

Red Hill Water Contamination - Claims Guidance



A. Claims: Members who intend on filing a claim, or have a claim pending for damage to personal property under the Military Personnel and Civilian Employee's Claims Act (**MPCECA**), **SHOULD NOT** dispose or discard any potentially contaminated items until authorized by the CG Legal Service Command (Claims Division). In addition, members who intend to file a claim or have filed a claim for appliances such as washing machines, dryers, or refrigerators will need to have those items inspected by a Certified Repair Technician in order to determine whether that appliance can be flushed/cleaned and repaired for safe use. Disposing or discarding these appliances prior to having them inspected could limit your ability to receive compensation for those items. Members scheduled to PCS or separate prior to an inspection should transport the potentially contaminated appliance/appliances to your next location for inspection.

B. Active duty Coast Guard, Coast Guard reservists on active duty, or Coast Guard Civilian Employees who are assigned to the housing units affected by the Red Hill Water Contamination who wish to pursue a Personal Property Damage Claim:

#1. The Coast Guard is not requiring members impacted by the Red Hill Water Contamination to file with their private insurance carrier prior to making a personal property claim under the **MPCECA**. In block 15a of the CG-4112, the claimant would enter N/A. On the CG-4111 pg.2, list a description of each item lost/damaged, nature and extent of the damage, i.e. (water contamination), the approximate date of original purchase and price of each item, and the replacement cost of that particular item. Depending on the amount of items damaged, the claimant may need to complete more than one CG-4111 pg.2.

#2. When completing the CG-4112, the claimant must ensure to include their SSN, amount of their claim as well as sign their CG-4112 in block 19. **Dependents may file their personal property claims with the sponsoring spouse's claim.** The claimant may email their claim and supporting documentation to the LSC Claims Division's email box at D05-SMB-Claims@uscg.mil or mail their claim and supporting documentation to the following address:

Command Officer (LSC-C)
Coast Guard Legal Service Command
300 E. Main Street, Suite 400
Norfolk, VA 23510

C. Retired Coast Guard members with property damages, or Dependents and Retired Coast Guard members with personal injuries who wish to pursue claims under the Federal Torts Claim Act (FTCA): 28 CFR 14.4 (b) and (c), provides guidance on what evidence is needed for an FTCA claim. Claims should be submitted on a Standard Form 95 (SF-95) to the following address:

Office of the Judge Advocate General
Tort Claims Unit Norfolk
9620 Maryland Ave
Norfolk, VA 23511

D. Questions?

If you are active duty military, a reservist on active duty, or a Coast Guard civilian, the POC for is Mr. Scott Petty who can be reached at (757) 628-4534 or via email at scott.e.petty@uscg.mil. You may also reach out to Nancy D. Byers (Nancy.D.Beyers@uscg.mil) or Susan Steiner (Susan.A.Steiner@uscg.mil)

If you are a retiree or dependent and have questions on how to file a claim, please contact D14 Legal Assistance, Mr. Ian McCrea at (808) 535-3240 or via email at ian.s.mccrea@uscg.mil. For any additional questions, or you are unable to contact the above offices, please contact D14 Legal Assistance at: (808) 535-3240, or by e-mail: D14-SMB-Legal-LegAsst@uscg.mil.

**U.S. COAST GUARD
LEGAL SERVICE COMMAND
CLAIMS AND LITIGATION BRANCH
FAQ'S**

1. WHO MAY FILE A CLAIM?

- a. Coast Guard members;
- b. Coast Guard reservists engaged in training;
- c. Civilian employees of the Coast Guard;
- d. Public Health Service Officers detailed to the Coast Guard;
- e. Authorized agent (with Power of Attorney) or legal representative (with retainer agreement) of a-d above; and
- f. Survivors of a-d above in the following order of precedence:
 - (1) Spouse
 - (2) Child/children
 - (3) Parent(s)
 - (4) Sibling(s)

2. WHAT DAMAGES ARE COVERED?

Damage caused to or loss of personal property sustained incident to the service of a military member, civilian employee, of the Coast Guard when the property was located at government owned or leased housing or onboard a military installation.

