

**CLAIMS FOR OR AGAINST THE GOVERNMENT CHECKLIST**  
(JAGMAN A-2-m)

**NOTE: CA'S SHOULD CONSULT WITH THE COGNIZANT JUDGE ADVOCATE REGARDING THE TYPE OF INVESTIGATION TO CONVEINE IN ANY CASE IN WHICH THERE IS POSSIBILITY OF A CLAIM FOR OR AGAINST THE GOVERNMENT.**

\_\_\_ The identity of individuals involved, including name, rank/grade, unit, age, address (home and work), telephone number, occupation.

\_\_\_ How they were involved?

\_\_\_ Killed as a result of the incident (identifying information for the next-of-kin or legal representative must be provided).

\_\_\_ Injured party.

\_\_\_ Owner of property damaged.

\_\_\_ Military member whose acts or omissions are alleged to have caused the harm.

\_\_\_ Witness.

\_\_\_ Information on how those involved may be located.

\_\_\_ Permanent address that will be accurate for at least 5 years after the accident.

\_\_\_ Indicate each individual's status.

\_\_\_ Military: Regular or Reserve, on active duty, TAD, leave, liberty, etc., at the time of the incident.

\_\_\_ Civilians: Federal employee, personal services contractor employed by an independent contractor, etc.

\_\_\_ If maintenance or training is involved, identify the individual responsible for the maintenance or training issue.

\_\_\_ Date, time, and place of incident, including a full description of location, terrain, weather, light conditions, obstructions, and photographs of the site.

\_\_\_ Nature of the claim (e.g., wrongful death, personal injuries, property damage).

- \_\_\_ A factual description of how the individual(s) was injured,
  - \_\_\_ What equipment was being used.
  - \_\_\_ Who was operating the equipment.
  - \_\_\_ Who was supervising (or should have been supervising).
  - \_\_\_ Whether equipment failed or was operated incorrectly.
  - \_\_\_ If equipment failure, the maintenance history of the equipment.
- \_\_\_ If the injury occurred on Government property.
  - \_\_\_ The condition of the property.
  - \_\_\_ Who is responsible for the property's upkeep.
  - \_\_\_ Authority for the injured party to be present on Government property.
- \_\_\_ The nature and extent of personal injuries.
  - \_\_\_ Amount of medical, dental, and hospital expenses incurred, supported by itemized bills or receipts for payment.
- \_\_\_ Nature and extent of treatment.
  - \_\_\_ Number of days hospitalized.
  - \_\_\_ Name and address of all treating hospitals and medical facilities.
  - \_\_\_ Name(s) and addresses of all treating physicians or other care givers.
  - \_\_\_ Extent and nature of all follow-on or outpatient care.
  - \_\_\_ Prognosis.
  - \_\_\_ Degree of disability, if any (total, partial permanent, partial nonpermanent).
  - \_\_\_ Necessity for future treatment and estimated costs.

\_\_\_\_\_ Salary/earnings lost due to time lost from employment

\_\_\_\_\_ Actual number of work days lost.

\_\_\_\_\_ Estimated compensation for that period based on hourly wage or salary.

\_\_\_\_\_ Full time, part-time, or self-employed.

\_\_\_\_\_ Diminished earning capacity.

\_\_\_\_\_ If an individual died as a result of the incident under investigation and the estate or survivors may file a claim against the Government, consult with a judge advocate regarding the wrongful death or survival statute applicable in the jurisdiction where the harm occurred.

\_\_\_\_\_ If an individual died.

\_\_\_\_\_ Time of death relative to the injury.

\_\_\_\_\_ Intervening treatment and state of consciousness.

\_\_\_\_\_ Cause of death as established by autopsy.

\_\_\_\_\_ Pre-existing medical conditions.

\_\_\_\_\_ Age.

\_\_\_\_\_ Occupation.

\_\_\_\_\_ Burial expenses.

\_\_\_\_\_ Heirs.

\_\_\_\_\_ Amount of property damage.

\_\_\_\_\_ Include photographs before and after, if possible.

