

HANDBOOK

FEDERAL AVIATION ADMINISTRATION

MASTER REFERENCE FILE
DIRECTIVES

TORT CLAIMS

2250.1A



JANUARY 23, 1969

DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION

FOREWORD

1. PURPOSE. This handbook prescribes procedures for the processing and settlement of (1) claims for money damages for injury or loss of property or personal injury or death asserted against the Federal Aviation Administration under the Federal Tort Claims Act; and (2) claims, asserted by the Federal Aviation Administration against any person, for money damages for injury or loss of property.
2. CANCELLATIONS. 2250.1, FAA Tort Claims Handbook and 2250.5, Federal Tort Claims - Delegation of Authority, are cancelled.
3. EXPLANATION. The handbook:
 - a. Implements the provisions of the amendments to the Federal Tort Claims Act, July 18, 1966, effective January 18, 1967; the Attorney General's Regulations governing Agency Consideration of Claims, 28 C.F.R. Part 14; and, in respect to tort claims of the Government, the Joint Regulations of the General Accounting Office and the Department of Justice for administrative collection, compromise and termination of claims, 4 C.F.R., Chapter 2, Part 101 et. seq.
 - b. Delegates to Regional and Center Directors, the Assistant Administrator for the Europe, Africa and Middle East Region, the Director, Bureau of National Capital Airports and the Manager, Headquarters Operations the authority to consider, ascertain, adjust, determine, compromise and settle tort claims for money damages for or against the agency, subject to limitations; and the authority to redelegate.
 - c. Delegates to the General Counsel, Federal Aviation Administration, the authority to consider, ascertain, adjust, determine, compromise and settle any tort claim for money damages, for or against the agency, which exceeds \$25,000 or arises from an aircraft accident and exceeds \$5,000, subject to limitations; and the authority to redelegate.
 - d. Specifies the reporting and processing procedures in the handling of tort claims.
 - e. Establishes the responsibilities of Responsible Administrative Officers and the General Counsel and their designees, in the investigation and documentation of claims for or against the agency.
4. SCOPE.
 - a. This handbook will be utilized in agency-wide practices governing the handling of claims, potential claims and legal remedies which

are subject to the Federal Tort Claims Act and the Federal Claims Collection Act. As originally enacted in 1946, the Federal Tort Claims Act provided an administrative or legal remedy against the United States, subject to certain exceptions, as provided therein, eliminating the inherent defense of sovereign immunity. The Act provided for the administrative adjustment of claims for \$2,500 or less (prior to 1959: \$1,000). Administrative agencies had no authority to effect disposition of tort claims exceeding the foregoing sum, nor to enter into a negotiated compromise settlement to dispose of doubtful or nuisance type claims. Claimants were required to initiate an action in court to recover claims exceeding \$2,500 (prior to 1959: \$1,000). The Attorney General, however, possessed authority to compromise or settle any claims after the commencement of an action.

- b. Under the Amendments of the Federal Tort Claims Act, P.L. 89-506, effective January 18, 1967, claims may be administratively considered in any amount. Awards exceeding \$25,000, however, and, generally, those matters involving new precedents, policy, indemnity, contribution, or disposition of related claims in which the amount to be paid may exceed \$25,000, require prior written approval of the Attorney General or his designee. The agency is, additionally, required to transmit a request for such approval through the Secretary of The Department of Transportation.
- c. Those vested with the authority granted by the new amendments have substantial responsibilities, and their deliberations or determinations may have far reaching effect upon the agency, the Government and the lives of individuals claiming under them. The fact that claims may now be administratively adjudicated in any amount will not significantly affect the manager's program responsibility, since settlements in excess of \$2,500 are no longer paid from FAA appropriations.
- d. Tort claims against the agency require an informed initial analysis of the available facts, so that the need for further or exhaustive investigation can be determined. The investment of agency resources, in terms of funds and man-hours, must be the product of a subjective decision based upon the importance of the subject matter. Consideration must be given to exposure, in terms of dollars, and the existence or absence of liability. If injury or loss of property or personal injury or death, possibly caused by the negligent or wrongful act or omission of any employee of the agency while acting within the scope of his office or employment, occurs under circumstances where the United States, if a private person, would be liable to the claimant in accordance with the law of the place where the act or omission occurred, immediate steps should be taken to document all facts through an adequate investigation even though a claim is not submitted immediately. Incidents will occur in which it is not easy to foresee either Government responsibility

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or the right, on behalf of the agency, to recover losses. In such cases, if the possible impact on either the Government or its employees appears substantial, an investigation to document all known or ascertainable facts should be initiated. In this manner an adequate resolution of the problem may be assured through preservation of the evidence.

- e. A tort claim may arise against the agency because of the conduct of any of its activities. Reliance should not, for the purpose of investigation, be placed in a determination that the employee involved was acting outside the scope of his official duty.
- f. Tort claims favoring the agency may arise when the agency's property is damaged or destroyed because of automobile or aircraft accidents, explosions, fire, construction activities, sabotage, or other tortious interference with its activities. When the cause is attributable, in whole or in part, to a person not acting within the scope of his responsibility as an agency employee, a cause of action favoring the government may accrue. Investigations conducted in support of tort claims, which appear to favor the agency, shall be comparable to those conducted when tort claims are made against the agency. The authority, however, of the agency in effecting recovery against third persons for tort claims may be governed by the provisions of the Federal Claims Collection Act of 1966, P.L. 89-508, 80 Stat. 309. The authority of the head of the agency, pursuant to the Federal Claims Collection Act, in compromising or terminating claims without collection, is limited to those not exceeding \$20,000. Claims exceeding that amount must be referred to the Comptroller General (Claims Division, GAO) for disposition in accordance with the procedures prescribed by 2700.7a, or, if litigation is required, to the Attorney General.

Oscar Bakke

Oscar Bakke
For the Acting Administrator

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CHAPTER 1. GENERAL

1. DEFINITIONS. As used in this handbook the following terms have the meaning set forth below:
 - a. Accident. The term "accident" as used in this handbook, refers only to those occurrences which cause death, personal injury or property damage and which, as a consequence, may result in a claim by or against the agency.
 - b. Act. The Federal Tort Claims Act, as amended.
 - c. Agency. The Federal Aviation Administration.
 - d. Aircraft accident. An occurrence resulting from the operation of an aircraft whether such operation was for the purpose of air navigation or otherwise.
 - e. Employee. Includes officer and employees of the agency and persons acting on behalf of the agency in an official capacity, temporarily or permanently in the service of the agency, with or without compensation.
 - f. Federal Agency. Includes the executive departments and independent establishments of the United States, and corporations primarily acting as instrumentalities or agents of the United States but does not include any contractor with the United States.
 - g. General Counsel. Includes the General Counsel of the Federal Aviation Administration and any person to whom he has delegated his authority in the matter concerned.
 - h. Legal Counsel. The General Counsel, Regional Counsels, Aeronautical Center Counsel, NAFEC Counsel and attorneys of their staffs.
 - i. Organizational Unit. Office, Service, Bureau, Region, Area or other major segment of the FAA, cited specifically hereinafter.
 - j. Tort Claim. Any claim for money damages against the United States accruing on or after January 1, 1945, for injury or loss of property or personal injury or death by the negligent or wrongful act or omission of any employee of the Government while acting within the scope of his office or employment but excludes losses of employees incident to service.

2. DELEGATION OF AUTHORITY.a. Claims against the agency.

- (1) The Directors of Regions, Centers, and the Bureau of National Capital Airports, the Assistant Administrator for the Europe, Africa, and Middle East Region, and the Associate Administrator for Administration are designated Responsible Administrative Officers. They are authorized, pursuant to the authority contained in Section 403(a) of the Federal Tort Claims Act, as amended, 28 U.S.C. 2672, in respect to any tort claim against the agency occurring under circumstances where the agency, if a private person, would be liable to the claimant in accordance with the law of the place where the act or omission occurred, and in respect to activities or employees under their jurisdiction to:
 - (a) Consider, ascertain, adjust, determine and settle such claims, asserted in the amount of \$2,500 or less, (if prior to 1959: \$1,000 or less) which accrued after January 1, 1945, and prior to January 18, 1967. Claims of more than \$2,500 which accrued during that period (if prior to 1959: \$1,000), must be asserted by suit against the United States. The United States is defended by the Department of Justice and there is no limit of the amount which can be paid under a compromise settlement entered into by the Attorney General.
 - (b) Consider, ascertain, adjust, determine, compromise, and settle any such claim which accrued after January 18, 1967, and is asserted in an amount not exceeding \$25,000, subject to the requirement for coordination with the Department of Justice, as determined by the legal counsel, and excepting those claims classified as aircraft accidents, which involve personal injury, or death, or injury or loss of property exceeding \$5,000.
- (2) If the tort claim accrued after January 18, 1967, and is asserted in an amount exceeding \$25,000, or arises from an aircraft accident, involving personal injury, or death, or injury, or loss of property exceeding \$5,000, the General Counsel, Federal Aviation Administration, shall consider, ascertain, adjust, determine, compromise, and settle such claim subject to the limitations of 14 CFR 14.6, which provides for consultation with the Attorney General, and 49 CFR Part 1, which provides that requests to the Attorney General for approval of settlements for any amount exceeding \$25,000, must be forwarded through the Secretary of Transportation.

