



U.S. Department of Homeland Security  
**Transportation Security Administration**  
Claims, Outreach, and Debt Branch  
6595 Springfield Center Drive, TSA - 9  
Springfield, Virginia 20598-6009

Dear Traveler:

The Transportation Security Administration (TSA) is responsible for the screening of passengers and their baggage at all commercial airports in the United States and its territories. If you have experienced a loss or damage to your property and you feel that this loss or damage occurred as a direct result of negligence by a TSA employee, you may file a claim with TSA. If you feel the loss or damage was due to the negligence of your air carrier, please file a claim directly with the air carrier. If filing with TSA, you must include proof of your loss or damage as well as evidence of TSA negligence.

In order to protect your rights under Federal law and to file a valid claim, you must send your claim in writing to TSA, stating the circumstances of your loss and the exact amount you are claiming, within two (2) years of the incident. The claim must be sufficient in order to be accepted and examined by TSA. Please refer to the instruction sheet accompanying this letter for more information regarding sufficiency.

This letter is part of the TSA claims package that includes: (1) SF-95 Instructions, (2) SF-95 Claim Form, and (3) SF-95 Supplemental Information Form. Additional claim packages can be found online at: [www.tsa.gov](http://www.tsa.gov).

Please follow the instructions carefully and fill out the forms completely. While use of these forms is not mandatory, it will help ensure that you meet the legal requirements for filing a claim. To submit your claim:

Use standard or overnight mail to:  
TSA Claims, Outreach, and Debt Branch  
TSA Mail Stop 6009  
6595 Springfield Center Drive  
Springfield, VA 20598-6009  
OR  
Fax your forms and other information to: (571) 227-1904

Once TSA has been presented a sufficient claim, you will be sent a letter of acknowledgment and a control number. Please recognize that there is often up to a three-week delay for mail sent to Federal facilities due to screening requirements. The Federal Tort Claims Act (FTCA) governs the way your claim is processed and establishes your rights in regard to your claim. If your claim is denied or has not been resolved within six months of the date it was properly presented to TSA, you may file suit in an appropriate U.S. District Court. Additional information about pursuing an FTCA claim may be found in title 28 of the United States Code, sections 1346(b), 1402(b), 2401(b), 2671-2680 and title 28 of the Code of Federal Regulations, sections 14.1-14.11.

We are sorry you experienced difficulties while traveling and hope that this information proves helpful.

Regards,

TSA Claims, Outreach, and Debt Branch

Enclosures: 4

# Transportation Security Administration (TSA) Claims, Outreach, and Debt Branch Tort Claim Package

OMB number. 1652-0039  
Expires 3/31/ 25

**You have downloaded the Tort Claim Package for TSA. If you have suffered property damage/loss or a personal injury AND you believe that a TSA employee's negligence caused the incident, please fill out this package in its entirety.**

This is a fillable PDF document. Please fill out the form using your computer keyboard or print out the form and write out the information by hand. Be sure to fill out all the fields completely and accurately.

**SIGN the forms and VXEPIVWHP either E FAX ( 0 \$,/ RU0 \$,/ them to TSA.**

## INSTRUCTIONS FOR COMPLETING TSA CLAIMS PACKAGE:

**CLAIM SUFFICIENCY:** In order for a claim to be processed it must have these 5 items (called facial sufficiency)

1. The claim must be *SUM CERTAIN* - This means that an exact U.S. Dollar Amount must be entered in box 12d.
2. The claim must have a *SPECIFIC DATE* - This means there must be a specific date of the incident.
3. The claim must name a *SPECIFIC LOCATION* - This means that the incident should have a specific place that it happened.
4. It must have a *STATEMENT OF FACT* - In other words, be as detailed as possible. The more accurate and detailed the description, the faster an investigation and determination will be made. Be sure to remember names, places, and events. Avoid assumptions, they can actually hinder the investigation and may delay your claim.
5. A claim must have a *SIGNATURE* - Without a full legal signature (preferably in blue ink), even the most accurate and detailed claim is not sufficient.

## NINE USEFUL HINTS:

To speed the process of your claim, the following should be included with your claim:

1. Purchase receipt of the ORIGINAL item lost or damaged. (If unavailable; credit card statements, bank statements, appraisals, etc.)
2. Boarding Passes, copies of Baggage Tags, and any other Air Carrier or TSA documents related to this trip
3. Repair Estimates (if unable to repair, a written statement from the repair shop is required)
4. Replacement Estimates
5. Photographs of lost/damaged items (past or present)
6. Police, Witness, or Incident Reports (if applicable)
7. Air Carrier/Other company claim reports
8. Fill out the claim form completely (front and back). Blanks may delay your claim
9. Submit a claim immediately. Delay in filing a claim can make gathering information difficult or inaccurate

## WHERE TO SUBMIT FORMS:

### U.S. Mail Address:

**TSA Claims, Outreach, and Debt Branch  
TSA Mail Stop 6009  
6595 Springfield Center Drive  
Springfield, VA 20598-6009**

### FAX:

(571) 227-1904

### EMAIL:

TSAClaimsOffice@tsa.dhs.gov

Once your claim has been received, you will receive an acknowledgment letter from TSA. This letter will include a TSA control number and instructions. Please use this control number when checking on the status of your claim, or for any other communications with the TSA Claims, Outreach, and Debt Branch.

## IMPORTANT:

TSA has twenty airports that utilize private screening services and does not handle claims for incidents that occur at these airports.

