)</i>	12. WITNESS <i>(Print Name)</i>	a. HOME TELEPHONE NO.
	13. BUSINESS ADDRESS <i>(Include ZIP Code)</i>	Sign here	b. TODAY'S DATE
			TELEPHONE NO.

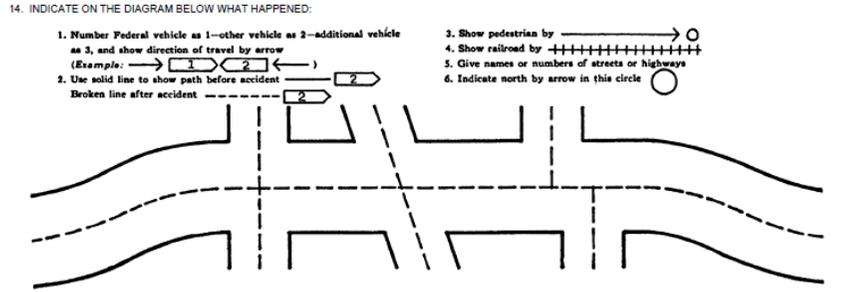


EXHIBIT 44
CLAIM FOR DAMAGE, INJURY OR DEATH, SF-95

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: USDA Forest Service Albuquerque Service Center Claims Management 101 B Sun Avenue NE Albuquerque, NM 87109			2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, Street, City, State and Zip Code) John Doe Route 6, Box 10 Denio, NV 89855		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH 2/20/1950	5. MARITAL STATUS Married	6. DATE AND DAY OF ACCIDENT 7/28/xxxx	7. TIME (A.M. OR P.M.) 3:40 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.) Green Creek Fire burned 2 miles of buck and pole fence and a 2001 John Deere 6310 tractor. Location: Flying J Ranch (15 miles NE of Denio, NV on Hwy 255). Fence and tractor were located at the north end of Huckleberry pasture. We were informed by the local sheriff to evacuate at 12:00 noon on 7/28. We returned at 6:00 p.m. to find the above described damage to our personal property.					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). Same as above.					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.) 120 fence poles completely burned and a 2001 John Deere 6310 tractor completely destroyed. See attached supporting documentation for repair estimate and replacement costs of property. Tractor and fence remain where they were damaged.					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT. None					
11. WITNESSES					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Jane Doe Tom Smith		Route 6, Box 10, Denio NV 89855 Box 998, Denio, NV 89855			
12. (See instructions on reverse) AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE \$18,500	12b. PERSONAL INJURY none	12c. WRONGFUL DEATH none	12d. TOTAL (Failure to specify may cause forfeiture of your rights.) \$18,500		
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.)			13b. Phone number of person signing form (702) 702-7027	14. DATE OF SIGNATURE 7/30/xxxx	
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant is liable to the United States Government for the 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 of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)		

EXHIBIT 44 - Continued

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 his vehicle or property.	
15. Do you carry accident insurance? <input checked="" type="checkbox"/> Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. <input type="checkbox"/> No Policy #12X54342 State Farm Insurance 435 Main, Reno, NV 89501	
16. Have you filed a claim on your insurance carrier in this instance, and if so, is it full coverage or deductible? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Items not covered under policy	17. If deductible, state amount. \$1000
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.) Claim denied	
19. Do you carry public liability and property damage insurance? <input checked="" type="checkbox"/> Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). <input type="checkbox"/> No Same as above.	
INSTRUCTIONS	
<p>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.</p> <p style="text-align: center;">Complete all items - Insert the word NONE where applicable.</p> <p>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</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item #12 of this form.</p>	
<p>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.</p> <p>The amount claimed should be substantiated by competent evidence as follows:</p> <p>(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 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.</p> <p>(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.</p> <p>(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.</p> <p>(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.</p>	
PRIVACY ACT NOTICE	
<p>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.</p> <p>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.</p> <p>B. Principal Purpose: The information requested is to be used in evaluating claims.</p> <p>C. Routine Use: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.</p> <p>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".</p>	
PAPERWORK REDUCTION ACT NOTICE	
<p>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, D.C. 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.</p>	

