



UNITED STATES ARMY CLAIMS SERVICE EUROPE

usarmy.wiesbaden.usareur.mesg.oja-european-torts@army.mil
INT.# 49(0)611-143-537-0649/0648



13 FEBRUARY 2024

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CLAIMS IN NATO AND PFP COUNTRIES

ARTICLE VIII, NORTH ATLANTIC TREATY ORGANIZATION STATUS OF FORCES AGREEMENT (NATO SOFA), CLAIMS PROCESS

Claims for damages caused by the U.S. forces or civilian component in NATO and Partnership for Peace (PFP) countries are processed in accordance with Article VIII of the NATO SOFA.

Unless otherwise specified in a Defense Cooperation Agreement, NATO SOFA Supplementary Agreement, or other international agreement, all parties (including members of the U.S. forces and civilian component) seeking compensation for damages caused by the members of the U.S. forces or civilian component must file their claims with the Receiving State Claims Office (RSCO) of the government in which incident occurred.

This packet provides guidance on how to handle potential claims events and the contact information for the RSCOs of the NATO/PfP nations in the USAREUR-AF Area of Responsibility.

When a member of the U.S. forces or its civilian component is involved in a potential claims event (e.g. a car accident involving an NTV or during convoy operations, maneuver damage to a private field, precautionary landing on private land, or fuel leakage outside of a military installation) all efforts should be made to provide the injured party sufficient information to file a claim, including where to file it.

It is also important to document potential claims events as thoroughly as possible and provide early and accurate notification of such events through the chain of command to the U.S. Army Claims Service Europe (USACSEUR).

A detailed checklist on how to respond to a potential claims event is on the following page. Adherence to this checklist will assist the injured party in an expeditious resolution and will assist the unit in addressing any potential public relations issues caused by the event.

Although the documents in this packet are oriented toward vehicle accidents, they can be used for any potential claims event.

Please note:

- **Members of the U.S. Forces or civilian component involved in accidents will not be found liable for damages to the property of others if they were acting within the scope of their duties.**
- **Leaving the scene of an accident or failing to report an accident is a serious offense.**
- **Those involved in incidents should report the damage to their chain of command as soon as possible to avoid disciplinary action by the unit or local authorities.**

CLAIMS INCIDENT CHECKLIST

Do not admit responsibility for the accident.
Do not pay the person whose property was damaged.
Do not pay fines or administrative fees at the scene.

MANEUVER DAMAGE (damage to crops, terrain, etc.)

- ___ 1. Complete and keep the AE Form 350-22A (page 2) for processing through your Unit Claims Officer (UCO).
- ___ 2. Capture as much evidence as possible. Use digital camera, smartphone and tape measure to show damage to vehicles or property.
- ___ 3. Write down as many facts about what happened as possible, including the road conditions, weather and visibility, and unusual circumstances (e.g. deer on the roadway) that may have been a factor in the accident.
- ___ 4. As soon as possible, notify your chain of command and the U.S. Army Claims Service Europe of the accident by e-mail at: **usarmy.wiesbaden.usareur.mesg.oja-european-torts@army.mil** or by telephone at INT.# 49(0)611-143-537-0649/0648.

VEHICLE ACCIDENTS

- ___ 1. In case of an accident, ensure driver and all passengers are accounted for and are not injured.
- ___ 2. Provide first aid, as necessary.
- ___ 3. Secure the accident area to the best of your ability, using orange safety traffic triangles (if available) to cordon off the scene.
- ___ 4. Remain at scene until released by local authorities or your chain of command.
- ___ 5. Complete the correct country pages, which are found in this packet. Give the page labeled "U.S. PERSONNEL COMPLETE AND PROVIDE TO POTENTIAL CLAIMANT" to the other driver/individual involved in the accident. If possible, take a picture of this document or make a copy prior to giving it to the other driver/individual. The page labeled "U.S. PERSONNEL COMPLETE AND FORWARD TO UNIT CLAIMS OFFICER" should be completed and given to the Unit Claims Officer (UCO) or the responsible commander.
- ___ 6. Complete and keep the AE Form 350-22A (page 2) for processing through your UCO.
- ___ 7. Capture as much evidence as possible. Use digital camera, smartphone and tape measure to show damage to vehicles or property.
- ___ 8. Write down as many facts about what happened as possible, including the road conditions, weather and visibility, and unusual circumstances (e.g. deer on the roadway) that may have been a factor in the accident.
- ___ 9. As soon as possible, notify your chain of command and the U.S. Army Claims Service Europe of the accident by e-mail at: **usarmy.wiesbaden.usareur.mesg.oja-european-torts@army.mil** or by telephone at INT.# 49(0)611-143-537-0649/0648.

MANEUVER DAMAGE FORM / AE FORM 350-22A

MANEUVER ENVIRONMENTAL DAMAGE INCIDENT REPORT (AE Reg 350-22)		Requirements Control Symbol (RCS) AEOP-350-22A	MR number
1. Reporting unit		2. Damage date	3. Damage time
4. Location of damage/UTM-grid		5. Nearest town	
6. Nature of damage			
a. Agricultural damage <input type="checkbox"/> AC - Crops <input type="checkbox"/> AF - Field <input type="checkbox"/> AM - Meadow b. Forest (no roads) <input type="checkbox"/> FA - Trash <input type="checkbox"/> FG - Ground <input type="checkbox"/> FT - Trees	c. POL spills <input type="checkbox"/> Type <input type="checkbox"/> Quantity <input type="checkbox"/> PA - Agriculture <input type="checkbox"/> PF - Forest <input type="checkbox"/> PR - Roads <input type="checkbox"/> Other d. Structural damage <input type="checkbox"/> SA - Monuments <input type="checkbox"/> SB - Bridge <input type="checkbox"/> SF - Fence <input type="checkbox"/> SG - Building	e. Roads <input type="checkbox"/> RA - Asphalt <input type="checkbox"/> RB - Concrete <input type="checkbox"/> RC - Curbstones <input type="checkbox"/> RD - Dirt <input type="checkbox"/> RE - Embankments <input type="checkbox"/> RG - Gravel <input type="checkbox"/> RM - Muddied <input type="checkbox"/> RS - Markers, signs guardrails <input type="checkbox"/> RV - Ditches	f. Traffic accidents <input type="checkbox"/> TD - Death <input type="checkbox"/> TI - Personal injury # <input type="checkbox"/> TP - Property damage g. Other <input type="checkbox"/> OT - Trash <input type="checkbox"/> OA - Training aids <input type="checkbox"/> 00 - Other (list below)
7. Extent of damage <input type="checkbox"/> L - light <input type="checkbox"/> M - moderate <input type="checkbox"/> S - severe		8. Cause of damage <input type="checkbox"/> W - wheels <input type="checkbox"/> T - tracks <input type="checkbox"/> A - aircraft <input type="checkbox"/> O - other	
9. Owner/victim		11. Unit causing damage (unit address)	
10. Nation causing damage <input type="checkbox"/> U.S. <input type="checkbox"/> GE <input type="checkbox"/> Other		13. POC of unit causing damage	
12. Type of report <input type="checkbox"/> Initial report <input type="checkbox"/> Final report <input type="checkbox"/> No damage <input type="checkbox"/> Area not be used			

AE FORM 350-22A, MAY 13

Previous editions are obsolete.