- b. Claims by the agency. The Responsible Administrative Officers, the General Counsel or their designees may adjudicate, collect and settle tort claims of the agency except that the authority to compromise, terminate or suspend collection action on claims due the agency in excess of \$20,000 is limited by the provisions of the Federal Claims Collection Act of 1966; the Federal Claims Collection Standards 4 CFR 100 et. seq.; 49 CFR Part 89 and Federal Aviation Administration Order 1100.3.

3. REDELEGATION.

- a. Responsible Administrative Officers may redelegate the authority to take final action of approval, compromise, or denial of claims to their respective regional or center counsel. In the case of the Director, Bureau of National Capital Airports, the Associate Administrator for Administration and the Assistant Administrator for the Europe, Africa and Middle East Region, such authority may be redelegated only to the General Counsel, Federal Aviation Administration.
- b. The General Counsel may redelegate the authority contained in paragraph 5a(2) or received under paragraph 6a, to a Responsible Administrative Officer, or the Associate General Counsel, Litigation Division, provided that all requests to the Attorney General for approval of settlements must be forwarded through the General Counsel.

4. REPORTING AND PROCESSING RESPONSIBILITIES.

- a. Responsible Administrative Officer. The Responsible Administrative Officers shall have the responsibility for implementing and applying agency policy and procedures, assuring the adequacy of investigations, establishing the facts in claims, by or against the agency, and approving or disapproving each claim as to collection, payment, the amount of payment, or the final denial of such claims. No payment or compromise shall be made by a Responsible Administrative Officer unless he has received a written opinion as to legal liability, or the extent thereof for the particular claim, from the legal counsel.
- b. General Counsel. In respect to the authority delegated in paragraph 5a(2) the General Counsel shall have the responsibility for implementing and applying agency policy and procedures, assuring the adequacy of investigations, establishing the facts in claims, by or against the agency, and approving or disapproving each claim as to collection, payment, the amount of payment, or the final denial of such claims.
- c. Administrative Service. The Administrative Services Division, and counterparts, or their designees are responsible for the conduct of or arranging for the conduct of investigations of all accidents which result in tort claims (except those involving aircraft

operated under their own power) and for the administrative processing of all tort claims. All investigations shall be responsive to the requirements of the concerned legal counsel.

- d. Compliance and Security. The responsible administrative officer or his designee, ASD or legal counsel will utilize the professional investigative staff of the appropriate Compliance and Security element to investigate all cases involving personal injury and all cases where property damage exceeds \$2,500.00.
- e. Legal Counsel. The legal counsel shall provide a written opinion as to liability with respect to each claim considered by the agency. The issuance of an opinion should be predicated on the review of all available or obtainable evidence, which is relevant and material, and will consist of (1) a summary of the material, relevant facts, (2) citation and discussion of applicable local law, both statutory and judicial, (3) a finding as to whether the employee was acting within the scope of his employment, (4) conclusions of law, including the legal principles and reasoning involved, (5) an opinion on liability including a conclusion on the adequacy of the proof of damages, where appropriate, (6) an expression of opinion as to the real value of the claim, if liability were present, and its value, for settlement purposes, considering the extent of liability or probable result of litigation, (7) statement establishing the most appropriate method for obtaining an effective release, i.e., covenant not to sue, general release, consent judgment, etc., under local law, considering potential claims for contribution or indemnity as well as future demands of the claimant, (8) a recommendation as to whether settlement negotiations should be initiated, and (9) a determination of whether the proposed award, compromise or settlement requires the approval of the Attorney General's Regulations, 14 CFR 14.6. The original of the written opinion shall be addressed to the Responsible Administrative Officer, or the file if the legal counsel possesses the authority delegated pursuant to paragraph 6 above. A copy of each such opinion shall be forwarded to Associate General Counsel, Litigation Division, at the time the original is transmitted. The legal counsel shall also be responsible for the conduct of any negotiations with a claimant in a case involving personal injury and in cases of property damage involving sums exceeding \$5,000.
- f. Employee. An employee shall report promptly to his supervisor any accident or incident in which he is involved, and which causes personal injury or property damage, whether it gives rise to a claim or not. He shall record the facts at the scene of the accident, and prepare any reports required in connection therewith. The names, addresses, and telephone numbers of parties and

witnesses should be recorded at the scene of the accident. He should not discuss the matter with and should not furnish a written statement to any person other than an authorized agency employee or law enforcement official without clearance from legal counsel. The employee shall make no oral or written statement regarding his or the agency's negligence, liability, or responsibility except upon request of an authorized agency official.

- g. Employee's Supervisor. The official exercising supervisory authority over the employee shall instruct the employee with respect to reporting the accident. He shall provide the employee with the telephone numbers of the responsible persons to be called in case of accident, and shall provide him with the prescribed forms for recording information pertaining to accidents, including motor vehicle accidents. He shall notify the legal counsel promptly of any accidents causing personal injury and shall also report any accidents causing property damage, promptly, if he believes immediate legal advice would be beneficial to the agency. He shall also notify the Responsible Administrative Officer and make all other notifications as listed in paragraph 11c below.

5.-10. RESERVED.

CHAPTER 2. PROCEDURES

11. REPORTING ACCIDENTS.

- a. General Provisions. This paragraph prescribes policies, methods, and forms for use by agency employees, supervisors, investigation officers, and persons acting in their stead, in the reporting of accidents involving agency personnel, property, or operations, and which cause injury or property damage to another. It establishes uniform procedures to be used by agency personnel to provide the facts in each case of injury or loss of property or personal injury or death, which may give rise to a claim, either for or against the agency.
- b. Involved employees shall report accidents as follows:
 - (1) To immediate supervisor.
 - (2) To State, county, municipal or other authorities, as required by law.
 - (3) Notifications required in c. and d. below if, for any reason, the employee is unable to contact the supervisor within the specified time period.
- c. When notified of damage or loss of property or personal injury or death resulting from an accident the immediate supervisor is responsible for the following notifications:
 - (1) All notifications required above, of the employee, if not otherwise accomplished for any reason, including the disability or death of the employee involved.
 - (2) When a GSA leased vehicle is involved, the appropriate GSA Motor Pool will be advised through the Administrative Services Division or designee.
 - (3) The legal counsel when an accident causes personal injury or extensive property damage.
 - (4) The Administrative Services Division, including accidents involving (1) agency-owned or leased aircraft, and (2) rental aircraft and privately-owned aircraft being used on official business, excluding all other aircraft accidents.
 - (5) The initial notification, to the NTSB, of aircraft accidents.
 - (6) The Occupational Safety Officer in accordance with Handbook PT P 3900.5.

d. Time of Notification:

- (1) Notifications concerning personal injury accidents shall be made as soon as practicable, not to exceed 24 hours, by telephone or telegram.
- (2) Notifications concerning accidents causing major property damage (exceeding \$250.00 in motor vehicle accidents and \$500.00 for all others) shall be made within 48 hours.
- (3) Notifications concerning minor property damage shall be made within seven working days.

e. Report Forms:

- (1) Employees and supervisors shall submit the following report forms in accordance with established routing, as applicable:
 - (a) Motor Vehicles. Operator's Report of Motor Vehicle Accident, Standard Form 91, to be submitted immediately following the accident (see Appendix 1). The reporting requirement applies to rental vehicles and privately-owned vehicles utilized in the conduct of agency business. (Review also the provisions of Handbook 4600.7).
 - (b) General-accidents other than motor vehicles. Standard Form 92-A (see Appendix 2). This form is used for accidents other than motor vehicle where injury to other than FAA personnel or non-federal property results from FAA operations.
 - (c) Supervisor's Report of Accident-Motor Vehicles or General. FAA Form 2955 (see Appendix 2, PT P 3900.3 and PT P 3900.5)
 - (d) Witnesses. Standard Form 94 - Statement of Witness, unless obtained in some other form or a statement cannot be obtained at all (see Appendix 7).
 - (e) Fire. FAA Form 2961 (see Appendix 8 - Review also the provisions of PT P 3900.5).
 - (f) Data bearing upon Scope of Employment of Motor Vehicle Operator. Optional Form 26 (see Appendix 3). This report must be furnished in order that a determination, within the meaning of 28 USC 2679, may be made as the basis for termination of actions brought against employees. Under the foregoing statute the remedy, in an action arising out of the operation of a motor vehicle, against any employee acting within the scope of his office or employment is, exclusively, by suit or claim against the United States.

- (g) Aircraft Accidents: NTSB Forms 6120.1 or 6120.2, as applicable (formerly CAB Forms 453 or 454). Review 14 CFR, Part 430, to determine applicability if any question arises.

1 The pilot, or operator is required to submit the above forms to the NTSB in the case of an aircraft accident within the meaning of the definition set forth in the Board's Safety Investigation Regulations, 14 CFR, Part 430.

2 In order to satisfy the reporting requirements of this Handbook a separate Form 6120.1 or 6120.2 shall be prepared and submitted through the employee's supervisor to report occurrences within the definition of accident provided in Par. 4(d) herein.

- (h) When forms specified above are unavailable, or insufficient to convey, suitably, the details of the accident or incident furnish a supplemental memorandum concisely stating the pertinent facts or elements.

12. TORT CLAIMS.

a. Filing.