\_\_\_\_\_ Estimates or bills of repair and receipts.

\_\_\_\_\_ Whether any pre-existing damage existed.

\_\_\_\_\_ Original purchase price.

\_\_\_\_\_ Date of purchase.

\_\_\_\_\_ Salvage value of property.

\_\_\_ Government property damaged.

\_\_\_ Estimates or bills of repair and receipts.

\_\_\_ Original purchase price.

\_\_\_ Date of purchase.

\_\_\_ Salvage value of property.

\_\_\_ If no damage, so state.

\_\_\_ Whether the claimant has insurance for this type of damage or injury.

\_\_\_ Insurance company.

\_\_\_ Policy number.

\_\_\_ Policy provisions relevant to this claim or incident.

\_\_\_ Extent of coverage and limits on liability.

\_\_\_ Whether a claim has been or will be made against the insurance carrier, the status of any such claim.

\_\_\_ Names and addresses of other owners, if claimant is not the sole owner of the property.

\_\_\_ Existence of any police or other investigative report, name and addresses of investigating officer and unit, custodian of original investigation (provide a copy of any police report as an enclosure).

\_\_\_ Whether civilian or military criminal charges were filed.

\_\_\_ Jurisdiction in which they were filed.

\_\_\_ Status or final disposition of those charges.

\_\_\_ Existence of any law, regulation, or order relevant to the incident and whether it was violated.

\_\_\_ If a stray animal was involved, whether the jurisdiction has an "open range" law (attach a copy as an enclosure).

\_\_\_ An opinion whether any military personnel involved were acting in the scope of their

employment at the time of the incident.

\_\_\_\_\_ An opinion regarding the cause(s) of the incident. If the facts are insufficient to form an opinion regarding cause(s), indicate factors which significantly contributed to the incident.

\_\_\_\_\_ An opinion regarding fault or negligence.

\_\_\_\_\_ An opinion whether a claim is likely to be filed, the amount likely to be claimed, and names and addresses of any potential claimants and their legal representatives.

\_\_\_\_\_ An opinion whether a claim should be filed by the Government for personal injuries to its employees or property damage.

\_\_\_\_\_ Sonic boom/jet noise/artillery noise:

\_\_\_\_\_ Detailed description of the alleged damage;

\_\_\_\_\_ Photographs of the allegedly damaged building or structure involved, including significant details of construction, size of rooms, age, and general state of repair;

\_\_\_\_\_ Detailed examination and description of any alleged plaster damage;

\_\_\_\_\_ Existence or absence of glass damage in the allegedly damaged building or structure and whether any other glass damage resulting from the incident was reported and verified;

\_\_\_\_\_ Whether windows and doors were open or shut at the time of the boom;

\_\_\_\_\_ Whether any loose objects, such as dishes, glassware, or trinkets inside the building or structure were moved as the result of the boom;

\_\_\_\_\_ Existence or absence of similar damage to other buildings in the immediate neighborhood;

\_\_\_\_\_ Type of surrounding community development, type of construction, and density of buildings or structures in the immediate area, and so forth;

\_\_\_\_\_ Occurrence or absence of seismic disturbances registered in the locality at the time involved;

\_\_\_\_\_ Other potential sources of damage, such as heavy truck or rail traffic, explosions or earthquakes, and their distance and direction in relation to claimant's building or structure;

\_\_\_\_\_ Any unusual weather or climatic conditions that may have affected the building or

structure:

- \_\_\_\_\_ Complete physical description of the aircraft alleged to have caused the damage, including markings, whether jet or propeller driven, and any other distinctive characteristics;
- \_\_\_\_\_ Full description of the approximate altitude, maneuvers, speed, direction of flight, time of day, date, formation, and number of aircraft;
- \_\_\_\_\_ Any complaints of noise or sonic booms received by any duty office which coincides with the alleged damage; and
- \_\_\_\_\_ Authorization, description of flight, aircraft involved, applicable charts, and air controller transcripts or audiotapes of aircraft in the vicinity of the alleged damage.