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Requirements Control Symbol (RCS)	AEOP-350-22A	MR number
14. Remarks		
15. Mitigation efforts		
16. Additional information <input type="checkbox"/> Photos <input type="checkbox"/> Video <input type="checkbox"/> Maps/overlays <input type="checkbox"/> Written report <input type="checkbox"/> Other		
17. Diagram/sketch		
18. Name and grade of reporting person	19. Signature of person in block 18	20. Date

AE FORM 350-22A, MAY 13

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ALBANIA

U.S. PERSONNEL COMPLETE AND FORWARD TO
usarmy.wiesbaden.usareur.mesg.oja-european-torts@army.mil

INFORMATION TO BE OBTAINED FROM DRIVER OF THE OTHER VEHICLE

FULL NAME OF LOCAL NATIONAL DRIVER/ EMRI I PLOTË I SHOFERIT VENDAS

ADDRESS OF LOCAL NATIONAL DRIVER / ADRESA E SHOFERIT VENDAS

INSURANCE COMPANY OF LOCAL NATIONAL DRIVER/ KOMPANIA E SIGURIMEVE E SHOFERIT VENDAS

INSURANCE COMPANY'S ADDRESS AND TELEPHONE NUMBER / ADRESA DHE NUMRI I TELEFONIT I KOMPANISË SË SIGURIMEVE TË SHOFERIT VENDAS

INFORMATION TO BE COMPLETED BY U.S. VEHICLE OPERATOR

DATE OF INCIDENT

LOCATION OF THE INCIDENT

LICENSE PLATE NUMBER OF LOCAL NATIONAL VEHICLE

VEHICLE ID INFORMATION ON U.S. VEHICLE

U.S. PERSONNEL INVOLVED IN INCIDENT (NAMES, UNITS, AND CONTACT INFORMATION)

SHORT DESCRIPTION OF INCIDENT OR ACCIDENT

ALBANIA

U.S. PERSONNEL COMPLETE AND PROVIDE TO POTENTIAL CLAIMANT

ADDRESS FOR FILING CLAIMS AGAINST U.S. FORCES IN ALBANIA (RECEIVING STATE CLAIMS OFFICE)

ADRESA PËR PARAQITJEN E KËRKESAVE KUNDËR FORCAVE TË SHBA NË SHQIPËRI:

Sekretar i Përgjithshëm
Ministria e Mbrojtjes
Rruga e Dibrës
1001 Tirane, Shqiperia
Tefonit: +35542226601

DATE OF INCIDENT / DATA E INCIDENTIT

LOCATION / LOKACIONI

U.S. VEHICLE INFORMATION / INFORMACIONET E AUTOMJETIT TË SHBA

NAME OF U.S. VEHICLE OPERATOR / EMRI I VOZITËSIT TË AUTOMJETIT TË SHBA

UNIT OF U.S. VEHICLE OPERATOR / NJËSIA E VOZITËSIT TË AUTOMJETIT TË SHBA

AUSTRIA

U.S. PERSONNEL COMPLETE AND FORWARD TO
usarmy.wiesbaden.usareur.mesg.oja-european-torts@army.mil

INFORMATION TO BE OBTAINED FROM DRIVER OF THE OTHER VEHICLE

FULL NAME OF LOCAL NATIONAL DRIVER/ IHR NAME

ADDRESS OF LOCAL NATIONAL DRIVER / IHRE ADRESSE

INSURANCE COMPANY OF LOCAL NATIONAL DRIVER/ (UNFALLGEGNER) IHRE
VERSICHERUNG

INSURANCE COMPANY'S ADDRESS AND TELEPHONE NUMBER / ADRESSE UND
TELEFONNUMMER DER VERSICHERUNG

INFORMATION TO BE COMPLETED BY U.S. VEHICLE OPERATOR

DATE OF INCIDENT

LOCATION OF THE INCIDENT

LICENSE PLATE NUMBER OF LOCAL NATIONAL VEHICLE

VEHICLE ID INFORMATION ON U.S. VEHICLE

U.S. PERSONNEL INVOLVED IN INCIDENT (NAMES, UNITS, AND CONTACT
INFORMATION)

SHORT DESCRIPTION OF INCIDENT OR ACCIDENT

AUSTRIA

U.S. PERSONNEL COMPLETE AND PROVIDE TO POTENTIAL CLAIMANT

MERKBLATT

SOLLTEN SIE AUF GRUND DES UNFALLES MIT DEM (AUSLÄNDISCHEN) HEERESFAHRZEUG SCHADENERSATZFORDERUNGEN STELLEN WOLLEN, SO KÖNNEN SIE DIE FINANZPROKURATUR SCHRIFTLICH ZUR ANERKENNUNG IHRES ANSPRUCHES AUFFORDERN. IHR SCHREIBEN SOLLTE DEN UNFALLHERGANG UND DIE HÖHE DES SCHADENS ENTHALTEN.

DIE ADRESSE DER FINANZPROKURATUR LAUTET

FINANZPROKURATUR
SINGERSTRASSE 17-19
1011 WIEN

TELEPHONE NUMBER / TELEFON: +43 1514 39 509 500

FAX NUMBER / TELEFAX: +43 1514 39 50909 500

E-MAIL: post.fp05.fpr@bmf.gv.at

DATE OF INCIDENT / UNFALLTAG

LOCATION / UNFALLORT

U.S. VEHICLE INFORMATION / U.S. FAHRZEUG INFORMATION (KENNZEICHEN)

NAME OF U.S. VEHICLE OPERATOR / NAME DES U.S. FAHRZEUGFÜHRERS

UNIT OF U.S. VEHICLE OPERATOR / U.S. EINHEIT DES FAHRZEUGFÜHRERS

BELARUS

The U.S. Army has been assigned single-service responsibility for NATO SOFA tort claims in Belarus. If an accident or incident occurs involving U.S. forces personnel while in Belarus, potential claimants should be directed to the Ministry of Defense, Belarus, to file a claim.