- (1) Asserting a Claim. The claimant must, in accordance with P.L. 89-506, 28 U.S.C. 2675, present a claim to the agency. This applies to claims accruing on or after January 18, 1967. Claims accruing prior to January 18, 1967 need not be presented to the agency, but if submitted may not be administratively resolved unless asserted in the sum of \$2,500 or less.

(2) Method.

- (a) Claims are presented by the submission of an executed, properly completed, Standard Form 95 to the Responsible Administrative Officer or his designee, or, if the subject of an aircraft accident involving injury or damage claim in excess of \$5,000, or asserted in a sum exceeding \$25,000, to the Associate General Counsel, Litigation Division, Federal Aviation Administration.
- (b) A claim shall be deemed presented when the agency receives from a claimant, his duly authorized agent or legal representative, written notification of an incident together with a claim for money damages, in a sum certain for damage to or loss of property or personal injury or death. The submission should be supplemented, however, with a properly executed Standard Form 95.

(c) If a claim is received by a person other than the Responsible Administrative Officer or his designee, or the Associate General Counsel, Litigation Division, it should be transmitted forthwith to the Responsible Administrative Officer or Associate General Counsel, Litigation Division, as required in subparagraph (a) above.

(3) Time of Filing. Claims may be presented at any time within two years after accrual.

b. Processing.

(1) Acknowledgement. Each claim will be acknowledged, in writing, by the Responsible Administrative Officer, or the Associate General Counsel, Litigation Division. The claimant will be informed of the date his claim was filed.

(2) Status. Upon inquiry, the claimant shall be advised by the Responsible Administrative Officer, or the Associate General Counsel, Litigation Division, or designee, of the status of his claim. If final adjudication will not be achieved within 6 months of the filing date the claimant will be advised, prior to expiration of the 6 month period, that his claim has not been denied and that his judicial remedy is not extinguished until six months subsequent to final denial.

(3) Investigation.

(a) Time. Claims cognizable under the Federal Tort Claims Act will be investigated and processed in order that an adjudication may be made, if otherwise feasible, within the six months prescribed by statute.

1 Minor accidents, those involving property damage of \$25.00 or less, will normally be investigated by the employees supervisor or his designee, who shall be responsible for completion and submission of the required report forms, normally within seven working days following the accident.

2 Accidents involving property damage not exceeding \$2,500.00 will be investigated by the Administrative Services Division or their designee.

3 Accidents involving personal injury or property damage exceeding \$2,500.00 will be investigated by the Compliance and Security Staff or Division.

(b) Method.

- 1 Review of standard forms together with statements and other documentation prescribed by law or other authority may adequately furnish the basis for a determination of liability, non-liability or consideration of an offer in compromise.
- 2 Review of supporting investigation data, which the investigation shall include wherever possible, such as photographs, measurements, medical reports, police reports and witness statements.
- 3 When establishment of additional factual information is necessary, it shall be obtained in the form and manner required for preservation and utilization in litigation proceedings. It shall be accomplished at the direction of the Responsible Administrative Officers, the General Counsel or their designees or the Administrative Services Division. The investigation may require the utilization of compliance and security officers to document and resolve conflicting facts or accounts of an accident or incident; flight operations, air traffic control and other aeronautical experts to advise on technical matters; audit officials to resolve financial questions or conflicting data furnished in support of damage computations; medical officers to obtain and review medical histories and records to determine the causal relationship between the accident and alleged injury or disease and the extent or degree of permanency in injury claims; or other persons having particular qualifications in the obtaining or analysis of information.

13. CLAIMS REQUIRING REFERRAL TO THE ATTORNEY GENERAL OR THE DEPARTMENT OF JUSTICE.

- a. Claims exceeding \$25,000. Proposed awards, compromise, or settlements of claims in sums exceeding \$25,000, shall be referred to the Attorney General or his designee through the General Counsel, Federal Aviation Administration, in accordance with the determination of the legal counsel as provided in paragraph 7e; and through the Secretary of Transportation, in writing and with (1) a short and concise statement of the facts and of the reasons for the referral or request, (2) copies of relevant portions of the agency's claim file, and (3) a statement of the recommendations or views of the agency.

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- b. Referrals to the Department of Justice. When consultation with the Department of Justice is required in cases involving new precedent or points of law, questions of policy, or other reasons set forth in the Attorney General's Regulations, 14 C.F.R. 14.6, the referral shall be submitted, in the form provided in 13a above, to the General Counsel, Federal Aviation Administration, for transmission to the Assistant Attorney General, Civil Division, Department of Justice.

14. CLAIM BY THE AGENCY.

a. Against private or third parties.

- (1) Demand. Administrative claims for recovery of damages suffered by the agency may be asserted by the Responsible Administrative Officer or his designee. A copy of each demand letter will be furnished the accounting division.
- (2) Release. If there is no doubt regarding liability, and payment is tendered upon demand, the adverse party shall be issued a release of all government property claims, arising out of the accident or incident, which shall be reviewed by the legal counsel. Releases shall be executed by the Responsible Administrative Officer or his designee. The transaction shall be recorded and reported in the manner provided in paragraphs 24 and 25.
- (3) Disputed Claims. If there is any doubt of the validity of such a claim it shall be referred to the legal counsel for an opinion. The opinion shall be issued, after such additional investigation deemed required by the legal counsel, in substantially the same manner as required by paragraph 7e. The authority provided under the Federal Claims Collection Act of 1966, P.L. 89-508, 80 Stat. 309 may be utilized in the disposition of claims, not exceeding \$20,000, whether by compromise, settlement, or termination.

- b. Against employees. Accidents or incidents involving agency personnel or property may be the subject of a claim by the agency, for damages, because the damage or injury is associated with an unauthorized act, or use of the property, by the employee. Such claims may be made whether the employee was or was not negligent. The employee may also be subject to a suspension, of not less than 30 days, for the unauthorized use of motor vehicles or aircraft pursuant to the provisions of 31 U.S.C. 638a(c)(2). After a determination is made that an employee was acting outside the scope of his employment he may be treated as any other person in the handling of a tort claim.

15. EVALUATION AND ADJUDICATION.

a. Evaluation.

- (1) All claims shall be evaluated, from the liability standpoint, through examination of all available facts, documentation, accounts, demonstrative and physical evidence, opinion of experts where necessary, and applicable judicial precedent and statutes of the place where the accident or incident occurred.
- (2) All claims shall be evaluated, as to their dollar value, considering the criteria established in Section 14.4, 28 C.F.R. Part 14, and such other reasonable criteria which may be prescribed by the circumstances or applicable law.
- (3) All claims made the subject of compromise negotiation shall be evaluated considering the probability of successful defense and the cost of such proceedings.
- (4) The legal counsel, if not otherwise the designee of the Responsible Administrative Officer, shall be responsible for the conduct of any negotiations with a claimant in all claims involving personal injury, and in all claims for property damage exceeding the sum of \$5,000.

b. Adjudication.

- (1) Claims may be adjudicated any time after receipt.
- (2) A claim which accrued prior to January 18, 1967, if denied or withdrawn more than two years after it accrued, will be subject to suit for a period of six months thereafter (28 U.S.C. 2401(b)(old)).
- (3) A claim which accrued after January 18, 1967 may be subject to suit for a period of six months after final denial.
- (4) Denial shall be accomplished by the mailing of such a notice by certified or registered mail (28 U.S.C. 2401(b)(new)). It shall be in writing and direct the recipients attention to the provisions of 28 U.S.C. 2401(b)(time limitation).
- (5) The claimant may treat failure to adjudicate a claim within six months after submission as a final denial for the purpose of filing suit.
- (6) The adjudication and settlement, or denial, of any claim by a Responsible Administrative Officer, the General Counsel, or a designee, shall constitute final action in the case

insofar as the agency is concerned, and except when procured by means of fraud, no further review of the agency may be obtained.

- (7) When a claim is adjudicated, providing for payment in the sum of \$2,500 or less, the accounting division will be notified in writing of the amount and the identity of the claimant.

16. PAYMENT.

a. Awards of \$2,500 or less.

- (1) Settlement awards of \$2,500 or less are paid from agency appropriations. The Responsible Administrative Officer, the General Counsel, or a designee, after adjudication, shall obtain a properly executed Standard Form 1145 (Appendix 10) Voucher for Payment Under Federal Tort Claims Act, and Standard Form 1145a (Memorandum copy) from the claimant. It shall be signed by the Responsible Administrative Officer or his designee and forwarded with the original claim, any settlement agreements or releases executed by the claimant, the report and opinion of the legal counsel and the final adjudication to:

- (a) the Accounting Division for a determination of the appropriation to be charged; and
(b) pursuant to the Voucher Examination Handbook 2700.7a for certification and payment.

(2) Awards in Excess of \$2,500 but not more than \$100,000.

Awards in excess of \$2,500 are not paid from funds appropriated to the agency. Awards in excess of \$2,500 but not more than \$100,000 are paid upon submission of the documents listed in (1) above addressed to the Claims Division, General Accounting Office, 441 G. St., N.W., Washington, D. C. 20548, through the Accounting Programs Division, MS-400, in accordance with Par. 904, Voucher Examination Handbook. When an award is in excess of \$25,000, evidence that the award has been approved by the Attorney General, or his designee, is required.

(3) Claims over \$100,000.