EXHIBIT 45
EMPLOYEE CLAIM FOR LOSS OR DAMAGE
TO PERSONAL PROPERTY, AD-382

U.S. DEPARTMENT OF AGRICULTURE

EMPLOYEE CLAIM FOR LOSS OR DAMAGE TO PERSONAL PROPERTY
(PUBLIC LAW 88-558; 78 STAT. 767)

CRIMINAL PENALTY FOR PRESENTING A FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS: Fine of not more than \$10,000 or imprisonment for not more than 5 years or both (See 62 Stat. 698, 749; 18U.S.C. 287, 1001)

CIVIL PENALTY FOR PRESENTING A FRAUDULENT CLAIM: The claimant shall forfeit and pay to the United States the sum of \$2,000 plus double the amount of damages sustained by the United States. (See Revised Statutes Sec. 3490; 31U.S.C. 231.)

NAME OF CLAIMANT	AGENCY WHERE EMPLOYED AND TITLE OF POSITION		LOCATION (City)	
John Smith	Forest Service Forestry Technician		Boise, Idaho	
ADDRESS OF CLAIMANT (Including Zip Code)	LOCATION WHERE LOSS OR DAMAGE OCCURRED		DATE OF LOSS OR DAMAGE	AMOUNT OF CLAIM
1234Lost Way Boise, ID 83709	East Complex Incident (base camp)		8/28/2007	\$500.00
DESCRIPTION OF PROPERTY (Itemized Listing)	DATE ACQUIRED	PURCHASE PRICE OR VALUE	VALUE WHEN LOST OR DAMAGED	ESTIMATED COST OF REPAIR
Sleeping bag	12/25/XXXX	\$125.00	\$100.00	
2 Pair jeans	6/1/XXXX	\$80.00	\$60.00	
2 LS Denim Shirts	9/15/XXXX	\$50.00	\$40.00	
I-Pod	12/25/XXXX	\$350.00	\$300.00	
<i>Attach supplemental sheet, if necessary</i>				
Claim is for (Check one)	LOSS XXX	DAMAGE	GIVE BRIEF DESCRIPTION OF CIRCUMSTANCES	
			Items were stored in my personal tent and stolen while I was working the night shift from 1800 8/28 to 0600 8/29	
WAS PROPERTY INSURED Yes	If answer is "yes", give name of insurer and itemize the amount collected. State Farm; all but \$50.00 deductible			
YES NO				
I make this claim with the full knowledge of the penalties for willfully making a false claim, and certify that I am entitled to any payments				
DATE 8/29/XXXX	IF CLAIMANT IS NOT OWNER OF PROPERTY, STATE RELATIONSHIP TO OWNER	SIGNATURE OF CLAIMANT <i>John Smith</i>		

FORM AD-382 (10-65)

EXHIBIT 46
EMPLOYEE CLAIM FOR LOSS OR DAMAGE TO
PERSONAL PROPERTY, DI-570

UNITED STATES
DEPARTMENT OF THE INTERIOR

EMPLOYEE CLAIM
FOR LOSS OR DAMAGE TO PERSONAL PROPERTY
(P.L. 88-558)

INSTRUCTIONS: Submit in triplicate. Please type

Name of Claimant Tom Plank		Address of Claimant 1900 Homestead Road Fairbanks, AK 99701	
Bureau or Office BLM	City P.O. Box 35005 Ft. Wainwright, AK 99703	Telephone no. (907) 356-5600	
Location of loss or damage Big Lake Incident		Date of loss or damage 06/14/XX	Total amount of claim \$333.00

DESCRIPTION OF PROPERTY (Attach supplemental sheet, if necessary)

Itemized Listing	Date Acquired	Purchase Price or Value	Value When Lost	Estimated Repair Cost
Helly-Hansen Rain Gear	5/1/XX	\$125.00	\$125.00	N/A
Wool Sweater (L.L. Bean)	4/20/XX	\$60.00	\$60.00	N/A
Bean Boots, 24"	7/1/XX	\$95.00	\$95.00	N/A
2 pair wool socks	5/1/XX	\$20.00	\$20.00	N/A
1 T-Shirt, long sleeve	6/1/XX	\$18.00	\$18.00	N/A
1 wool cap	3/10/XX	\$15.00	\$15.00	N/A

Claim is for Loss Damage (Check one) Please give brief statement of circumstances:

I was an initial attack smokejumper at the Big Lake Incident. We set up our camp in what we considered a safe zone at the south end of the fire. While working the east flank, wind shifted and burned over camp. Personal gear bag was destroyed.