Please complete the AE Form 350-22A, give a copy to your UCO and e-mail a copy to:
usarmy.wiesbaden.usareur.mesg.oja-european-torts@army.mil

BELGIUM

U.S. PERSONNEL COMPLETE AND FORWARD TO
usarmy.wiesbaden.usareur.mesg.oja-european-torts@army.mil

INFORMATION TO BE OBTAINED FROM DRIVER OF THE OTHER VEHICLE

FULL NAME OF THIRD PARTY / LE NOM COMPLET DE LA PARTIE ADVERSE/
VOLLEDIGE NAAM VAN TEGENPARTIJ

ADDRESS OF THIRD PARTY / L'ADRESSE DE LA PARTIE ADVERSE /ADRES VAN
TEGENPARTIJ

INSURANCE COMPANY OF THIRD PARTY / LE NOM DE L'ASSURANCE DE LA PARTIE
ADVERSE / VERZEKERINGSMAATSCHAPPIJ VAN TEGENPARTIJ

INSURANCE COMPANY'S ADDRESS AND TELEPHONE NUMBER / L'ADRESSE ET LE
NUMÉRO DE TÉLÉPHONE DE LA COMPAGNIE D'ASSURANCE/ ADRES EN
TELEFOONNUMMER VAN VERZEKERINGSMAATSCHAPPIJ

INFORMATION TO BE COMPLETED BY U.S. VEHICLE OPERATOR

DATE OF INCIDENT

LOCATION OF THE INCIDENT

LICENSE PLATE NUMBER OF LOCAL NATIONAL VEHICLE

VEHICLE ID INFORMATION ON U.S. VEHICLE

U.S. PERSONNEL INVOLVED IN INCIDENT (NAMES, UNITS, AND CONTACT
INFORMATION)

SHORT DESCRIPTION OF INCIDENT OR ACCIDENT

BELGIUM

U.S. PERSONNEL COMPLETE AND PROVIDE TO POTENTIAL CLAIMANT

ADDRESS FOR FILING A CLAIM/ Adresse pour soumettre votre demande ou réclamation/ EIS TOT SCHADEVERGOEDING M.B.T. AMERIKAANSE STRIJDKRACHTEN GELIEVE TE RICHTEN AAN

Ministère de la Défense Nationale Claims Office- Theo Kennes Quartier Reine Élisabeth Rue d'Evere 1, 1140 Evere, Bruxelles-BELGIQUE- BELGIUM Phone: 0032 2 441 84 48 Fax: 0032 2 443 95 52 Email: theo.kennes@mil.be	Ministerie van Defensie Claims Office -Theo Kennes Kwartier Koningin Elisabeth Eversestraat 1,1140 Evere Brussel- BELGIË-BELGIUM Phone: 0032 2 441 84 48 Fax: 0032 2 443 95 52 Email: theo.kennes@mil.be
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DATE OF INCIDENT / DATE DE L'INCIDENT/ DATUM GEBEURTENIS

LOCATION/ LIEU DE L'ACCIDENT / PLAATS

U.S. VEHICLE INFORMATION / INFORMATIONS RELATIVES AU VÉHICULE DU GOUVERNEMENT AMÉRICAIN/ INLICHTINGEN OVER DE AMERIKAANSE OVERHEIDSVOERTUIG

NAME OF U.S. VEHICLE OPERATOR / NOM DU CONDUCTEUR DU VÉHICULE DU GOUVERNEMENT AMÉRICAIN/ NAAM VAN DE BESTUURDER VAN DE AMERIKAANSE OVERHEIDSVOERTUIG

UNIT OF U.S. VEHICLE OPERATOR / NOM DE L'UNITÉ DU CONDUCTEUR DU VÉHICULE DU GOUVERNEMENT AMÉRICAIN/ DE UNITEIT VAN DE BESTUURDER VAN DE AMERIKAANSE OVERHEIDSVOERTUIG

BOSNIA-HERZEGOVINA

U.S. PERSONNEL COMPLETE AND FORWARD TO
usarmy.wiesbaden.usareur.mesg.oja-european-torts@army.mil

INFORMATION TO BE OBTAINED FROM DRIVER OF THE OTHER VEHICLE

FULL NAME OF THIRD PARTY / PUNO IME TREĆE LICE

ADDRESS OF THIRD PARTY / ADRESA TREĆE LICE

INSURANCE COMPANY OF THIRD PARTY / DRUŠTVO ZA OSIGURANJE TREĆE LICE

INSURANCE COMPANY'S ADDRESS AND TELEPHONE NUMBER / ADRESA I BROJ
TELEFONA DRUŠTVA ZA OSIGURANJE

INFORMATION TO BE COMPLETED BY U.S. VEHICLE OPERATOR

DATE OF INCIDENT

LOCATION OF THE INCIDENT

LICENSE PLATE NUMBER OF LOCAL NATIONAL VEHICLE

VEHICLE ID INFORMATION ON U.S. VEHICLE

U.S. PERSONNEL INVOLVED IN INCIDENT (NAMES, UNITS, AND CONTACT
INFORMATION)

SHORT DESCRIPTION OF INCIDENT OR ACCIDENT

BOSNIA-HERZEGOVINA

U.S. PERSONNEL COMPLETE AND PROVIDE TO POTENTIAL CLAIMANT

ADDRESS FOR FILING CLAIMS AGAINST U.S. FORCES IN Bosnia:

NATO Headquarters Sarajevo
Claims Office
Camp Butmir
Ilidža 71210
Bosnia and Herzegovina
Telephone number: 061491372 or 061172149

ADRESA ZA PODNOŠENJE ZAHTJEVA PROTIV AMERIČKIH SNAGA U Bosni (Primajući državni ured za potraživanja)

Sjedište NATO-a u Sarajevu
Ured za potraživanja
Kamp Butmir
Ilidža 71210
Federacija Bosne i Hercegovine
Broj telefona: 061491372 or 061172149

FULL NAME OF LOCAL NATIONAL DRIVER / PUNO IME LOKALNOG NACIONALNOG VOZAČA

ADDRESS OF LOCAL NATIONAL DRIVER / ADRESA LOKALNOG NACIONALNOG VOZAČA

INSURANCE COMPANY OF LOCAL NATIONAL DRIVER / DRUŠTVO ZA OSIGURANJE LOKALNOG NACIONALNOG VOZAČA

INSURANCE COMPANY'S ADDRESS AND TELEPHONE NUMBER / ADRESA I BROJ TELEFONA DRUŠTVA ZA OSIGURANJE

BULGARIA

U.S. PERSONNEL COMPLETE AND FORWARD TO
usarmy.wiesbaden.usareur.mesg.oja-european-torts@army.mil

INFORMATION TO BE OBTAINED FROM DRIVER OF THE OTHER VEHICLE

FULL NAME OF LOCAL NATIONAL DRIVER / ПЪЛНО ИМЕ НА МЕСТНИЯ ВОДАЧ НА ПРЕВОЗНО СРЕДСТВО

ADDRESS OF LOCAL NATIONAL DRIVER / АДРЕС НА МЕСТНИЯ ВОДАЧ НА ПРЕВОЗНО СРЕДСТВО

INSURANCE COMPANY OF LOCAL NATIONAL DRIVER / ЗАСТРАХОВАТЕЛНА КОМПАНИЯ НА МЕСТНИЯ ВОДАЧ НА ПРЕВОЗНО СРЕДСТВО

INSURANCE COMPANY'S ADDRESS AND TELEPHONE NUMBER / АДРЕС И ТЕЛЕФОННИ НОМЕРА НА ЗАСТРАХОВАТЕЛНАТА КОМПАНИЯ

INFORMATION TO BE COMPLETED BY U.S. VEHICLE OPERATOR

DATE OF INCIDENT

LOCATION OF THE INCIDENT

LICENSE PLATE NUMBER OF LOCAL NATIONAL VEHICLE

VEHICLE ID INFORMATION ON U.S. VEHICLE

U.S. PERSONNEL INVOLVED IN INCIDENT (NAMES, UNITS, AND CONTACT INFORMATION)

