CLAIM FOR DAMAGE, INJURY OR DEATH RESULTING FROM GOLD KING MINE INCIDENT	**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.	[APPROVED BY NAVAJO NATION DEPT. OF JUSTICE][1]

1. Submit to:
Kenneth A. Redden
Claims Officer
U.S. EPA Office of General Counsel
1200 Pennsylvania Avenue, NW (MC 2399A)
Washington, DC 20460

AUG 09 2017

2. Name, address of claimant, and claimant's personal representative if any (See instructions on reverse). Number, Street, City, State and Zip code.
(b) (6) [redacted]

3. TYPE OF EMPLOYMENT	4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT	7. TIME (A.M. OR P.M.)
(b) (6) [redacted] LIAN	(b) (6) [redacted]	(b) (6) [redacted]	August 5, 2015	Appx 8:00 AM

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).

Please see attached Supplement

9. **PROPERTY DAMAGE**

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).

Please see attached Supplement

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).

Please see attached Supplement

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.

Please see attached Supplement

11. **WITNESS**

NAME	ADDRESS (Number, Street, City, State, and Zip Code)
United States EPA, its Employees, Agents, Contractors and Sub Contractors Environmental Restoration LLC	U.S. EPA 1200 Pennsylvania Ave. NW Washington DC 20460 Environmental Restoration LLC 1666 Fabick Dr. Fenton, Missouri 63026

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)
(b) (4) [redacted]	—	—	(b) (4) [redacted]

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE AMOUNT OF THE CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE. I HEREBY EXPRESSLY RESERVE MY RIGHT TO FILE SUPPLEMENTAL CLAIMS FOR DAMAGES AND INJURIES IN THE EVENT OF ANY FUTURE DISCOVERY OR ASSESSMENT OF ADDITIONAL DAMAGES OR INJURIES CAUSED BY THE INCIDENT ABOVE.

13a. SIGNATURE OF CLAIMANT (See instruction on reverse side).	13b. PHONE NUMBER OF PERSON SIGNING FORM	14. DATE OF SIGNATURE
(b) (6) [redacted]		

[1] This form was drafted by the Navajo Nation Department of Justice in an effort to communicate that the claimant is not waiving future rights. There is no guarantee that any United States agency will grant the claim stated on this form. This form does not offer or purport to offer legal advice. Claimants should decide for themselves whether to use this form, the Standard Form 95 provided by the United States Department of Justice, or any other form, and may wish to consult with their own attorney prior to doing so.

INSURANCE COVERAGE

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

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

17. If deductible, state amount.

N/A

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).

None

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

INSTRUCTIONS

Claims presented under the Federal Tort Claims Act with respect to the release from the Gold King Mine should be submitted directly to the USEPA. 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 USEPA RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, THIS EXECUTED FORM OR ANY SUPPLEMENT THERETO, ACCOMPANIED BY A CLAIM FOR MONEY DAMAGES 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 USEPA WITHIN **TWO YEARS** AFTER THE DISCOVERY OF DAMAGES FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT.

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 filed 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 this 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.

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.**