- a. **PERSONAL PROPERTY** includes:
 - (1) Cars, stereos, CDs, computers, furniture, books, photographs, pets, etc.
- b. **INCIDENT TO SERVICE** includes:
 - (1) Property damaged, lost or destroyed by hurricane, flood, fire, theft vandalism, or electrical power outages not caused by the claimant;
 - (2) Property damaged or lost while traveling under government orders;
 - (3) Property damaged or lost during the performance of duty to alleviate a public disaster or to save lives; and
 - (4) Property damaged or lost during use that is necessary for the performance of official duties AND at the express direction or request of a superior.
- c. **LOCATION:**
 - (1) Government owned or leased housing assigned to the claimant by the Coast Guard (i.e. Coast Guard member assigned to Navy housing, barracks, etc.)
 - (2) Military installation: Coast Guard station, U.S. Navy base, etc.

3. DO I NEED TO FILE A CLAIM WITH MY INSURANCE COMPANY?

Yes, if the property was covered by insurance, you need to first file with your insurance company. You may then file a damage claim with the Coast Guard for any damage or loss not covered by your insurer. However, you may file an initial claim with the Coast Guard for your policy deductible. You are responsible for repaying to the Coast Guard any amount you recover from your insurer (including the deductible) that was paid to you by the Coast Guard.

4. MAY I FILE A CLAIM FOR PROPERTY THAT I DID NOT OWN?

Yes, if you exercised “dominion and control” over the property at the time of the damage or loss, (i.e. you had possession of the property, you had regular access to the property, or you paid the insurance premiums) then you may file a claim for damage or loss not covered by your insurer. For example, the car was driven by a member/employee on a regular basis as their primary means of transportation for which they paid insurance premiums, but was owned by the claimant’s parents.

5. WHAT FORMS ARE REQUIRED?

- a. CG-4112 and CG-4111 (page 2 only) needs to be completed by the claimant, an authorized agent or a legal representative.
- b. CG-4112A needs to be completed by the Investigating Officer (assigned by claimant’s command or JAG) and endorsed by the claimant’s command.

6. WILL I BE REIMBURSED FOR THE REPLACEMENT COST OF THE DAMAGED OR LOST PROPERTY?

No, claims are paid on the depreciated value of the cost of the damaged or lost personal property. The law imposes a maximum amount that can be paid to a claimant. It also sets a maximum payment per claim for certain categories of property.

7. WHO DO I CALL WITH ADDITIONAL QUESTIONS?

Coast Guard Legal Service Command, Claims and Litigation Branch, is responsible for reviewing and settling all personal property claims for the Coast Guard. You may call the Claims Branch at:

757-628-4188 Susan A. Steiner
757-628-4199 Michelle Bradshaw
757-628-4191 Nancy Byers
757-628-4534 Scott Petty
757-628-4192 LSC Front Desk

Or, you may contact the onsite Coast Guard JAG Officer.

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.			FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:				2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN		4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT		7. TIME (A.M. OR P.M.)
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).						
9. PROPERTY DAMAGE						
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).						
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).						
10. PERSONAL INJURY/WRONGFUL DEATH						
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.						
11. WITNESSES						
NAME			ADDRESS (Number, Street, City, State, and Zip Code)			
12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)						
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights).	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.						
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).				13b. PHONE NUMBER OF PERSON SIGNING FORM		14. DATE OF SIGNATURE
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM				CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).				Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

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 the vehicle or property.

15. Do you carry accident Insurance? Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? Yes No

17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). No

INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

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

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A **SUM CERTAIN** FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

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

- (a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.
- (b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.
- (c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.
- (d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

- B. **Principal Purpose:** The information requested is to be used in evaluating claims.
- C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
- D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.