SHORT DESCRIPTION OF INCIDENT OR ACCIDENT

BULGARIA

U.S. PERSONNEL COMPLETE AND PROVIDE TO POTENTIAL CLAIMANT

ADDRESS FOR FILING CLAIMS AGAINST U.S. FORCES IN BULGARIA (Receiving State Claims Office)

АДРЕС ЗА ПРЕДЯВЯВАНЕ НА ИСКОВЕ СРЕЩУ СИЛИТЕ НА СЪЕДИНЕНИТЕ ЩАТИ В БЪЛГАРИЯ

Bulgarian Ministry of Defense, 3, Dyakon Ignatii St. Sofia, Bulgaria

**МИНИСТЕРСТВО НА ОТБРАНАТА
ул. “Дякон Игнатий” N 3
София, България**

DATE OF INCIDENT / ДАТА НА ИНЦИДЕНТА

LOCATION / МЕСТОПОЛОЖЕНИЕ

U.S. VEHICLE INFORMATION / ИМФОРМАЦИЯ ЗА ПРЕВОЗНОТО СРЕДСТВО НА САЩ

NAME OF U.S. VEHICLE OPERATOR / ИМЕ НА ОПЕРИРАЦИЯ ПРЕВОЗНОТО СРЕДСТВО НА САЩ

UNIT OF U.S. VEHICLE OPERATOR / ПОДРАЗДЕЛЕНИЕ НА ОПЕРИРАЦИЯ ПРЕВОЗНОТО СРЕДСТВО НА САЩ

CROATIA

U.S. PERSONNEL COMPLETE AND FORWARD TO
usarmy.wiesbaden.usareur.mesg.oja-european-torts@army.mil

INFORMATION TO BE OBTAINED FROM DRIVER OF THE OTHER VEHICLE

FULL NAME OF LOCAL NATIONAL DRIVER / PUNO IME I PREZIME LOKALNOG VOZAČA

ADDRESS OF LOCAL NATIONAL DRIVER / ADRESA LOKALNOG VOZAČA

INSURANCE COMPANY OF LOCAL NATIONAL DRIVER / OSIGURAVAJUĆE DRUŠTVO LOKALNOG VOZAČA

INSURANCE COMPANY'S ADDRESS AND TELEPHONE NUMBER / ADRESU I TELEFONSKI BROJ OSIGURAVAJUĆEG DRUŠTVA

INFORMATION TO BE COMPLETED BY U.S. VEHICLE OPERATOR

DATE OF INCIDENT

LOCATION OF THE INCIDENT

LICENSE PLATE NUMBER OF LOCAL NATIONAL VEHICLE

VEHICLE ID INFORMATION ON U.S. VEHICLE

U.S. PERSONNEL INVOLVED IN INCIDENT (NAMES, UNITS, AND CONTACT INFORMATION)

SHORT DESCRIPTION OF INCIDENT OR ACCIDENT

CROATIA

U.S. PERSONNEL COMPLETE AND PROVIDE TO POTENTIAL CLAIMANT

ADDRESS FOR FILING CLAIMS AGAINST U.S. FORCES IN CROATIA

ADRESA ZA PODNOŠENJE ZAHTJEVA PROTIV AMERIČKIH SNAGA U HRVATSKOJ

TRG KRALJA PETRA KREŠIMIRA IV BR. 1, 10000 ZAGREB

TELEPHONE NUMBER / TELEFONSKI BROJ: +385 (1) 4568 008

E-MAIL: infor@morh.hr

DATE OF INCIDENT / DATUM INCIDENTA

LOCATION / MJESTO

U.S. VEHICLE INFORMATION / PODACI AMERICKOG VOZILA

NAME OF U.S. VEHICLE OPERATOR / IME I PREZIME AMERICKOG VOZACA

UNIT OF U.S. VEHICLE OPERATOR / JEDINICA AMERICKOG VOZACA

CYPRUS

U.S. PERSONNEL COMPLETE AND FORWARD TO
usarmy.wiesbaden.usareur.mesg.oja-european-torts@army.mil

INFORMATION TO BE OBTAINED FROM DRIVER OF THE OTHER VEHICLE

FULL NAME OF LOCAL NATIONAL DRIVER / PLIRES ONOMA TOPIKOU ETHNIKOU ODIGOU / YEREL ULUSAL SÜRÜCÜNÜN TAM ADI

ADDRESS OF LOCAL NATIONAL DRIVER / DIEUTHYNSI TOPIKOU ETHNIKOU ODIGOU / YEREL ULUSAL SÜRÜCÜ ADRESİ

INSURANCE COMPANY OF LOCAL NATIONAL DRIVER / ASFALISTIKI ETAIREIA TOPIKOU ETHNIKOU ODIGOU / YERLİ ULUSAL SÜRÜCÜ SİGORTA FİRMASI

INSURANCE COMPANY'S ADDRESS AND TELEPHONE NUMBER / DIEUTHYNSI KAI TİLEFONO TIS ASFALİSTİKİS ETAİREİAS / SİGORTA ŞİRKETİNİN ADRESİ VE TELEFON NUMARASI

INFORMATION TO BE COMPLETED BY U.S. VEHICLE OPERATOR

DATE OF INCIDENT

LOCATION OF THE INCIDENT

LICENSE PLATE NUMBER OF LOCAL NATIONAL VEHICLE

VEHICLE ID INFORMATION ON U.S. VEHICLE

U.S. PERSONNEL INVOLVED IN INCIDENT (NAMES, UNITS, AND CONTACT INFORMATION)

SHORT DESCRIPTION OF INCIDENT OR ACCIDENT

CYPRUS

U.S. PERSONNEL COMPLETE AND PROVIDE TO POTENTIAL CLAIMANT

ADDRESS FOR FILING CLAIMS AGAINST U.S. FORCES IN CYPRUS/ DIEUTHYNSI GIA KATATHESI APAITISEON KATA TON AMERIKANIKON DYNAMEON STIN KYPRO / KIBRIS'TAKI ABD KUVVETLERINE KARŞI İDDIALARDA BULUNULACAK ADRES