When the award is in excess of \$100,000, the documents listed in (1) above and evidence of the approval of the Attorney General, or his designee, will be forwarded, for submission to the Bureau of Accounts, Department of the Treasury, Washington, D. C. 20226, through the Accounting Programs

Division, MS-400.

b. Payee.

- (1) The claimant will be designated as payee, except in the case of claims made in behalf of minor children, when the payee shall be designated as "(John Doe) as parent and natural guardian of (John Doe, Jr.)"; or when other designation is established by a Court of competent jurisdiction; or
- (2) When the claimant is represented by an attorney, both the claimant and his attorney will be designated as payees on the voucher (SF-1145). The check will be delivered to the attorney whose address will appear on the voucher.'

c. Acceptance.

Acceptance of an award, compromise or settlement, pursuant to Standard Form 1145, under the Federal Tort Claims Act as amended by a claimant constitutes for the United States, as well as the employee whose act or omission gave rise to the claim, a release from all liability to the claimant based on the act or omission, unless procured by fraud or otherwise specifically provided.

17-18. RESERVED.

CHAPTER 3. LITIGATION

19. GENERAL. A suit is initiated against the United States by the filing of a complaint. Thereafter a summons is issued and served upon the United States by delivery to the United States District Attorney and by sending a copy of the summons and complaint to the Attorney General. Service upon an officer or agency is obtained by delivery of a copy of the summons and complaint to such officer or agency.
20. SUITS AGAINST THE GOVERNMENT (OR ITS OFFICIALS)
- a. Responsible Administrative Officers. The Responsible Administrative Officer shall, upon receipt of a summons or complaint, libel petition or any similar document utilized in the initiation of legal action, forward the administrative claim file to the legal counsel for handling or referral as provided herein.
 - b. Referral. All tort claim suits against the agency shall be reported immediately to the Associate General Counsel, Litigation Division, Office of the General Counsel, as soon as the Responsible Administrative Officer becomes aware of them. Suits involving aircraft accidents causing personal injury or death, or injury or loss of property exceeding \$5,000, and all others which are initiated in sums exceeding \$25,000 shall be referred to the General Counsel, attention: Associate General Counsel, Litigation Division, Office of the General Counsel. Those suits not referred to the General Counsel shall be handled by the Regional and Center Counsels.
 - c. Employees.
 - (1) An agency employee against whom a civil action or proceeding is brought for damage to property, or for personal injury or death, on account of an act or omission while acting within the scope of his office or employment shall, or his personal representative, if the action is brought against his estate and defense by the government is desired, deliver all process and pleadings served upon him, or an attested true copy thereof, within the time permitted for appearance or answer, to the appropriate Responsible Administrative Officer or legal officer.
 - (2) In the cases where a lawsuit is initiated against the United States, based upon an act or omission of any agency employee, the employee involved, or any employee associated with the subject of the suit because of participation in the investigation or otherwise, will be expected to render assistance in the preparation and defense of the suit at the request of the legal counsel, the Department of Justice or the United States District Attorney, as appropriate. Any question arising in respect to

the giving of evidence shall be resolved by reference to Part 185, Federal Aviation Regulations, or upon consultation with legal counsel or the Associate General Counsel, Litigation Division, Office of the General Counsel.

- (3) Employee as Defendant. When a suit is initiated against an employee who is in a United States District Court, or as a defendant in a suit against the United States, the Department of Justice will ordinarily, upon request of the agency, enter an appearance on behalf of the employee, and assume his defense, provided the employee was, at the time of the happening, acting within the scope of his employment. If the litigation arises from a motor vehicle accident or incident, within the application of P.L. 87-258, 28 U.S.C. 2679, the Attorney General will cause the substitution of the United States as defendant, secure the removal of the case to the United States District Court, and take such other necessary action as may be required to eliminate the employee or his estate as a named defendant, provided a determination can be made that the employee was acting within the scope of his office or employment at the time of the happening.
21. SUITS BY THE GOVERNMENT. When it is determined that litigation is necessary to effect recovery of losses, the file, together with a statement of the facts and supporting documents, shall be prepared for submittal to the U.S. Attorney having jurisdiction, or to the Attorney General through the Department of Justice. Cases involving demands of \$5,000 or less shall be submitted directly, with a copy to the Associate General Counsel, Litigation Division, Office of the General Counsel. Cases exceeding that amount shall be referred to the Associate General Counsel, Litigation Division, Office of the General Counsel, for submission to the Department of Justice. This is because the delegation of authority, except on specific referral, to the U.S. District Attorney is limited to matters involving \$5,000 or less, and the Justice Department desires, for purposes of coordination, that such matters be referred to them, initially, through agency headquarters. An action, by the United States, founded upon a tort, is barred unless brought within three years after the right accrues, P.L. 89-505.

22.-23. RESERVED.

13 Dec 71

CHAPTER 4. CLAIMS ADMINISTRATION

24. RECORDS. A register of all tort claims filed with a Responsible Administrative Officer, or the General Counsel, shall be maintained containing the following information:

- a. Date received.
- b. Name of claimant (or adverse party)
- c. Address of Claimant.
- d. Brief description of claim; and
 - (1) Date and place of damage or injury.
 - (2) Cause and Extent of damage or injury.
 - (3) Nature of damage or injury.
 - (4) What was damaged, who was injured.The description of the claim should be brief, yet adequate enough to enable classification.
- e. Amount claimed.
- f. Estimate of potential damage or claim.
- g. Amount paid, if any (or received).
- h. Date paid. or;
- i. Date of mailing notice by agency of final determination or denial;
- j. Schedule number, and
- k. Appropriation charged, if any.

*25. WITHDRAWN. CHG

*

26. CLASSIFICATION. Claims shall be classified within the following categories:

- a. Claims against the agency.

Automobile - Property Damage
Automobile - Injury
Automobile - Death
Aviation - Injury
Aviation - Death
Aviation - Property Damage
Fire - Injury
Fire - Death
Fire - Property Damage
Misc. - Injury
Misc. - Death
Misc. - Property Damage

Add to each classification the designating symbol of the operating segment principally involved. (Example: FS).

- b. Claims for the agency. Classify in same manner as claims against the agency adding the designation of the operating segment involved. (Example: AT).

STANDARD FORM 91 - OPERATOR'S REPORT OF MOTOR VEHICLE ACCIDENT

OPERATOR'S REPORT OF
MOTOR-VEHICLE ACCIDENT

THIS FORM TO BE FILLED OUT BY THE GOVERNMENT
OPERATOR AT THE TIME AND AT THE SCENE OF THE
ACCIDENT, INsofar AS POSSIBLE.

DEPARTMENT OR AGENCY

TELL IN YOUR OWN WAY HOW ACCIDENT HAPPENED

NAME AND LOCATION OF ORGANIZATION TO WHICH YOU ARE ASSIGNED

PLEASE PRINT FULL NAME		(PRINT NAME OF TITLE)	
SERVICE NUMBER OR HOSTEN TITLE		OPERATOR'S STATE PERMIT NUMBER	
HOME ADDRESS (Street, city, State)		TELEPHONE (if any)	
DATE AND DAY OF WEEK OF ACCIDENT		HOUR (A.M. or P.M.)	
PLACE OF ACCIDENT (If accident in city, give city and State. If outside city limits, indicate mileage to nearest city or other landmark.)			
FROM WHAT PLACE TO WHAT PLACE WERE YOU BOUND			
FOR WHAT PURPOSE			
NAME	TYPE	REGISTRATION NUMBER OR OTHER IDENTIFICATION	
PARTS OF VEHICLE DAMAGED (Describe)			
ESTIMATED AMOUNT OF DAMAGE \$		TYPE	YEAR
NAME		OPERATOR'S STATE PERMIT NUMBER	VEHICLE LICENSE NUMBER
OPERATED BY (Name)		VEHICLE OWNED BY	
OPERATOR'S HOME ADDRESS (Street city, State)		OWNER'S BUSINESS (Street city, State)	
PARTS OF VEHICLE DAMAGED (Describe)			
ESTIMATED AMOUNT OF DAMAGE \$			
OTHER VEHICLE OR PROPERTY DAMAGED (Describe)			

BUREAU OF THE POST OFFICE
(Circular 58, 1964)

(91-105)

Revised April 1962

HAVE YOU ANSWERED ALL QUESTIONS AS COMPLETELY AS POSSIBLE?

DATE

SIGNATURE OF OPERATOR

OPERATOR'S STATEMENT OF ACCIDENT AND USE OF SAFETY EQUIPMENT

1111

STANDARD FORM 91 - OPERATOR'S REPORT OF MOTOR VEHICLE ACCIDENT

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STANDARD FORM 92-A REPORT OF ACCIDENT OTHER THAN MOTOR VEHICLE

Standard Form 92-A
PROULGATED JUNE 1963 BY BUREAU OF THE BUDGET
CIRCULAR A-5 (REV.)

