

AUTOMOBILE DAMAGE – GOLF BALL CLAIM

INSTRUCTIONS: TO FILE A CLAIM FOR DAMAGE CAUSED BY STRAY GOLF BALLS, THE OWNER OF THE AUTOMOBILE WILL NEED TO:

- (1) FILL OUT THE INFORMATION BELOW
- (2) HAVE GOLF COURSE OFFICIAL SIGN BELOW
- (3) SUBMIT TWO DAMAGE ESTIMATES, A COPY OF AUTOMOBILE INSURANCE DECLARATION PAGE, A COPY OF THE VALID AUTOMOBILE REGISTRATION, AND A COPY OF THE OWNER'S DRIVER'S LICENSE
- (4) SUBMIT PHOTOS OF THE CLAIMED DAMAGE AND/OR PRODUCE THE VEHICLE FOR INSPECTION/PHOTO BY CLAIMS PERSONNEL
- (5) SUBMIT COMPLETED SF 95 (Claim for Damage, Injury or Death)

DATE OF INCIDENT: _____

TIME: _____

LOCATION: _____

AUTOMOBILE OWNER/CLAIMANT: _____

OWNER'S STATUS:

____ ACTIVE MILITARY/DOD CIVILIAN/FAMILY MEMBER

____ RETIREE/RETIREE FAMILY MEMBER

____ USA/NAVY/AF RESERVE

____ GUEST/OTHER

CLAIMANT'S STATEMENT

I, _____, HEREBY STATE THE FOLLOWING FOR THE PURPOSES OF MAKING A CLAIM UNDER 28 U.S.C. 2671-2680 (FEDERAL TORT CLAIMS ACT), 31 U.S.C. 3721 (PERSONNEL CLAIMS ACT) AND/OR 10 U.S.C. 2733 (MILITARY CLAIMS ACT) AGAINST THE UNITED STATES GOVERNMENT:

THE CIRCUMSTANCES OF MY CLAIM ARE AS FOLLOWS: CHECK ONE ONLY!

____ HIT WHILE PARKED OR TRAVELING TO/FROM AN OFFICIAL FUNCTION

ORGANIZATION: _____

NAME OF FUNCTION: _____

_____ HIT WHILE PARKED/TRAVELING TO/FROM GOLF OR CLUB DINING

_____ HIT WHILE DRIVING PAST GOLF COURSE ON PUBLIC HIGHWAY

_____ HIT WHILE PARKING/DRIVING TO/FROM RESIDENCE IN GOVERNMENT HOUSING

ADDRESS OF RESIDENCE: _____

DESCRIBE DAMAGE:

CLAIMANT

DATED: _____

GOLF COURSE EMPLOYEE STATEMENT

I, _____, STATE THAT ON _____, I OBSERVED THE DAMAGES STATED ABOVE. I FURTHER STATE THAT, IN THE EVENT THAT THE CLAIMANT IS ASSERTING THEIR ATTENDANCE AT AN OFFICIAL FUNCTION AT THIS MWR FACILITY THAT I HAVE PERSONAL KNOWLEDGE OF SUCH FUNCTION.

SIGNATURE

DATED: _____