National Aeronautics and Space Administration

# Employee's Claim for Damage to, or Loss of, Personal Property Incident to Service

SUBMIT TO:

***SUBMIT IN DUPLICATE***

| NAME OF CLAIMANT | CLAIM NO. *(For Office Use Only)* |
|---|---|
| HOME ADDRESS *(No., street, city or town, state and zip code)* | |
| POSITION AND NASA INSTALLATION WHERE EMPLOYED | If claimant not employee, state relationship to employee |

1. In accordance with the provisions of **14 C.F.R. 1261.1, "Employees' Personal Property Claims,"** claim is made in the amount of $ _____ for personal property, listed in detail on the reverse side hereof, damaged or lost incident to service with NASA. All applicable certificates, statements, and other documents required by 14 C.F.R. 1261.1 are attached.

2. I hereby assign to the United States, to the extent of any payment on this claim accepted by me, all my right, title and interest in and any claim I may have against any carrier, insurer or other party, arising out of the incident(s) described herein and will, upon request, furnish such evidence as may be required to enable the United States to enforce such claim.

I further agree to pay to the United States, to the extent required by **14 C.F.R. 1261.1**, any payments made to me by a carrier, insurer, or other party for which I am also reimbursed by the United States in settlement of this claim.

If any of the property for which this claim is made is later recovered, or if reimbursement is received from a carrier or insurer, or other third party, I agree to give written notice immediately to the NASA counsel who is responsible for settling this claim.

| | YES | NO |
|---|---|---|
| 3. If this claim arises from a transportation loss, was demand for this loss or damage made against the common carrier? If yes, attach copy of demand on and action taken by carrier. If no, attach explanation.<br>Amount: Claimed $ _____<br>Paid $ _____ | | |
| 4. If the property involved in this claim was insured, was demand made on insurer? If yes, attach copy of demand and action taken by insurer. If no, attach explanation.<br>Amount: Claimed $ _____<br>Paid $ _____ | | |
| 5. Has any previous claim been made against the United States for the property for which this claim is made? *(If yes, explain below.)* | | |

7. State the date, facts and circumstances of the accident or incident causing the damage or loss. State in detail, adding additional sheets if necessary. Further information may be requested during the investigation of this claim.

8. I make this claim with full knowledge of the penalties involved for willfully making a false claim *(18 U.S.C. 287 and 1001 provide for a maximum fine of $10,000 or imprisonment for 5 years or both; 31 U.S.C. 3729 provides for civil penalty of not less than $5,000 and not more than $10,000, plus 3 times the amount of the damages that the government sustains.)*

| SIGNATURE OF CLAIMANT *(or agent)* | DATE OF CLAIM |
|---|---|

**Employee's Claim for Damage to, or Loss of, Personal Property Incident to Service**

*(Continued)*

SCHEDULE OF PROPERTY



| ITEM NUMBER | QUANTITY | DESCRIPTION OF ARTICLE *(Include trademark or brand name, if known)* | MONTH AND YEAR OF PURCHASE OR ACQUI-SITION | PURCHASE PRICE OR VALUE AT TIME OF ACQUISI-TION, IF ACQUIRED OTHER THAN BY PURCHASE | VALUE WHEN LOST OR DESTROYED | COST OF REPAIRS OR ESTIMATE, IF DAMAGED ONLY | ALLOWED VALUE *(For Settlement Official's use only)* |
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| | | *(If not sufficient space for all items, add additional sheets retaining columnar arrangement.)* | **TOTALS** | $0.00 | $0.00 | $0.00 | $0.00 |



See NASA Regulation at 14 C.F.R. 1261.1, **"Employees' Personal Property Claims."**

## Employee's Claim for Damage to, or Loss of, Personal Property Incident to Service

*(Continued)*



## CLAIMS SETTLEMENT OFFICIAL'S REPORT

CLAIMANT: CLAIM NO.:

ADDRESS:

1. As required by 14 C.F.R. 1261.1, **"Employee's Personal Property Claims,"** the attached claim has been fully investigated *(attach investigative reports, if any.)*

2. The claim is (is not) presented by a proper claimant and is (is not) within the coverage of 14 C.F.R. 1261.1.

3. Report on Claim. *(Use additional sheets, if necessary. State all facts and circumstances bearing on allowability of the claim.)*

4. The attached claim is:

☐ Allowed in the amount of $ _____ ☐ Disallowed ☐ Forwarded to the General Counsel for settlement with the following recommendation *(if claim arises at a field installation and is over $5,000).*

| SIGNATURE AND TITLE OF SETTLEMENT OFFICIAL | DATE |
|---|---|
| | |