REPORT OF ACCIDENT OTHER THAN MOTOR VEHICLE			
DEPARTMENT OR AGENCY			ACCIDENT OCCURRED IN--
NAME AND ADDRESS OF LOCAL REPORTING ORGANIZATION			GOVERNMENT OPERATION CONTRACTOR OPERATION
TIME AND PLACE OF ACCIDENT	DATE OF ACCIDENT	TIME	PLACE LOCATION OF ACCIDENT
PERSON OR PERSONS INJURED	NAMES		ADDRESSES
NATURE AND EXTENT OF INJURIES			
PROPERTY DAMAGED	NAME OF OWNER		ADDRESS OF OWNER
	DESCRIPTION AND LOCATION OF PROPERTY		
	NATURE AND EXTENT OF DAMAGE		
FULL DESCRIPTION OF ACCIDENT (Use Reverse Side, If Necessary)			
WITNESSES	IMPORTANT.—Be particular to secure the names and addresses of witnesses, bystanders, or persons in the immediate vicinity who may have seen the accident or heard any statement made by the person injured.		
	NAMES		ADDRESSES
DATE OF THIS REPORT	TITLE OR POSITION		SIGNATURE OF PERSON EXECUTING THIS FORM

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Page 1 (and 2)

OPTIONAL FORM 26 - DATA BEARING UPON SCOPE OF EMPLOYMENT
OF MOTOR VEHICLE OPERATOR

OPTIONAL FORM 26 MAY 1962 GSA CIRCULAR NO. 267 3026-101		DATA BEARING UPON SCOPE OF EMPLOYMENT OF MOTOR VEHICLE OPERATOR	
OPERATOR'S		INSTRUCTIONS. This form is to be filled out by the operator at the time and at the scene of the accident, insofar as possible, and attached to the completed Standard Form 94, Operator's Report of Motor Vehicle Accident.	
1. NAME		2. TITLE AND JOB CLASSIFICATION	
3. AGENCY NAME AND BEGINNING DATE OF DUTY		4. ESTABLISHED WORKING HOURS FROM <input type="text"/> A.M. TO <input type="text"/> A.M. <input type="text"/> P.M. <input type="text"/> P.M.	
5. IMMEDIATE SUPERVISOR (Name)		6. SUPERVISOR'S TITLE	
7. VEHICLE IS (Check one only) <input type="checkbox"/> a. GOVERNMENT-OWNED <input type="checkbox"/> b. NOT GOVERNMENT-OWNED (Identification No.) <input type="text"/> (License No.) <input type="text"/>		8. IF BLOCK 7b. IS CHECKED, IS TITLE TO VEHICLE REGISTERED IN OPERATOR'S NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO If "NO" give details as to how vehicle is titled.	
9. WAS THIS VEHICLE ASSIGNED TO OPERATOR BY A GSA MOTOR POOL? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES" give details and location of the GSA Motor Pool. If "NO" what activity assigned the vehicle?		10. HOW DID OPERATOR RECEIVE AUTHORITY FOR USE OF VEHICLE? <input type="checkbox"/> ORALLY <input type="checkbox"/> WRITTEN AUTHORITY Give details:	
11. ORIGIN		12. DESTINATION	
13. EXACT PURPOSE OF TRIP		14. DATE AND TIME TRIP BEGAN	
		15. DATE AND TIME OF ACCIDENT	
16. HOW DID OPERATOR RECEIVE AUTHORITY FOR TRIP? <input type="checkbox"/> ORALLY <input type="checkbox"/> WRITTEN AUTHORITY Give details:		17. WAS THERE ANY DEVIATION FROM DIRECT ROUTE? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES" explain in detail:	
18. WAS TRIP MADE WITHIN ESTABLISHED WORKING HOURS? <input type="checkbox"/> YES <input type="checkbox"/> NO If "NO" explain.		19. DID OPERATOR WHILE ENROUTE ENGAGE IN ANY ACTIVITY OTHER THAN THAT FOR WHICH THIS TRIP WAS AUTHORIZED? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES" explain:	
20. STATE BELOW FULL DETAILS OF THE AUTHORITY FOR, THE NATURE OF, AND CIRCUMSTANCES SURROUNDING THE TRIP NOT OTHERWISE COVERED ABOVE OR ON THE ACCOMPANYING SF-81.			
OPERATOR'S SIGNATURE		DATE (Continue on reverse)	
SUPERVISOR'S SIGNATURE		DATE	
The information contained herein is true and correct to the best of my knowledge and belief.			

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NTSB FORM 6120.1 PILOT/OPERATOR AIRCRAFT ACCIDENT REPORT
GENERAL AVIATION AIRCRAFT

DEPARTMENT OF TRANSPORTATION NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT REPORT GENERAL AVIATION AIRCRAFT				Form Approved, Budget Bureau, No. 10-607g			
1. LOCATION OF ACCIDENT, DATE AND TIME				This form is to be used in reporting civil aircraft accidents involving general aviation aircraft			
City or place and State				Local time		Date	
				Zone	A.M.	P.M.	
If accident occurred on approach to, or takeoff from an airport, or on an airport, give name of Airport				Runway		Type of surface and condition	
				Direction	Length		
2. AIRCRAFT							
Aircraft make		Engine make		Name, Address of owner			
Model		Model					
Registration No.		Horsepower					
Serial No.		Serial No.(s)					
Describe aircraft damage		Est. cost of repairs		Last airworthiness inspection		Date	
				<input type="checkbox"/> Periodic			
				<input type="checkbox"/> 100 Hour			
				<input type="checkbox"/> Progressive			
Will it be rebuilt or repaired? <input type="checkbox"/> Yes <input type="checkbox"/> No				Operational time since last inspection		Time	
Where is it located now?				Total time on aircraft			
3. KIND OF FLYING AND PURPOSE (Check each applicable item)							
<input type="checkbox"/> Commercial operator		<input type="checkbox"/> Noncommercial operator		<input type="checkbox"/> Local			
<input type="checkbox"/> Cross-country		<input type="checkbox"/> Instructional; If so, Solo _____ Dual _____		<input type="checkbox"/> Pleasure/Personal transportation			
<input type="checkbox"/> Business transportation		<input type="checkbox"/> Air taxi/Contract		<input type="checkbox"/> Aerial application/Crop control			
<input type="checkbox"/> Other (Describe)							
4. PILOT DATA							
Name and address				Telephone No.		Business or profession	
				Age			
Pilot certificate		Class/type ratings		Pilot time - hours flown		Last 24 hours	
Certificate No.				Total time		Last 90 days	
<input type="checkbox"/> Student		<input type="checkbox"/> Airplane		Instrument		Total time	
<input type="checkbox"/> Private		<input type="checkbox"/> Single-engine		Night			
<input type="checkbox"/> Commercial		<input type="checkbox"/> Multiengine		This make/model			
		<input type="checkbox"/> Land					
		<input type="checkbox"/> Sea					
Medical certificate issued		Type rating(s) and limitations (Include medical)					
Date		Class					
5. LIST OF OCCUPANTS							
Name and Address (Indicate injuries to pilot, other occupants and persons on the ground)				Total persons aboard		Degree injury	
						Crew	
						Passenger	
						Nonoccupant	
						Fatal	
						Serious	
						Minor	
						None	
6. FILL IN ONLY IF A COLLISION ACCIDENT (Complete on other aircraft)							
Make		Damage		Est. cost \$		Name and address of owner	
Model							
Registration No.							
FOR OFFICIAL USE ONLY							
Report received by NTSB Office				of GAO Office No.			
Investigator		Date		Inspector		Date	

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NTSB FORM 6120.1 PILOT/OPERATOR AIRCRAFT ACCIDENT REPORT
GENERAL AVIATION AIRCRAFT

☐ Dawn ☐ Daylight ☐ Dusk ☐ Night ☐ Clear Ceiling _____ ft; Visibility _____ mi; Temperature _____ F.
Eleva. of site _____ ft; Wind direction _____ Velocity _____ kts. ☐ Turbulence If gusty, max gusts _____ kts.
☐ Fog ☐ Haze/smoke ☐ Rain ☐ Thunderstorm ☐ Hail ☐ Snow ☐ Sleet ☐ Freezing rain ☐ Other conditions
☐ Other (Describe)

Was a flight plan filed? ☐ No ☐ Yes VFR ☐ IFR ☐ OVER/ON TOP ☐ FLIGHT FOLLOWING SERVICE
If weather was involved, state if weather briefing was obtained or weather reports checked, and how accomplished.

Mechanical Failure/Malfunction. - Fill out only if the accident involved a mechanical failure or malfunction. For the purpose of this report a failure or malfunction means any failure or malfunction of the aircraft occurring under any circumstances, except when failure resulted from impact with the ground or collision with another object. (Describe below).

Failure Occurred In: ☐ Aircraft structure, ☐ Engine, ☐ Propeller, ☐ Accessories/Equipment

Name part failed/malfunctioned	Manufacturer	Part No.	Serial No. of part	Time since overhaul	Total time on part

Did fire follow impact? ☐ Yes ☐ No

WHAT HAPPENED? Describe events and circumstances leading to accident, and the nature of accident.

Include a sketch if you desire. Attach extra sheet if more space is needed. If on a cross-country flight, state point and time of departure and intended destination.

Date of this report

Signature

INSTRUCTIONS

When Report is Required. - A report of a general aviation aircraft accident is required when: (1) any person is fatally or seriously injured; (2) any aircraft receives substantial damage; (3) aircraft collide in flight; or (4) when, after 7 days, an overdue aircraft is still missing. Substantial damage to aircraft 12,500 pounds gross weight or less is defined as damage or structural failure reasonable estimated to cost \$300.00 or more to repair.

When Report is to be Submitted. - The report is to be mailed or delivered within 10 days of the accident.

