

SUPPLEMENT

**U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION**

2700.14B
AC SUP 3

MIKE MONRONEY AERONAUTICAL CENTER

Effective Date:
08/27/12

SUBJ: AC Appendix 1. Employee Claims Manual

AC 1. Purpose. This Supplement restates and revises Mike Monroney Aeronautical Center (MMAC) responsibilities and procedures for processing claims for employee personal property loss or damaged incident to DOT service to be filed with Order 2700.14B.

AC 2. Audience. All Federal Aviation Employees and Managers at the MMAC.

AC 3. Where Can I Find This Order? This order is located on FAA Orders & Notices at https://employees.faa.gov/tools_resources/orders_notices/

AC 4. What This Order Cancels. AC Appendix 1 transmitted by AC Supplement 2, to Order 2700.14B, dated April 21, 1994.

Michelle Coppedge for

Lindy Ritz

Director, Mike Monroney Aeronautical Center

AC Appendix 1. Responsibilities and Procedures.

AC 5. Responsibilities and Procedures.

a. The Aeronautical Center Quality Systems and Business Resource Office, AMC-3 has the responsibility for administering the MMAC Claims for Employee Personal Property Loss or Damage procedures. AMC-3 will:

- (1) Provide the applicable claim loss documents to the sponsor organization.
- (2) Assign claim number.
- (3) Maintain a personal property claim register.
- (4) Maintain approved and disapproved claim files.

b. This Supplement does not apply for loss or damage incident to DOT service for household goods personal property claims.

c. The Sponsor Organization of the employee who is submitting a claim for loss or damage to employee owned personal property has responsibility for the verification and investigation of the circumstances surrounding the claim arising from loss or damage to employee owned personal property incurred incident to DOT service. Verification and investigation responsibilities for personal property claims to be performed by the Sponsor Organization include, but are not limited to:

(1) Submit to AMC-3, in writing, a memorandum of delegation stating a central point of contact (POC), subject: "Delegation of Employee Claim For Loss or Damage to Personal Property Coordinator" to AMC-3. (see Appendix 2 for sample template)

(2) Notify AMC-3, in writing, when an employee claim for loss or damage to personal property is initiated, providing employee name, routing symbol, phone number and short claim description.

(3) Receive DOT Form 2700.6, Employee Claim for Loss or Damage to Personal Property, from the claimant and provide guidance to claimant as needed. (Appendix 3, Form DOT F 2700.6, Employee Claim for Loss or Damage to Personal Property).

a) Investigate and verify circumstances surrounding the claim.

b) Sponsor organization POC **MUST** complete Section C, on DOT Form 2700.6 and provide all documentation regarding the claim.

(4) Forward DOT Form 2700.6 and cover memo, "Personal Property Claim" to the Security and Investigations Division, AMC-700 for investigation when fraud is suspected (see Appendix 4 for Sample Memo).

(5) Respond to claimant to provide notification that the claim has been forwarded to the Aeronautical Center Counsel, AMC-7 (see Appendix 5 for Sample Letter).

(6) Submit written summary of investigation and completed DOT Form 2700.6 to AMC-7 (see Appendix 6 for Sample Memo).

d. The Security and Investigations Division, AMC-700 shall review and investigate, where appropriate, all employee claims when fraud is suspected or when circumstances indicate a major irregularity; and forward the claim file and a Report of Investigation to the initiating organization.

e. The Aeronautical Center Counsel, AMC-7 has responsibility to review the claim for recommendation to approve or disapprove. Responsibilities to be performed by the Aeronautical Center Counsel include, but are not limited to:

(1) Reply back to sponsor organization for further investigation, recommendation, or completion of DOT Form 2700.6.

(2) Review claim package and recommend approval or disapproval of claim and/or amount of payment.

(3) Prepare a Memorandum of Law with recommendations and forward to the Aeronautical Center Director, AMC-1, for final approval or disapproval.

f. The Aeronautical Center Director, AMC-1 shall approve or disapprove claims and initiate DOT Form 2700.5, Voucher for Payment Under Military and Civilian Claims Act. This authority can be redelegated to an official who reports to the center director. Further redelegation of authority is not authorized. If claim is approved for payment by AMC-1, a copy of the claim file and completed DOT Form 2700.5 will be forwarded to the Office of Operational Services, Administrative Payments Division, AMZ-100 for payment.

AC Appendix 2. Delegation of Authority



**Federal Aviation
Administration**

Memorandum

Date: [Type date here]

To: AC Employee Personal Property Claim Coordinator,
Quality System and Business Resources Staff, AMC-3

From: [Type from whom here]

Subject: Delegation of Employee Personal Property Claim Coordinator,
[Type organization here]

This memorandum delegates the following individual as the organizational **Employee Personal Property Claim Coordinator**, for the Office of [Type organization here]

Name [Type name here]

Phone # [Type phone # here]

Changes to delegations shall be provided to the Aeronautical Center Records, Directives and Forms Management Program Officer, AMC-3.

