INSTRUCTIONS ON HOW TO FILE A CLAIM DUE TO YOUR EVACUATION AS A RESULT OF THE SOUTHERN NEW JERSEY FIRE ON 15 - 16 MAY 2007

The following are instructions on how to fill out the "CLAIM FOR DAMAGE, INJURY, OR DEATH" form. Please read the Instructions portion on the back of the form for more information on the claims process.

Note: If you are also claiming for lost wages and/or property damages, please refer to the instructions found on the links to those pages from our homepage. You should fill out only one Claim form for all of your losses.

Block 1: Print the following address:

305 AMW/JA
2901 Falcon Lane
McGuire AFB, NJ 08641

Block 2: Print the name(s) of all persons in your household who were forced to evacuate along

with you during the fire. Print the address where you were required to evacuate from.

Block 3: Check the box for civilian, unless you are on active, reserve or guard duty with the military.

Block 4: Write your birth date.

Block 5: State your marital status.

Block 6: Write May 15, 2007

Block 7: Leave blank

Block 8: Print the basis for your claim. For instance, if you were evacuated for 2 days, write: "I was forced to evacuate from my home for 2 days due to the southern New Jersey fire which began on 15 May 2007. The following members of my household, along with their ages, were also evacuated from my home: _____."

Block 9: If you are only claiming your evacuation, leave blank.

Block 10: If you are only claiming your evacuation, leave blank.

Block 11: If you are only claiming your evacuation, leave blank.

Block 12: Fill in the amount of property damage in block 12a, and give a total amount claimed in block 12d for all your losses arising out of this fire. **Block 12d must be filled in or you have not filed a claim.**

Block 13: All registered owners of the property must sign in block 13a. Put your phone number in block 13b

Block 14: Enter the date you signed the form.

Block 15 – 19 (reverse of the form): If you are only claiming for your evacuation, leave blank.

Next, fill out the Electronic Funds Transfer Form. This information will be used to automatically deposit into your bank account the amount for which our claims office adjudicates your claim.

Please also send copies of the following:

-a copy of your driver's license or other ID which shows the address from which you evacuated. If your ID does not show your current address from which you evacuated please send a copy of a recent bill addressed to your residence illustrating your current address along with a copy of your driver's license.

-If you are claiming evacuation costs for other household members, please send copies of their IDs as well, such as driver's licenses, school IDs, birth certificates, etc. This will enable the claims examiners to verify your address and to confirm that you were, in fact, forced to evacuate due to the fire. If you have receipts

showing that you stayed at a hotel during the evacuation please send a copy of them as well.

Next, mail your claim forms and other pertinent documents to the following address:

Claims Office
305 AMW/JA
2901 Falcon Lane
McGuire AFB, NJ 08641

Once received, regulations give the Air Force up to 6 months to evaluate your claim. If, after examining your claim, we have determined that you are to be paid for your damages, the Air Force will mail you a settlement agreement which you must sign and return to the above address. After the Air Force receives your signed settlement agreement the settled amount will be automatically deposited into the bank account you detailed on the Electronic Funds Transfer form.

<u>You have until 15 May 2009 to deliver your claim to the Claims Office at McGuire Air Force Base, New Jersey.</u>

These instructions are not, are in no way intended to be, and should not be construed as, legal advice or as an admission of liability or fault on the part of the United States, the Air Force, the State of New Jersey or the New Jersey National Guard, its agents, servants, or employees, and it is specifically denied that they are liable to the claimants. These instructions detail the claims process for the purpose of compromising disputed claims under the National Guard Claims Act.

Please contact the Temporary Claims Office located at the Tuckerton New Jersey Army National Guard Armory if you have any questions: (609) 296-2129 or (609) 296-0648. After that location has closed, please contact the Legal Office at McGuire Air Force Base, New Jersey with any questions you may have. (609) 754-5950.

CLAIM FOR DAMAGE, INJURY, OR DEATH	INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of the 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:

305 AMW/JAD
2901 FALCON LANE
MCGUIRE AFB, NJ 08641

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	4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT	7. TIME *(A.M. or P.M.)*
☐ MILITARY ☒ CIVILIAN		M / S	15 MAY 07	

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.)*

I was evacuated from my residence located at:_____ City:_____, Zip:_____
on _____May 07 and returned on _____May 07.

I was alone/accompanied.

Other members of my household who accompanied me:

9. PROPERTY DAMAGE

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT *(Number, street, city, State, and Zip Code)*

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. *(See instructions on reverse side.)*

N/A

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.

N/A

11. WITNESSES

NAME	ADDRESS *(Number, street, city, State, and Zip Code)*

12. *(See instructions on reverse)* **AMOUNT OF CLAIM** *(In dollars)*

12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL *(Failure to specify may cause forfeiture of your rights.)*

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT 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 signatory	14. DATE OF CLAIM

CIVIL PENALTY FOR PRESENTING 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 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.)*

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, 39 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R.

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

INSTRUCTIONS

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 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.

Any instructions or information necessary in the preparation of your claim will be furnished, upon request, by the office indicated in Item #1 on the reverse side. 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 supplemental regulations also. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with said 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 claim for both personal injury and property damage, claim for both must be shown in Item 12 of this form.

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 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 completely execute this form or to supply the requested material within two years from the date the allegations accrued may render your claim "invalid". A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

Failure to specify a sum certain will result in invalid presentation of your claim and may result in forfeiture of your rights.

Public reporting burden for this collection of information is estimated to average 15 minutes 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 Director, Torts Branch
Civil Division
U.S. Department of Justice
Washington, DC 20530

and to the
Office of Management and Budget
Paperwork Reduction Project (1105-0008)
Washington, DC 20503

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? ☐ 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 claim on your insurance carrier in this instance, and if so, is it full coverage or deductible?

17. If deductible, state amount

18. If claim has been filed with your carrier, what action has your insurer taken or proposes 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 company *(Number, street, city, State, and Zip Code)* ☐ No

ELECTRONIC FUNDS TRANSFER

(For Direct Deposit of claims payment)

Required for payment pursuant to Title 31, United States Code, Section 3325

All information on this form is required under the IAPS system. The information provided is used to process payment data from DFAS to the financial institution and/or its agents. Failure to provide the requested information will cause delay in the processing of your claim and prevent payment thereof.

I ELECT THAT PAYMENT FOR MY CLAIM BE DEPOSITED TO THE FINANCIAL INSTITUTION NAMED BELOW:

Name of Bank:_____

Address of Bank:_____

City:_____ State:_____ Zip Code:_____

Name on Account:_____

Account Number:_____

Type of Account:_____

Routing Number:_____
(Bank's number, located at the bottom left of a check)

Printed Name:_____ SSN:_____

Signature:_____ Date:_____

"Privacy Act-1974 as amended applies--personal information it must be protected IAW DoD 5400.11R, and it is For Official Use Only (FOUO)."