Where Report is to be Sent. - If a fatal accident or any accident involving a piston-engine or a fixed-wing aircraft that exceeds 12,500 pounds gross weight, mail or deliver to National Transportation Safety Board Office nearest the accident or occurrence. If a nonfatal accident involving small fixed-wing aircraft, mail or deliver to Federal Aviation Administration District or Regional Office nearest the accident or occurrence.

Airport Manager can Provide Mailing Address of Above Offices.

NTSB Form 6120.1

FIG 974-387

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NTSB FORM 6120.2 AIRCRAFT ACCIDENT REPORT

UNITED STATES OF AMERICA DEPARTMENT OF TRANSPORTATION NATIONAL TRANSPORTATION SAFETY BOARD WASHINGTON, D.C.		INSTRUCTIONS	
AIRCRAFT ACCIDENT REPORT (Submit in duplicate)		This NTSB Form 6120.2 is to be used to report all civil aircraft accidents involving aircraft that exceed 12,500 pounds maximum gross takeoff weight, helicopters, and all Alaskan air carrier aircraft, regardless of weight.	
		Federal regulations require that all aircraft accidents as defined be reported to the NTSB, provided full and complete information is provided in the report. The NTSB is a transportation safety board, not a law enforcement agency.	
Section I - LOCATION AND TIME (24-hour clock) OF ACCIDENT			
1. Nearest city		3. Date	
2. State		4. Hour	
5. Proximity to airport: (Check one)			
a <input type="checkbox"/> On the airport c <input type="checkbox"/> Within 1/2 mile e <input type="checkbox"/> Within 1 mile g <input type="checkbox"/> Within 3 miles i <input type="checkbox"/> Within 5 miles			
b <input type="checkbox"/> Within 1/4 mile d <input type="checkbox"/> Within 3/4 mile f <input type="checkbox"/> Within 2 miles h <input type="checkbox"/> Within 4 miles j <input type="checkbox"/> Beyond 5 miles			
6. Phase of operation		7. Identify airport	
Takeoff		En route	
Landing			
8. Exact location of accident			
Section II - IDENTIFICATION OF FLIGHT			
1. Name of operator		2. Headquarters	
3. Class of operator: (Check appropriate items)			
a <input type="checkbox"/> Scheduled c <input type="checkbox"/> Contract e <input type="checkbox"/> Business g <input type="checkbox"/> Other (Specify)			
b <input type="checkbox"/> Irregular d <input type="checkbox"/> Intrastate f <input type="checkbox"/> Industrial			
4. Type of operation this flight (Check appropriate items)			
a <input type="checkbox"/> Passenger c <input type="checkbox"/> Cargo e <input type="checkbox"/> Charter g <input type="checkbox"/> Training i <input type="checkbox"/> Revenue			
b <input type="checkbox"/> Mail d <input type="checkbox"/> Company f <input type="checkbox"/> Test h <input type="checkbox"/> Other j <input type="checkbox"/> Nonrevenue			
5. Origin of flight		Destination	
List en route stops, if any			
6. Location of last takeoff			
Section III - CONDITIONS OF FLIGHT			
1. Day		3. IFR	
2. Night		4. VFR	
		5. Was flight plan filed?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		6. Type of clearance	
		<input type="checkbox"/> IFR <input type="checkbox"/> VFR <input type="checkbox"/> None	

NTSB FORM 6120.2 AIRCRAFT ACCIDENT REPORT

Section IV - CREW MEMBERS					
1. LIST ON SEPARATE SHEET AND ATTACH: for each member of the crew, exclusive of cabin attendants, give titles, full name, age, address, FAA certificate (including type, number, and rating) total hours of flying time and hours in type of aircraft involved in the accident.					
2. Total number in crew	Number injured and extent of injuries		Fatal		Minor
			Serious		
	Item		Pilot (a)	Copilot (b)	Flight engineer (c)
3. Hours flown by pilot, copilot, and flight engineer involved in this accident during 24-hour period prior to this flight.					
4. Hours flown by pilot, copilot, and flight engineer during this flight.					
5. Duty time (flight and stand-by) of pilot, copilot, and flight engineer in last 24 hours.					
6. Rest periods (hours) in 24-hour period prior to this flight.					
7. At what point en route was crew change effected (if any)			8. Number of takeoffs on this flight by crew involved in the accident		
9. State wording of FAA medical waiver, if any, held by following:					
a. Pilot _____					
b. Copilot _____					
c. Flight engineer _____					
Section V - PASSENGERS					
1. Number aboard	2. Number injured and extent of injuries:				
	Item	Fatal	Serious	Minor	None
a. Revenue	a. Revenue				
b. Nonrevenue	b. Nonrevenue				
Section VI - OTHER PERSONS					
1. Number injured and extent of injuries to other persons as a result of this accident, such as spectators, ground crew, occupants of vehicles or residences, etc.					
Identify		Fatal	Serious	Minor	
a.					
b.					
c.					
d.					
Section VII - EVACUATION OF AIRCRAFT					
1. Assistance received: (Check methods used)					
a <input type="checkbox"/> Outside persons c <input type="checkbox"/> Slide e <input type="checkbox"/> Ladder					
b <input type="checkbox"/> Auxiliary lighting d <input type="checkbox"/> Rope f <input type="checkbox"/> Other (Specify) _____					
2. Method of exit (State approximate number of persons using each of the following):					
a. Main door.....	Aft	Forward	Belly		
b. Auxiliary door.....	Aft	Forward	Other		
c. Emergency exit.....	Aft of wing	Over wing	Cockpit		
d. Other (Specify).....					

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NTSB FORM 6120.2 AIRCRAFT ACCIDENT REPORT

Section VIII - AIRCRAFT DATA					
1. Name of owner			Address		
2. Make		Model	FAA Identification No.	4. Time since last inspection	
3. Date of manufacture		Mfg. Serial No.	Total flying time	2. Major	b. Line maintenance
5. Passenger capacity			Cabin seating configuration (Attach drawing)		
6. ENGINES	Number		Make		Model
	No.	Date of manufacture	Mfg. Serial No.	Total time	Hours since last overhaul
	1				
	2				
	3				
	4				
7. PROPELLER ASSEMBLIES	Number		Make		Model
	No.	Date of manufacture	Mfg. Serial No.	Total time	Hours since last overhaul or reassembly
	1				
	2				
	3				
	4				
8. Type of fire extinguishing system (Including hand types, if fire involved)					
9. Describe aircraft damage					
Section IX - PROPERTY DAMAGE					
1. Describe damage to buildings, power lines, crops, livestock, etc. (Dollar estimate not necessary.)					
Section X - WEATHER CONDITIONS					
1. Describe weather conditions at time and scene of accident					

NTSB FORM 6120.2 AIRCRAFT ACCIDENT REPORT

Section XI - COLLISION ACCIDENTS			
1. In the event of a collision with another aircraft the following identification data must be completed for the other aircraft:			
a. Make	Model	FAA Identification No.	
b. Name of pilot	Address	Certificate	
c. Name of owner		Address	
d. Damage to this aircraft			
A NTSB Form 6120.2 must be submitted by the appropriate operator of each aircraft involved.			
Section XII - MALFUNCTIONING OR MECHANICAL FAILURE REPORT			
1. The following is to be completed ONLY if accident involves malfunctioning or mechanical failure in the aircraft structure, powerplant, accessories, instruments, etc. This does not include engine stoppages caused by lack of fuel or oil, or improper use of engine controls by crew.			
a. Describe specific part in sufficient detail to identify it positively. Give make, model, and serial number; also total hours and hours since overhaul:			
b. Describe circumstances under which failure occurred:			
c. What is your analysis of cause? (Include as much evidence for your analysis as possible):			
Section XIII - OPERATOR'S STATEMENT			
1. Describe circumstances of the accident and provide any additional information which may assist in the analysis of this accident and the prevention of similar ones. (Use supplementary sheet if additional space is required.)			
Operator _____		Signature of person filing _____	
Date of this report _____		Type or print name _____	
		Title _____	
Section XIV - STATEMENTS OF PILOT AND OTHER CREW MEMBERS			
1. Pilot and other crew member statements must be attached. In the event that any of the foregoing are incapacitated, statements must be submitted subsequently at the earliest possible date.			
a. Statement(s) attached <input type="checkbox"/> Yes <input type="checkbox"/> No		b. Statement(s) will be submitted (Approximate date)	

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Appendix B
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FAA FORM 2955 - SUPERVISOR'S REPORT OF ACCIDENT