<p>If an accident or incident occurs involving U.S. Forces personnel <u>in the UK Sovereign Base Areas on Cyprus</u>, potential claimants should be directed to:</p> <p>Ministry of Defence Common Law Claims & Policy Division Level 3, Zone I, MOD Main Building Whitehall London SW1A 2HB Phone: (+44) 0207 218 1842 /0380 E-mail: SPODJEP-ClaimsGeneral@mod.gov.uk</p> <p>Air Force POCs: USCR-UK /JA PSC 37, Unit 4840 APO AE 09459 E-mail: usafe-uk.ja@us.af.mil</p> <p>P. Blaise Bess, Sending State Attorney Phone: (+44) 01638 542820 E-mail: paul.bess@us.af.mil</p> <p>Alexander Shaw, Paralegal Specialist Phone: (+44) 01638 543278 E-mail: alexander.shaw.1.gb@us.af.mil</p>	<p>If an accident or incident occurs involving U.S. Forces personnel <u>outside the UK Sovereign Base Areas on Cyprus</u>, potential claimants should be directed to:</p> <p>U.S. Air Force Contact: Lt Col Sara Jobe International Law Attorney HQ USAFE-AFAFRICA/JAI Ramstein AB, Germany phone: DSN: 480-6826 comm: +49 6371-405-7-6826 email: sara.jobe@us.af.mil</p>
---	---

DATE OF INCIDENT / İMEROMİNIA SYMVANTOS / OLAY TARİHİ /

LOCATION / TOPOTHESIA / KONUM /

U.S. VEHICLE INFORMATION / PLİROFORİES OCHİMATON İ.P.A. / ABD ARAÇ BİLGİLERİ /

NAME OF U.S. VEHICLE OPERATOR / ONOMA TOU CHEİRİSTİ OCHİMATOS İ.P.A. / ABD ARAÇ OPERATÖRÜNÜN ADI /

UNIT OF U.S. VEHICLE OPERATOR / MONADA CHEİRİSTİ OCHİMATON İ.P.A. / ABD ARAÇ OPERATÖRÜ BİRİMİ

CZECH REPUBLIC

U.S. PERSONNEL COMPLETE AND FORWARD TO
usarmy.wiesbaden.usareur.mesg.oja-european-torts@army.mil

INFORMATION TO BE OBTAINED FROM DRIVER OF THE OTHER VEHICLE

FULL NAME OF LOCAL NATIONAL DRIVER / JMÉNOA PŘÍJMENÍ ŘIDIČE - ÚČASTNÍKA
DOPRAVNÍ NEHODY

ADDRESS OF LOCAL NATIONAL DRIVER / ADRESA ŘIDIČE - ÚČASTNÍKA DOPRAVNÍ
NEHODY

INSURANCE COMPANY OF LOCAL NATIONAL DRIVER / NÁZEV POJIŠŤOVNY ŘIDIČE -
ÚČASTNÍKA DOPRAVNÍ NEHODY

INSURANCE COMPANY'S ADDRESS AND TELEPHONE NUMBER / ADRESA A
TELEFONNÍ ČÍSLOPOJIŠŤOVNY

INFORMATION TO BE COMPLETED BY U.S. VEHICLE OPERATOR

DATE OF INCIDENT

LOCATION OF THE INCIDENT

LICENSE PLATE NUMBER OF LOCAL NATIONAL VEHICLE

VEHICLE ID INFORMATION ON U.S. VEHICLE

U.S. PERSONNEL INVOLVED IN INCIDENT (NAMES, UNITS, AND CONTACT
INFORMATION)

SHORT DESCRIPTION OF INCIDENT OR ACCIDENT

CZECH REPUBLIC

U.S. PERSONNEL COMPLETE AND PROVIDE TO POTENTIAL CLAIMANT

ADDRESS FOR FILING CLAIMS AGAINST U.S. FORCES IN THE CZECH REPUBLIC

KRÁTKÝ POPIS UDÁLOSTI NEBO DOPRAVNÍ NEHODY PRO MINISTERSTVO OBRANY
ČESKÉ REPUBLIKY

SEKCE PRÁVNÍ, ODBOR PRO PRÁVNÍ ZASTUPOVÁNÍ,
ODDĚLENÍ SOCIÁLNÍHO A SPRÁVNÍHO PRÁVA
NÁM. SVOBODY 471, PRAHA 6 160 73.

DATE OF INCIDENT / DATUM UDÁLOSTI

LOCATION / UMÍSTĚNÍ

U.S. VEHICLE INFORMATION / INFORMACE O VOZIDLE USA

NAME OF U.S. VEHICLE OPERATOR / JMÉNO A PŘÍJMENÍ ŘIDIČE VOZIDLA USA

UNIT OF U.S. VEHICLE OPERATOR / IDENTIFIKACE JEDNOTKY ŘIDIČE VOZIDLA USA

DENMARK

U.S. PERSONNEL COMPLETE AND FORWARD TO
usarmy.wiesbaden.usareur.mesg.oja-european-torts@army.mil

INFORMATION TO BE OBTAINED FROM DRIVER OF THE OTHER VEHICLE

FULL NAME OF LOCAL NATIONAL DRIVER / FULDT NAVN PÅ DEN LOKALE
NATIONALE CHAUFFØR

ADDRESS OF LOCAL NATIONAL DRIVER / ADRESSE PÅ LOKAL NATIONAL FØRER

INSURANCE COMPANY OF LOCAL NATIONAL DRIVER / FORSIKRINGSSELSKAB AF
LOKAL NATIONAL FØRER

INSURANCE COMPANY'S ADDRESS AND TELEPHONE NUMBER /
FORSIKRINGSELSKABETS ADRESSE OG TELEFONNUMMER

INFORMATION TO BE COMPLETED BY U.S. VEHICLE OPERATOR

DATE OF INCIDENT

LOCATION OF THE INCIDENT

LICENSE PLATE NUMBER OF LOCAL NATIONAL VEHICLE

VEHICLE ID INFORMATION ON U.S. VEHICLE

U.S. PERSONNEL INVOLVED IN INCIDENT (NAMES, UNITS, AND CONTACT
INFORMATION)

SHORT DESCRIPTION OF INCIDENT OR ACCIDENT

The U.S. Air Force has single-service responsibility for NATO SOFA tort claims in Denmark.

Air Force POC:

Name: BRYAN FONTANA, TSgt, USAF, NCOIC, Legal Office

426 ABS/JA

PSC 68, Unit 6615

APO AE 09706

Phone: +47-51-95-0534

E-mail: 426ABS.JA@us.af.mil

DENMARK

U.S. PERSONNEL COMPLETE AND PROVIDE TO POTENTIAL CLAIMANT

ADDRESS FOR FILING CLAIMS AGAINST U.S. FORCES IN DENMARK /

ADRESSE FOR INDGIVELSE AF KRAV MOD DE AMERIKANSKE STYRKER I DANMARK

MINISTRY OF DEFENCE
HOLMENS KANAL 9
1060 COPENHAGEN K
+45 7281 0000
FMN@FMN.DK

DATE OF INCIDENT / DATO FOR HÆNDELSE

LOCATION / BELIGGENHED

U.S. VEHICLE INFORMATION / U.S. KØRETØJSINFORMATION

NAME OF U.S. VEHICLE OPERATOR / NAVN PÅ U.S. KØRETØJS OPERATOR

UNIT OF U.S. VEHICLE OPERATOR / ENHED AF U.S. KØRETØJS OPERATOR

ESTONIA

U.S. PERSONNEL COMPLETE AND FORWARD TO
usarmy.wiesbaden.usareur.mesg.oja-european-torts@army.mil