Was property insured? Yes No (If "Yes", give name of insurer and itemize amount collected)

CRIMINAL PENALTY FOR PRESENTING A FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS: Fine of not more than \$10,000 or imprisonment for not more than 5 years, or both (See 62 Stat. 698, 749; 18 U.S.C. 287, 1001).

CIVIL PENALTY FOR PRESENTING A FRAUDULENT CLAIM: The claimant shall forfeit and pay to the United States the sum of \$2,000, plus double the amount of damages sustained by the United States (See R.S. Sec. 3490, 5438; 31 U.S.C. 231).

I make this claim with full knowledge of the penalties for willfully making a false claim, and certify that I am entitled to any payments.

Date 6/20/XX	If claimant is not owner, state relationship	Signature of Claimant <i>/s/ Tom Plank</i>
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Form DI-570 (July 1965)

EXHIBIT 47
INCIDENT CLAIMS AND ACCIDENT LOG

CLAIMS LOG

Incident Name	Incident Number	Claims Specialist Name	Home Unit Address	Home Unit Phone	
Mink Creek	NV-TOF-000123	Polly Tort	1234 Forest Way Florence, MT XXXXX	(406) XXX-XXXX	
No.	Date	Claimant/Incident Unit	Home Address	Item(s)/Claimed Value	Document Status
1	7/30/XXXX	John Doe	Route 6, Box XX Denio, NV XXXXXXX	Fence Poles - \$10,000 Tractor - \$8,500	SF-95 Received on 7/30 Investigation in progress
2	7/30/XXXX	Earl Kingston	172XX Long Dr. Nysa, OR XXXXXXX	Stolen Sleeping Bag - \$110	AD-382 Received on 7/30/XX Report by Camp Security

EXHIBIT 48
INCIDENT CLAIMS CASE FILE ENVELOPE, OF-314

NAME OF CLAIMANT <i>Kingston, Earl</i>	DATE OF LOSS OR DAMAGE <i>7/30/xx</i>	INCIDENT/COMPLEX NAME <i>Mink Creek</i>	UNIT LOG NUMBER <i>2</i>
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CHECK LIST FOR CASE FILES

(Indicate Whether Completed)	YES (Date)	NO
Employee Claim for Loss or Damage to Personal Property (AD-382, DI-570) OR Claim for Damage, Injury or Death (SF-95)	<i>7/30/xx</i>	
Motor Vehicle Accidents: SF-91, SF91A, AND SF-94; or DI134		
Supervisor's Statement		
Witness Statement (If Available)		
Investigation Report	<i>7/30/xx</i>	
Photographs Included (<i>content</i>)	<i>7/30/xx</i>	
Support Documents Attached to Claim		
Police Report or Camp Security Report	<i>7/30/xx</i>	

CLAIMANT ASSIGNED TO: SRV #12
(Crew, OH Section or Individual)

CLAIMANT'S HOME UNIT: _____
(Agency)
172 Long Drive
(Address)

Nyssa, OR, 97715
(City, State and Zip Code)

(555) 111-3333
(Telephone No. with Area Code)

SUPERVISOR ON INCIDENT: Joe Super
(Agency)

SUPERVISOR'S HOME UNIT: _____
(Address)

(City, State and Zip Code)

(Telephone No. with Area Code)

Follow-up Needs/Comments: _____

CLAIMS SPECIALIST/UNIT LEADER NAME <i>Polly Larson</i>	HOME UNIT TELEPHONE NUMBER (w/AREA CODE) (123) 456-7890	FINANCE/ADMIN SECTION CHIEF INITIALS <i>pl</i>
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INCIDENT CLAIMS CASE FILE ENVELOPE

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