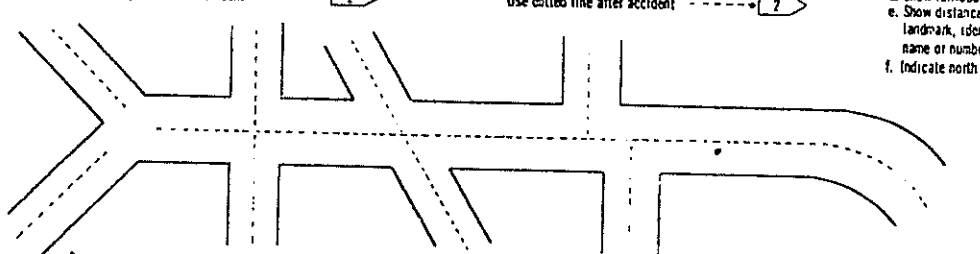
EXCEPTION TO SF 91-A AND 92 APPROVED BY 5-111A-1 OF THE BUDGET, FEBRUARY 1962		FEDERAL AVIATION AGENCY SUPERVISOR'S REPORT OF ACCIDENT		REPORT NO. (For Field Use Only)
Read attached instructions before completing this form (Do not write in shaded areas.)				
PART I.—GENERAL INFORMATION (Complete this Part for all reports)				
1 TYPE OF REPORT *		5 DATE OF ACCIDENT	6 TIME OF ACCIDENT P M	
2 NAME OF SERVICE OR OFFICE		7 NAME OF EMPLOYEE (Injured person driver or person associated with property damage)		
3 NAME AND ADDRESS OF REPORTING UNIT (Include city and State)		8 AGE	9 SEX	10 YEARS OF FEDERAL SERVICE
4 EXACT GEOGRAPHICAL LOCATION OF ACCIDENT		11 OCCUPATION (Official job title)		
PART II.—DESCRIPTION OF INJURY (Complete in all cases of personal injury. Note: If this is a Motor Vehicle Accident Report describe injury to FAA driver here. Complete a supplemental Form FAA-2955 for each additional FAA employee injured in the same accident.)				
12 DATE INJURED STOPPED WORK	15 NATURE OF INJURY *			
13 DATE INJURED RETURNED TO WORK	16 ANATOMICAL LOCATION OF INJURY *			
14 HAS CA FORM 1 BEEN SUBMITTED? <input type="checkbox"/> YES <input type="checkbox"/> NO CA FORM 2? <input type="checkbox"/> YES <input type="checkbox"/> NO	17 EXTENT OF DISABILITY *			
PART III.—DESCRIPTION OF ACCIDENT (Complete this Part for all reports. Use additional sheets if necessary.)				
18 TELL COMPLETE STORY OF WHAT HAPPENED. WHAT LED UP TO THE ACCIDENT? HOW DID ACCIDENT ACTUALLY HAPPEN? WHAT WAS WRONG WITH EQUIPMENT, MATERIAL, LAYOUT? WHAT WAS DONE WRONG?				
NOTE: In motor vehicle accident cases, include in this space name and address of driver of non-federal vehicle, his permit number, name of vehicle owner, license number, and police action if any.				
PART IV.—NON-MOTOR VEHICLE ACCIDENT INFORMATION				
19 ACCIDENT TYPE *		22 UNSAFE ACT OF INJURED PERSON (Do not associate with property damage) *		
20 AGENCY OF ACCIDENT *		23 UNSAFE PERSONAL FACTOR OF INJURED PERSON (Do not associate with property damage) *		
21 UNSAFE MECHANICAL OR PHYSICAL CONDITION *		24 MANAGEMENT DEFICIENCY CONTRIBUTING TO INCIDENT *		
PART V.—MOTOR VEHICLE ACCIDENT INFORMATION				
25 TYPE OF FEDERAL VEHICLE *		29 ACCIDENT HAPPENED IN: <input type="checkbox"/> CITY <input type="checkbox"/> SUBURBS <input type="checkbox"/> RURAL AREA	33 ROADWAY *	
26 CONDITION OF VEHICLE *		30 TYPE OF ACCIDENT *	34 ROAD CHARACTERISTICS *	
27 MOVEMENT OF FEDERAL VEHICLE *		31 CONDITION OF OPERATOR *	35 WEATHER *	
28 OTHER OBJECT INVOLVED *		32 UNSAFE ACT OF FAA DRIVER *	36 LIGHT CONDITIONS *	
37 PERMIT TYPE (If FAA driver) a. FEDERAL M.V. OPERATOR'S CARD NO. <input type="checkbox"/> PASSENGER CAR <input type="checkbox"/> LIGHT TRUCK <input type="checkbox"/> HEAVY TRUCK <input type="checkbox"/> OTHER <input type="checkbox"/> PASSENGER CAR <input type="checkbox"/> LIGHT TRUCK <input type="checkbox"/> HEAVY TRUCK b. STATE PERMIT NO. _____				
* Must be answered by selecting one of the standard terms listed in the instructions.				

FAA FORM 2955 - SUPERVISOR'S REPORT OF ACCIDENT

PART VI — PROPERTY DAMAGE		\$ ESTIMATE OF DAMAGE
38a. FEDERAL PROPERTY DAMAGED (Other than motor vehicle)		38b.
38c. NON-FEDERAL PROPERTY DAMAGED (Other than motor vehicle)		38d.
39a. FAA VEHICLE		39b.
39c. PRIVATELY OWNED VEHICLE ON FAA BUSINESS		39d.
39e. GSA INTERAGENCY MOTOR POOL VEHICLE		39f.
39g. NON-FEDERAL VEHICLE		39h.

PART VII — OTHER PERSONS INJURED (Federal or Non-Federal)		
40a. NAME AND ADDRESS	40b. NAME AND ADDRESS	40c. NAME AND ADDRESS

PART VIII — WITNESSES		
41a. NAME AND ADDRESS	41b. NAME AND ADDRESS	41c. NAME AND ADDRESS

PART IX — DIAGRAM OF MOTOR VEHICLE ACCIDENT	
<p>42. USE ONE OF THESE OUTLINES TO SKETCH THE SCENE OF THE ACCIDENT, WRITING IN STREET OR HIGHWAY NAMES OR NUMBERS</p> <p>a. Number each vehicle and show direction of travel by arrow → Fed ← 2 ←</p> <p>b. Use solid line to show path before accident → 2 → Use dotted line after accident --- 2 ---</p> <p>c. Show pedestrian by: — ○ —</p> <p>d. Show railroad by: — + —</p> <p>e. Show distance and direction to landmark, identify landmarks by name or number</p> <p>f. Indicate north in the circle as ①</p> 	

PART X — COMMENTS (Complete this Part for all reports)	
43a. CORRECTIVE MEASURES TAKEN OR PLANNED	<p>43b. SIGNATURE OF SUPERVISOR</p> <p>43c. TITLE</p> <p>43d. DATE</p>
44a. COMMENTS OF REVIEWING OFFICER OR BOARD	<p>44b. SIGNATURE OF REVIEWING OFFICER OR BOARD CHAIRMAN</p> <p>44c. TITLE</p> <p>44d. DATE</p>
45a. COMMENTS OF OCCUPATIONAL SAFETY OFFICER	<p>45b. SIGNATURE OF OCCUPATIONAL SAFETY OFFICER</p> <p>45c. DATE</p>

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STANDARD FORM 94 - STATEMENT OF WITNESS

Standard Form 94
Revised June 1963
Prescribed
by Bureau of the Budget
Circular A-5 (Rev.)

STATEMENT OF WITNESS

(Use additional sheets if necessary)

1. DID YOU SEE THE ACCIDENT?	2. WHEN DID IT HAPPEN? (Time and date)	3. WHERE DID IT HAPPEN? (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. IN TRAFFIC CASES STATE APPROXIMATE SPEED (Miles per hour)	(a) GOVERNMENT VEHICLE	(b) OTHER VEHICLE
10. GIVE THE NAMES AND ADDRESSES OF ANY OTHER WITNESSES TO THE ACCIDENT		
NAMES		ADDRESSES
11. DATE		SIGNATURE
12. HOME ADDRESS		TELEPHONE NO.
13. BUSINESS ADDRESS		TELEPHONE NO.
14. INDICATE ON THE DIAGRAM BELOW WHAT HAPPENED:		
<p>1. Number Federal vehicle as 1--other vehicle as 2--additional vehicle as 3, and show direction of travel by arrow (Example: → 1 ← 2 ←)</p> <p>2. Use solid line to show path before accident Broken line after accident</p> <p>3. Show pedestrian by ○</p> <p>4. Show railroad by ++++++</p> <p>5. Give names or numbers of streets or highways</p> <p>6. Indicate north by arrow in this circle ○</p>		

STANDARD FORM 94 - STATEMENT OF WITNESS

FILE REFERENCE

This office has been advised that you witnessed an accident which occurred

It will be helpful if you will answer, as fully as possible, the questions on the back of this letter.

Your courtesy in complying with this request will be appreciated. An addressed envelope, which requires no postage, is enclosed for your convenience in replying.

Sincerely yours,

Encl.