INFORMATION TO BE OBTAINED FROM DRIVER OF THE OTHER VEHICLE

FULL NAME OF LOCAL NATIONAL DRIVER / KOHALIKU JUHI TÄISNIMI

PERSONAL IDENTIFICATION CODE / ISIKUKOOD

ADDRESS OF LOCAL NATIONAL DRIVER / KOHALIKU JUHI ADDRESS

INSURANCE COMPANY OF LOCAL NATIONAL DRIVER / KOHALIKU JUHI KINDLUSTUSSELTS

INSURANCE COMPANY'S ADDRESS AND TELEPHONE NUMBER / KINDLUSTUSSELTSI
ADDRESS JA TELEFONINUMBER

INFORMATION TO BE COMPLETED BY U.S. VEHICLE OPERATOR

DATE OF INCIDENT

LOCATION OF THE INCIDENT

LICENSE PLATE NUMBER OF LOCAL NATIONAL VEHICLE

VEHICLE ID INFORMATION ON U.S. VEHICLE

U.S. PERSONNEL INVOLVED IN INCIDENT (NAMES, UNITS, AND CONTACT
INFORMATION)

SHORT DESCRIPTION OF INCIDENT OR ACCIDENT

ESTONIA

U.S. PERSONNEL COMPLETE AND PROVIDE TO POTENTIAL CLAIMANT

ADDRESS FOR FILING CLAIMS AGAINST U.S. FORCES IN ESTONIA /

ADDRESS NÕUETE ESITAMISEKS USA RELVAJÕUDUDE VASTU EESTIS

2ND LT KADRI SOONBERG
DEPUTY CHIEF OF JUDICIAL DEPARTMENT
ESTONIAN DEFENSE FORCES HEADQUARTERS
JUHKENTALI 58; 15007
TALLINN, ESTONIA

TELEPHONE NUMBER: (372) 717-1162; MOBILE: (372) 5335 90001
E-MAIL: kadri.soonberg@mil.ee

DATE OF INCIDENT / VAHEJUHTUMI KUUPÄEV

LOCATION / ASUKOHT

U.S. VEHICLE INFORMATION / USA SÕIDUKI ANDMED

NAME OF U.S. VEHICLE OPERATOR / USA SÕIDUKIJUHI NIMI

UNIT OF U.S. VEHICLE OPERATOR / USA SÕIDUKIJUHI ÜKSUS

FINLAND

U.S. PERSONNEL COMPLETE AND FORWARD TO
usarmy.wiesbaden.usareur.mesg.oja-european-torts@army.mil

INFORMATION TO BE OBTAINED FROM DRIVER OF THE OTHER VEHICLE

FULL NAME OF LOCAL NATIONAL DRIVER / PAIKALLISEN KULJETTAJAN
TÄYDELLINEN NIMI

ADDRESS OF LOCAL NATIONAL DRIVER / PAIKALLISEN KULJETTAJAN OSOITE

INSURANCE COMPANY OF LOCAL NATIONAL DRIVER / PAIKALLISEN KULJETTAJAN
VAKUUTUSYHTIÖ

INSURANCE COMPANY'S ADDRESS AND TELEPHONE NUMBER / VAKUUTUSYHTIÖN
OSOITE JA PUHELINNUMERO

INFORMATION TO BE COMPLETED BY U.S. VEHICLE OPERATOR

DATE OF INCIDENT

LOCATION OF THE INCIDENT

LICENSE PLATE NUMBER OF LOCAL NATIONAL VEHICLE

VEHICLE ID INFORMATION ON U.S. VEHICLE

U.S. PERSONNEL INVOLVED IN INCIDENT (NAMES, UNITS, AND CONTACT
INFORMATION)

SHORT DESCRIPTION OF INCIDENT OR ACCIDENT

FINLAND

U.S. PERSONNEL COMPLETE AND PROVIDE TO POTENTIAL CLAIMANT

ADDRESS FOR FILING CLAIMS AGAINST U.S. FORCES IN FINLAND /

OSOITE YHDYSVALTAIN ASEVOIMIA KOSKEVIEN
VAHINGONKORVAUSVAATIMUSTEN JÄTTÄMISELLE SUOMESSA:

ARMY COMMAND FINLAND
P.O. BOX 145
FI-50101 MIKKELI, FINLAND

MAAVOIMIEN ESIKUNTA
PL 145
FI-50101 MIKKELI

TEL. +358 299 800 (OPERATOR)
FAX +358 299 410760
EMAIL: KIRJAAMO.MAAVE@MIL.FI

PUHELIN 0299 800 (VAIHDE)
FAKSI 0299 410760
KIRJAAMO.MAAVE@MIL.FI

DATE OF INCIDENT / TAPAHTUMAN PÄIVÄMÄÄRÄ

LOCATION / SIJAINTI

U.S. VEHICLE INFORMATION / YHDYSVALTALAISEN AJONEUVON TIEDOT

NAME OF U.S. VEHICLE OPERATOR / YHDYSVALTALAISEN AJONEUVON
KULJETTAJAN NIMI

UNIT OF U.S. VEHICLE OPERATOR / YHDYSVALTALAISEN AJONEUVON
KULJETTAJAN SOTILASYKSIKKÖ

FRANCE

U.S. PERSONNEL COMPLETE AND FORWARD TO
usarmy.wiesbaden.usareur.mesg.oja-european-torts@army.mil

INFORMATION TO BE OBTAINED FROM DRIVER OF THE OTHER VEHICLE

FULL NAME OF LOCAL NATIONAL DRIVER / NOM COMPLET DU CONDUCTEUR NATIONAL LOCAL

ADDRESS OF LOCAL NATIONAL DRIVER / ADRESSE DU CONDUCTEUR NATIONAL

INSURANCE COMPANY OF LOCAL NATIONAL DRIVER / COMPAGNIE D'ASSURANCE DU CONDUCTEUR NATIONAL

INSURANCE COMPANY'S ADDRESS AND TELEPHONE NUMBER / ADRESSE ET NUMÉRO DE TÉLÉPHONE DE LA COMPAGNIE D'ASSURANCE

INFORMATION TO BE COMPLETED BY U.S. VEHICLE OPERATOR

DATE OF INCIDENT

LOCATION OF THE INCIDENT

LICENSE PLATE NUMBER OF LOCAL NATIONAL VEHICLE

VEHICLE ID INFORMATION ON U.S. VEHICLE

U.S. PERSONNEL INVOLVED IN INCIDENT (NAMES, UNITS, AND CONTACT INFORMATION)

SHORT DESCRIPTION OF INCIDENT OR ACCIDENT

The U.S. Air Force has single-service responsibility for NATO SOFA tort claims in France.