- |                            |  |                                    |                             |
|----------------------------|--|------------------------------------|-----------------------------|
| 1. San Francisco (SFO), CA | 7. Charles Shulz-Sonoma County (STS), CA | 13. Bozeman, Yellowstone (BZN), MT | 19. Atlantic City (ACY), NJ |
| 2. Kansas City (MCI), MO   | 8. Key West (EYW), FL                    | 14. L.M. Clayton (OLF), MT         | 20. Portsmouth (PSM), NH    |
| 3. Sioux Falls (FSD), SD   | 9. Roswell (ROW), NM                     | 15. Sidney-Richland (SDY), MT      | 21. Glasgow (GGW), MT       |
| 4. Rochester (ROC), NY     | 10. Punta Gorda (PGD), FL                | 16. Sarasota-Bradenton (SRQ), FL   | 22. Yellowstone (WYS), MT   |
| 5. Tupelo (TUP), MS        | 11. Havre City-County (HVR), MT          | 17. Frank Wiley Field (MLS), MT    |                             |
| 6. Jackson Hole (JAC), WY  | 12. Glacier Park (FCA), MT               | 18. Orlando-Sanford (SFD), FL      |                             |

Claims pertaining to these airports must be filed directly with the company providing screener services at the applicable airport. To find out more about filing a claim for an incident that occurred at one of these private screening airports, please visit [www.tsa.gov](http://www.tsa.gov).

# 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:  TSA Claims, Outreach, and Debt Branch TSA Mail Stop 6009 6595 Springfield Center Drive Springfield, VA 20598-6009			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.		
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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.)
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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).
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**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
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<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>  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).	<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)
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**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.

**SUPPLEMENTAL INFORMATION - SF-95 CLAIM FOR DAMAGE, INJURY, OR DEATH**

20. Claimant Email Address:	21. Did the incident take place at: (please check one) <input type="radio"/> Passenger Security Screening Checkpoint? <input type="radio"/> Checked Baggage Screening Location?	OMB number 1652-0039 Expires 3/31/2025
22. At which Airport did the incident occur?	23. Did you use a Skycap, Porter service, or other third-party service?  <input type="checkbox"/> YES <input type="checkbox"/> NO	24. Was your checked baggage delayed?  <input type="checkbox"/> YES, if yes, for how long?  <input type="checkbox"/> NO

25. If this was a Checked Baggage incident, **Why do you believe that TSA was Responsible?**

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26. Write down your COMPLETE travel itinerary. (include airline names, flight numbers, arrival/departure times, etc.)	27. If this is a Checked Baggage incident, please write down your baggage tag numbers.
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28. At the time of the incident, were you in the Military or a Federal employee <b>and</b> on official travel?  <input type="checkbox"/> YES, if so, for whom:  <input type="checkbox"/> NO	29. Did you file any type of incident report with the airline, airport, TSA, or any law enforcement agency?  <input type="checkbox"/> YES, if so, please explain and leave an incident report number:  <input type="checkbox"/> NO
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**PLEASE BE SURE TO ATTACH ALL RECEIPTS, ESTIMATES OF REPAIR, APPRAISALS, OR ANY OTHER DOCUMENTS THAT CAN SUBSTANTIATE THE VALUE OF THE ITEMS THAT WERE LOST OR DAMAGED.**

**FOR ALL DAMAGED BAGGAGE, YOU MUST GET A REPAIR ESTIMATE**

**SUBMISSION DIRECTIONS:**

1. Use the button on the right to **PRINT** this form.
2. **SAVE** this electronic PDF form for your records.
3. **SIGN** the printed form at the bottom of page 2.
4. **INCLUDE** all receipts, estimates, proof of flight documents, baggage tags, etc.
5. **MAIL** or **FAX** your printed claim and backup documentation.

Print Claim

**WHERE TO SUBMIT FORMS:**

Email: TSAClaimsOffice@tsa.dhs.gov

**FAX:**

(571) 227-1904

**U.S. Mail Address:**

TSA Claims, Outreach, and Debt Branch  
TSA Mail Stop 6009  
6595 Springfield Center Drive,  
Springfield, VA 20598-6009

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**Paperwork Reduction Act Statement of Public Burden:** TSA is collecting this information in order to thoroughly investigate and resolve your tort claim against the agency. The public burden for this collection of information is estimated to be approximately 30 minutes. This is a voluntary collection of information; however, failure to provide this information may delay or hinder the processing of your claim. An agency may not conduct or sponsor, and persons are not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number assigned to this collection is 1652-0039, which expires 3/31/2025. Send comments regarding this burden estimate or collection to: TSA-11, Attention: PRA 1652-0039 TSA Claims, 6595 Springfield Center Drive, Springfield, VA 20598.

**Privacy Act Statement:** AUTHORITY: 28 U.S.C. 1346(b), 1420(b), 2671-2680. PRINCIPAL PURPOSE(S): This information will be used to investigate your claim against the Transportation Security Administration (TSA). ROUTINE USE(S): This information may be shared with the Department of Justice in review, settlement, defense, and prosecution of claims involving matters over which TSA exercises jurisdiction, or for routine uses identified in the TSA's system of records notice, DHS/TSA 009 General Legal Records. DISCLOSURE: Voluntary; failure to furnish the requested information may result in an inability to thoroughly investigate your claim and may therefore result in an inability to award you payment on your claim.