(OVER)

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FAA FORM 2961 - REPORT OF FIRE

REPORT OF FIRE (Attach additional plain sheets as necessary)				1. DATE OF INCIDENT	2. REPORTING ORGANIZATION	3. (Leave Blank)
4. LOCATION	A. BUILDING AND FACILITY IDENTIFICATION (Include building number and name)				B. ADDRESS	
	C. EXACT LOCATION OF FIRE (Floor, area, room number, etc.)				D. TYPE OF OPERATION (office, storeroom, paint shop, etc.)	
5. BUILDING OR FACILITY DATA (Check as appropriate)	A. Ownership		Federal		Nonfederal	
	B. Operated By		FAA	GSA	Other Federal	Nonfederal
	C. Original Design For		Office	Warehouse	Navigational Aids	Other (Specify)
	D. Construction		Fire Resistant	Brick Jointed	All Metal	Wood Frame
6. BRIEF STORY OF INCIDENT	COVER ALL IMPORTANT DETAILS, INCLUDING POINT OF FIRE ORIGIN AND HOW EXTINGUISHED. (Continue under return or attach additional sheets if more space is needed. Sketches and photos also may be attached)					
	DATE		TIME		DATE	
7. FIRST AID FIRE EQUIPMENT	A. WAS THERE A STANDPIPE SYSTEM?		B. IF "YES", WAS IT USED?		C. IF "YES", WAS OPERATION SATISFACTORY?	
	Yes No		Yes No		Yes No	
	D. WERE THERE FIRE EXTINGUISHERS?		E. IF "YES", GIVE ONLY TYPES APPLIED		IF NO EXPLAIN	
	Yes No		Yes No		Yes No	
8. CAUSE	A. DIRECT CAUSE (Welding, smoking, etc.)		B. CONTRIBUTING FACTORS (Defects in construction, occupancy, housekeeping, protection, etc.)		C. WERE THE FACTORS LISTED IN "B" PREVIOUSLY REPORTED FOR CORRECTION?	
					Yes No	
9. GROSS LOSS	A. AMOUNTS REPORTED ARE		B. LOSS TO			
	Final		BUILDING \$			
10. INJURIES OR DEATHS	Estimates (Will be corrected later)		CONTENTS \$			
			OTHER PROP. \$			
11. DATE						
TITLE OF INVESTIGATOR						
SIGNATURE OF INVESTIGATOR						
12. ACTION TAKEN AND RECOMMENDATIONS TO PREVENT RECURRENCE (To be completed by person in charge)						
DATE						
TITLE AND OPERATIONAL UNIT OF PERSON IN CHARGE						
SIGNATURE OF PERSON IN CHARGE						

FAA FORM 2961 - REPORT OF FIRE

13. COMMENTS OF REVIEWING OFFICIAL		
DATE	TITLE OF REVIEWING OFFICIAL	SIGNATURE OF REVIEWING OFFICIAL
14. COMMENTS OF OCCUPATIONAL SAFETY OFFICER		
DATE	SIGNATURE OF OCCUPATIONAL SAFETY OFFICER	
REMARKS		

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STANDARD FORM 95 - CLAIM FOR DAMAGE OR INJURY

Standard Form 95
Revised January 1967
Bureau of Budget
Circular 5 (Rev.)

SUBMIT TO:

CLAIM FOR DAMAGE OR INJURY

(Use additional sheets if necessary)

95 104

Use ink or typewriter. See reverse side for instructions and additional information required.

1. NAME OF CLAIMANT (Please print full name)		2. AGE	3. MARITAL STATUS	8. AMOUNT OF CLAIM	
4. ADDRESS OF CLAIMANT (Street, city, zone, State)				PROPERTY DAMAGE	\$
5. NAME AND ADDRESS OF SPOUSE, IF ANY				PERSONAL INJURY	\$
6. PLACE OF ACCIDENT (Give city or town and State; if outside city limits, indicate mileage or distance to nearest city or town)				TOTAL	\$
7. DATE AND DAY OF ACCIDENT		TIME (A.M. or P.M.)			
9. DESCRIPTION OF ACCIDENT - STATE BELOW IN DETAIL ALL KNOWN FACTS AND CIRCUMSTANCES ATTENDING THE DAMAGE OR INJURY, IDENTIFYING PERSONS AND PROPERTY INVOLVED AND THE CAUSE THEREOF					

10. PROPERTY DAMAGE	
NAME OF OWNER, IF OTHER THAN CLAIMANT	ADDRESS OF OWNER, IF OTHER THAN CLAIMANT
BRIEFLY DESCRIBE KIND AND LOCATION OF PROPERTY AND NATURE AND EXTENT OF DAMAGE. SEE INSTRUCTIONS ON REVERSE SIDE FOR METHOD OF SUBSTANTIATING CLAIM.	

11. PERSONAL INJURY	
STATE NATURE AND EXTENT OF INJURY WHICH FORMS THE BASIS OF THIS CLAIM	

12. WITNESSES	
NAMES	ADDRESSES

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 62 Stat. 694, 739; 18 U.S.C. 287, 1001.)

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 U.S. 4340, 4338, 31 U.S.C. 241.)

13. I DECLARE UNDER THE PENALTIES OF PERJURY THAT THE AMOUNT OF THIS CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE DESCRIBED. I AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.

SIGNATURE OF CLAIMANT

DATE OF CLAIM

NOTE: Signature used above should be used in all future correspondence.

STANDARD FORM 95 - CLAIM FOR DAMAGE OR INJURY

NOTICE TO CLAIMANT

In order that your claim for damages may receive proper consideration you are requested to supply the information called for on both sides of this form. All material facts should be stated on this form, as it will be the basis of further action upon your claim. The instructions set forth below should be read carefully before the form is prepared.

INSTRUCTIONS

Claims for damage to or for loss or destruction of property, or for personal injury, must be signed by the owner of the property damaged or lost or the injured person. If, by reason of death, other disability or for reasons deemed satisfactory by the Government, the foregoing requirement cannot be fulfilled, 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 authority to act.

If claimant intends to file claim for both personal injury and property damage, claim for both must be shown in item 8 on this form. Separate claims for personal injury and property damage are not acceptable.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of 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.

Any further instructions or information necessary in the preparation of your claim will be furnished, upon request, by the office indicated at the top of the other side of this form.

INSTRUCTIONS REGARDING 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:

DO YOU CARRY COLLISION INSURANCE?	IF YES, GIVE NAME AND ADDRESS OF INSURANCE COMPANY AND POLICY NUMBER
<input type="checkbox"/> YES <input type="checkbox"/> NO	

HAVE YOU FILED CLAIM ON YOUR INSURANCE CARRIER IN THIS INSTANCE, AND IF SO, IS IT FULL COVERAGE OR DEDUCTIBLE?	IF DEDUCTIBLE, STATE AMOUNT

IF SUCH CLAIM HAS BEEN FILED, WHAT ACTION HAS YOUR INSURER TAKEN, OR WHAT ACTION DOES IT PROPOSE TO TAKE WITH REFERENCE TO YOUR CLAIM? (It is necessary that you ascertain these facts)

DO YOU CARRY PUBLIC LIABILITY AND PROPERTY DAMAGE COVERAGE?	IF YES, GIVE NAME OF INSURANCE CARRIER
<input type="checkbox"/> YES <input type="checkbox"/> NO	

SIGNATURE OF CLAIMANT

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STANDARD FORM 1145 - VOUCHER FOR PAYMENT UNDER FTCA

Standard Form No. 1145
7 OAU 5410
1145-192

VOUCHER FOR PAYMENT
UNDER FEDERAL TORT CLAIMS ACT

D. O. Vou. No.

Hu. Vou. No.

Claim No.

U. S.
Department, bureau, or establishment)

Voucher prepared at
(Give place and date)

THE UNITED STATES, Dr.,

To
(Payee)

Address

PAID BY

Amount claimed, \$ Date claim accrued, 19.....

Amount of award, compromise, or settlement \$.....

BRIEF DESCRIPTION OF CLAIM: (See attachments for further explanation in detail.)

ACCEPTANCE BY CLAIMANT

I, the claimant, do hereby accept the within-stated award, compromise, or settlement as final and conclusive on me, and agree that said acceptance constitutes a complete release by me of any claim against the United States and against the employee of the Government whose act or omission gave rise to the claim, by reason of the same subject matter.

Date, 19.....

SIGN
ORIGINAL
ONLY

(Claimant)

This claim has been fully examined in accordance with the provisions of the Federal Tort Claims Act, approved August 2, 1946, and is approved in the

amount of \$.....

(Head of Federal agency, or authorized designee)

Date, 19.....

SIGN ORIGINAL ONLY

Title

Pursuant to the authority vested in me, I certify that this voucher is correct and proper for payment in the

amount of \$.....

(Authorized certifying officer)

Date, 19.....

SIGN ORIGINAL ONLY

Title

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by Check No.

MEMORANDUM REPORT

This report shall cover the following items:

1. Date, time and place of accident
2. Names, ages, and addresses of persons included
3. General description of injury or cause of death
4. Extent of damage to property
5. Name and address of owner or owners of property
6. Description of accident, and any additional information relating thereto
7. Cause of accident
8. Regulations having a bearing on the case
9. Recommended remedial action
10. Remarks and certification of investigation body, including law enforcement officials if any involved and
11. Exhibits, photographs, and any additional evidence relating to the accident.

CHANGE

DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION

2250.1A CHG 1

13 Dec 71

Cancellation

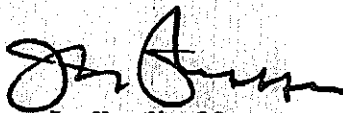
Date: After
filing

SUBJ: TORT CLAIMS HANDBOOK

1. PURPOSE. This change transmits revised pages to the subject handbook.
2. EXPLANATION. This change deletes the requirement for making annual reports of tort claims at the end of the fiscal year to the Associate General Counsel, Litigation Division, Office of the General Counsel and reports of contingent liabilities to the Chief, Accounting Division. The reports cancelled are: GC 2250-1 and GC 2250-2.

PAGE CONTROL CHART

Remove Pages	Dated	Insert Pages	Dated
17	1/23/69	17	1/23/69
18	1/23/69	18	13 Dec 71
19	1/23/69		



J. H. Shaffer
Administrator

Distribution: WRNOM-2; FOF (2 cys)

Initiated By: GC-40