U.S. Air Force Contact:

52 Fighter Wing Legal Office

Spangdahlem Air Base, Germany

Unit 3683

APO, AE 09126-3683

DSN: 314-452-6796

COMM: +49 6565 61 6796

FRANCE

U.S. PERSONNEL COMPLETE AND PROVIDE TO POTENTIAL CLAIMANT

ADDRESS FOR FILING A CLAIM IN FRANCE /

ADRESSE POUR LE DÉPÔT D'UNE DEMANDE EN FRANCE

**MINISTÈRE DE LA DÉFENSE
AGENCE COMPTABLE • SERV.IND. ARMEMENT
11 R DU REMPART (VENDOME ILL)
93196 NOISY LE GRAND CEDEX**

TEL.: 01 48 15 91 48

E-MAIL: COURRIEL: TGACSA.CONTACT@DGFIP.FINANCES.GOUV.FR

DATE OF INCIDENT / DATE DE L'INCIDENT

LOCATION/ LIEU DE L'ACCIDENT

**U.S. VEHICLE INFORMATION / INFORMATIONS SUR LE VÉHICULE DU
GOUVERNEMENT AMÉRICAIN**

**NAME OF U.S. VEHICLE OPERATOR / NOM DU CONDUCTEUR DU VÉHICULE
DU GOUVERNEMENT AMÉRICAIN**

**UNIT OF U.S. VEHICLE OPERATOR / NOM DE L'UNITÉ DU CONDUCTEUR DU
VÉHICULE DU GOUVERNEMENT AMÉRICAIN**

GEORGIA

U.S. PERSONNEL COMPLETE AND FORWARD TO
usarmy.wiesbaden.usareur.mesg.oja-european-torts@army.mil

INFORMATION TO BE OBTAINED FROM DRIVER OF THE OTHER VEHICLE

FULL NAME OF LOCAL NATIONAL DRIVER/ ადგილობრივი მძღოლის სრული სახელი და გვარი

ADDRESS OF LOCAL NATIONAL DRIVER / ადგილობრივი მძღოლის მისამართი

INSURANCE COMPANY OF LOCAL NATIONAL DRIVER/ ადგილობრივი მძღოლის სადაზღვევო კომპანია

INSURANCE COMPANY'S ADDRESS AND TELEPHONE NUMBER / სადაზღვევო კომპანიის მისამართი და ტელეფონის ნომერი

INFORMATION TO BE COMPLETED BY U.S. VEHICLE OPERATOR

DATE OF INCIDENT

LOCATION OF THE INCIDENT

LICENSE PLATE NUMBER OF LOCAL NATIONAL VEHICLE

VEHICLE ID INFORMATION ON U.S. VEHICLE

U.S. PERSONNEL INVOLVED IN INCIDENT (NAMES, UNITS, AND CONTACT INFORMATION)

SHORT DESCRIPTION OF INCIDENT OR ACCIDENT

GEORGIA

U.S. PERSONNEL COMPLETE AND PROVIDE TO POTENTIAL CLAIMANT

ADDRESS FOR FILING CLAIMS AGAINST U.S. FORCES IN GEORGIA /

აშშ-ს ძალების საქართველოში წინააღმდეგ სარჩელის წარსადგენი ორგანო:

**MINISTRY OF DEFENSE
20 GEN. KVINITADZE STR.
0112 TBLISI, GEORGIA**

E-MAIL ADDRESS / ელექტრონული მისამართი:
mod@mod.gov.ge or gigagua@mod.gov.ge

TELEPHONE NUMBER/ ტელეფონის ნომერი: (+995 32) 295-04-49

DATE OF INCIDENT / ინციდენტის თარიღი

LOCATION / ადგილმდებარეობა

U.S. VEHICLE INFORMATION / აშშ-ს სატრანსპორტო საშუალების ინფორმაცია

NAME OF U.S. VEHICLE OPERATOR / სატრანსპორტო საშუალების მძღოლის სახელი და გვარი

UNIT OF U.S. VEHICLE OPERATOR / სატრანსპორტო საშუალების მძღოლის ქვედანაყოფი

GERMANY

U.S. PERSONNEL COMPLETE AND FORWARD TO
usarmy.wiesbaden.usareur.mesg.oja-european-torts@army.mil

INFORMATION TO BE OBTAINED FROM DRIVER OF THE OTHER VEHICLE

FULL NAME OF LOCAL NATIONAL DRIVER/ IHR NAME

ADDRESS OF LOCAL NATIONAL DRIVER / IHRE ADRESSE

INSURANCE COMPANY OF LOCAL NATIONAL DRIVER/ (UNFALLGEGNER) IHRE
VERSICHERUNG

INSURANCE COMPANY'S ADDRESS AND TELEPHONE NUMBER / ADRESSE UND
TELEFONNUMMER DER VERSICHERUNG

INFORMATION TO BE COMPLETED BY U.S. VEHICLE OPERATOR

DATE OF INCIDENT

LOCATION OF THE INCIDENT

LICENSE PLATE NUMBER OF LOCAL NATIONAL VEHICLE

VEHICLE ID INFORMATION ON U.S. VEHICLE

U.S. PERSONNEL INVOLVED IN INCIDENT (NAMES, UNITS, AND CONTACT
INFORMATION)

SHORT DESCRIPTION OF INCIDENT OR ACCIDENT

GERMANY

U.S. PERSONNEL COMPLETE AND GIVE TO LN DRIVER

Date of incident / Unfalltag:

Location / Unfallort:

U.S. Vehicle Information / U.S. Fahrzeug Information (Kennzeichen):

Name of U.S. Vehicle Operator / Name des U.S. Fahrzeugführers:

Unit of U.S. Vehicle Operator / U.S. Einheit des Fahrzeugführers:

Die Prüfung und Regulierung des Schadens erfolgt aufgrund eines bei den folgenden örtlich zuständigen Schadensregulierungsstellen gestellten Antrages. Auf Anfrage werden die entsprechenden Antragsformulare von dort versandt.

Regionalbüro Ost Erfurt Bundesanstalt für Immobilienaufgaben Schadensregulierungsstelle Drosselbergstraße 2 99097 Erfurt Telefon: (0361) 3482-131 Telefax: (0361) 3482-366 SRB-Ost@bundesimmobilien.de Zuständigkeit für Anträge in den Ländern: <ul style="list-style-type: none">• Bayern (nur Regierungsbezirk Unterfranken)• Berlin• Brandenburg• Hessen• Sachsen• Thüringen	Bundesanstalt für Immobilienaufgaben Schadensregulierungsstelle Regionalbüro West Koblenz Schloss (Hauptgebäude) 56068 Koblenz Telefon: (0261) 3908-0 Telefax: (0261) 3908-181 SRB-West@bundesimmobilien.de Zuständigkeit für Anträge in den Ländern: <ul style="list-style-type: none">• Nordrhein-Westfalen (ohne Regierungsbezirk Detmold)• Rheinland-Pfalz• Saarland	Bundesanstalt für Immobilienaufgaben Schadensregulierungsstelle Regionalbüro Süd Nürnberg Rudolphstraße 28 90489 Nürnberg Telefon: (0911) 99261-0 Telefax: (0911) 99261-185 SRB-Sued@bundesimmobilien.de Zuständigkeit für Anträge in den Ländern: <ul style="list-style-type: none">• Baden-Württemberg• Bayern (ohne Regierungsbezirk Unterfranken)• Bremen• Hamburg• Mecklenburg-Vorpommern• Niedersachsen• Nordrhein-Westfalen (nur Regierungsbezirk Detmold)• Sachsen-Anhalt• Schleswig-Holstein•
--	---	--