**AC Appendix 3. DOT Form 2700.6,
Employee Claim For Loss or Damage to Personal Property**

DEPARTMENT OF TRANSPORTATION EMPLOYEE CLAIM FOR LOSS OR DAMAGE TO PERSONAL PROPERTY				
SECTION A - CLAIMANT IDENTIFICATION				
1. NAME AND ADDRESS OF CLAIMANT		2. TITLE AND GRADE		3. TELEPHONE NO.
		4. OFFICE OR SERVICE	5. LOCATION (City and state)	
6. LOCATION WHERE LOSS OR DAMAGE OCCURRED			7. DATE OF LOSS OR DAMAGE, 8. TOTAL AMT. CLAIMED	
SECTION B - DESCRIPTION OF PROPERTY				
ITEMIZED LISTING <small>(Attach separate sheet if necessary)</small>	DATE ACQUIRED	PURCHASE PRICE OR VALUE	VALUE WHEN LOST OR DAMAGED	TO BE COMPLETED BY INVESTIGATOR DEPRECIATED VALUE
9. CLAIM IS FOR (check one) <input type="checkbox"/> LOSS (includes theft) <input type="checkbox"/> DAMAGE		10. BRIEF STATEMENT OF CIRCUMSTANCES		
11A. WAS PROPERTY INSURED? <input type="checkbox"/> NO <input type="checkbox"/> YES (If "YES," complete 11B and 11C)		12A. WAS PROPERTY IN POSSESSION OF COMMON CARRIER AT TIME OF LOSS? <input type="checkbox"/> NO <input type="checkbox"/> YES (If "YES," complete 12B and 12C)		
11B. NAME OF INSURER		12B. HAS CLAIM BEEN MADE <input type="checkbox"/> NO <input type="checkbox"/> YES		
11C. AMOUNT COLLECTED (Attach itemized listing)		12C. DISPOSITION OF CLAIM		
CERTIFICATION—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.				
13. DATE		14. IF CLAIMANT IS NOT OWNER, STATE RELATIONSHIP		15. SIGNATURE OF CLAIMANT
CRIMINAL PENALTY FOR PRESENTING A FRAUDULENT CLAIM OR MAKING FALSE STATEMENT: Fine of not more than \$10,000 or imprisonment for not more than 5 years or both (78 U.S.C. 287, 1001)				
SECTION C - (To Be Completed By Designated Investigator)				
16. NAME OF INVESTIGATOR		17. TITLE AND GRADE		18. TELEPHONE NO.
19. OFFICE OR SERVICE		20. LOCATION (City and state)		
21. VERIFICATION OF FACTS/ DISCREPANCIES				
22. REMARKS AND RECOMMENDATIONS				
23. DATE		24. SIGNATURE OF INVESTIGATOR		
SECTION D - APPROVAL				
25. PAYMENT IS APPROVED IN THE AMOUNT OF \$		26. DATE		27. SIGNATURE OF APPROVING OFFICIAL

Form DOT F 2700.6 (2-73)

AC Appendix 4. Personal Property Claim Memo to AMC-700



**Federal Aviation
Administration**

Memorandum

Date: [Type date]

To: Security and Investigations Division, AMC-700

From: (Type Name of Sponsor Organization and Routing Symbol here)

Prepared by: [Type who prepared memo here]

Subject: Personal Property Claim (enter register number here)

The subject claim is attached for your review and evaluation.

Due to the reported circumstances surrounding the subject claim, it is our opinion that further investigations should be conducted to determine if fraud is involved. Attached is the information that was reported to our office.

Please contact my office at XXX-XXXX, if needed.

Attachments



AC Appendix 5. Letter to Claimant



U.S. Department
of Transportation
**Federal Aviation
Administration**

[Type the letter date here]

[Type Addressee Name
and address here]

Dear [Type addressee name here]:

Claim for Loss or Damage to Personal Property: Claim #XXXXXX

We have received your claim for the subject damage, and it has been forwarded to our legal office for review and evaluation, prior to forwarding to the Aeronautical Center Director, AMC-1, for approval or disapproval.

When making an inquiry about the status of your claim, please refer to claim #XXXXXX.

If you have any questions concerning your claim, please contact the legal office at 405-954-3296.

Sincerely,

[Type name of person letter is from]
[Type Title]

[Type the word Enclosure here if you are enclosing something]

AC Appendix 6. Summary of Investigation



**Federal Aviation
Administration**

Memorandum

Date: [Type date here]

To: Aeronautical Center Counsel, AMC-7

From: (Type Name of Sponsor Organization and Routing Symbol here)

Prepared by: [Type who prepared memo here]

Subject: Personal Property Claim (enter register number here)

The subject claim is attached for your review and evaluation.

State Farm Mutual Automobile Insurance Company has submitted a claim on behalf of their client, Mr. John Doe, AXX-XXX, for damage received to his vehicle as the result of being hit by a Government vehicle driven by FAA employee, Ms. Jane Doe (AXX-XXX) at the Somewhere in US location.

One February 31, 2020, Mr. Doe's personal vehicle, a 2020 Volvo, was parked in the office parking lot while he was on official duty at the Somewhere US location. Ms. Doe accidentally backed the government vehicle in Mr. Doe's unoccupied vehicle. No damage was reported to the Government vehicle relative to this incident.

By virtue of payment to the insured for property damage to include deductible, State Farm Mutual seeks reimbursement for repairs totaling \$X,XXX.XX.

Attachments
DOT Form 2700.6