Eine Schadensersatzforderung gegen die Vereinigten Staaten von Amerika, die aus Handlungen oder Unterlassungen von Mitgliedern der U.S. Streitkräfte oder ihres zivilen Gefolges herrührt, ist innerhalb von drei Monaten nach Kenntniserlangung des Schadens und der Beteiligung der U.S. Streitkräfte oder ihres zivilen Gefolges bei der zuständigen Schadensregulierungsstelle des Bundes (SRB) bei der Bundesanstalt für Immobilienaufgaben geltend zu machen.

GREECE

U.S. PERSONNEL COMPLETE AND FORWARD TO
usarmy.wiesbaden.usareur.mesg.oja-european-torts@army.mil

INFORMATION TO BE OBTAINED FROM DRIVER OF THE OTHER VEHICLE

FULL NAME OF LOCAL NATIONAL DRIVER / ΤΟ ΠΛΗΡΕΣ ὌΝΟΜΑ ΤΟΥ ΤΟΠΙΚΟῦ ΕΘΝΙΚΟῦ ΟΔΗΓΟῦ

ADDRESS OF LOCAL NATIONAL DRIVER / ΔΙΕΎΘΥΝΣΗ ΤΟΥ ΤΟΠΙΚΟῦ ΕΘΝΙΚΟῦ ΟΔΗΓΟῦ

INSURANCE COMPANY OF LOCAL NATIONAL DRIVER / ΑΣΦΑΛΙΣΤΙΚΉ ΕΤΑΙΡΕΪΑ ΤΟΥ ΤΟΠΙΚΟῦ ΕΘΝΙΚΟῦ ΟΔΗΓΟῦ

INSURANCE COMPANY'S ADDRESS AND TELEPHONE NUMBER / ΔΙΕΎΘΥΝΣΗ ΚΑΙ ΤΗΛΕΦΩΝΟ ΤΗΣ ΑΣΦΑΛΙΣΤΙΚΉΣ ΕΤΑΙΡΕΪΑΣ

INFORMATION TO BE COMPLETED BY U.S. VEHICLE OPERATOR

DATE OF INCIDENT

LOCATION OF THE INCIDENT

LICENSE PLATE NUMBER OF LOCAL NATIONAL VEHICLE

VEHICLE ID INFORMATION ON U.S. VEHICLE

U.S. PERSONNEL INVOLVED IN INCIDENT (NAMES, UNITS, AND CONTACT INFORMATION)

SHORT DESCRIPTION OF INCIDENT OR ACCIDENT

The U.S. Navy has single-service responsibility for NATO SOFA tort claims in Greece.

Maria Prassakis, Paralegal Specialist
Region Legal Service Office EURAFSWA
U.S. Naval Support Activity Souda Bay
PSC 814, Box 1
FPO AE 09865-0102

DSN: 314-266-1203
comm: +30-28210-21203
e-mail: maria.prassakis@eu.navy.mil

GREECE

U.S. PERSONNEL COMPLETE AND PROVIDE TO POTENTIAL CLAIMANT

ADDRESS FOR FILING CLAIMS AGAINST U.S. FORCES IN CYPRUS /

ΔΙΕΥΘΥΝΣΗ ΓΙΑ ΤΗΝ ΚΑΤΑΘΕΣΗ ΑΞΙΩΣΕΩΝ ΚΑΤΑ ΤΩΝ ΔΥΝΑΜΕΩΝ ΤΩΝ ΗΠΑ ΣΤΗΝ ΚΥΠΡΟ

**NATO CLAIMS OFFICE
40D SOUTSOU STREET
ATHENS, GREECE 11521**

PHONE: +30-210-642-7888

DATE OF INCIDENT / ΗΜΕΡΟΜΗΝΙΑ ΤΟΥ ΣΥΜΒΑΝΤΟΣ

LOCATION / ΤΟΠΟΘΕΣΙΑ

U.S. VEHICLE INFORMATION / ΠΛΗΡΟΦΟΡΙΕΣ ΟΧΗΜΑΤΟΣ ΗΠΑ

NAME OF U.S. VEHICLE OPERATOR / ΟΝΟΜΑ ΤΟΥ ΧΕΙΡΙΣΤΗ ΤΟΥ ΟΧΗΜΑΤΟΣ ΤΩΝ Η.Π.Α.

UNIT OF U.S. VEHICLE OPERATOR / ΜΟΝΑΔΑ ΤΟΥ ΧΕΙΡΙΣΤΗ ΤΟΥ ΟΧΗΜΑΤΟΣ ΤΩΝ Η.Π.Α.

HUNGARY

U.S. PERSONNEL COMPLETE AND FORWARD TO
usarmy.wiesbaden.usareur.mesg.oja-european-torts@army.mil

INFORMATION TO BE OBTAINED FROM DRIVER OF THE OTHER VEHICLE

FULL NAME OF LOCAL NATIONAL DRIVER / HELYI GÉPJÁRMŰVEZETŐ TELJES NEVE

ADDRESS OF LOCAL NATIONAL DRIVER / HELYI GÉPJÁRMŰVEZETŐ LAKCÍME

INSURANCE COMPANY OF LOCAL NATIONAL DRIVER / HELYI GÉPJÁRMŰVEZETŐ BIZTOSÍTÓ TÁRSASÁGA

INSURANCE COMPANY'S ADDRESS AND TELEPHONE NUMBER / BIZTOSÍTÓ CÍME ÉS TELEFONSZÁMA

INFORMATION TO BE COMPLETED BY U.S. VEHICLE OPERATOR

DATE OF INCIDENT

LOCATION OF THE INCIDENT

LICENSE PLATE NUMBER OF LOCAL NATIONAL VEHICLE

VEHICLE ID INFORMATION ON U.S. VEHICLE

U.S. PERSONNEL INVOLVED IN INCIDENT (NAMES, UNITS, AND CONTACT INFORMATION)

SHORT DESCRIPTION OF INCIDENT OR ACCIDENT

HUNGARY

U.S. PERSONNEL COMPLETE AND PROVIDE TO POTENTIAL CLAIMANT

ADDRESS FOR FILING CLAIMS AGAINST U.S. FORCES IN HUNGARY /

GÉPJÁRMŰVEL OKOZOTT KÁROK MIATTI IGÉNYEK ELŐTERJESZTÉSE:

MINISTRY OF DEFENCE OF HUNGARY LEGAL DEPARTMENT VIA
MOTOR INSURANCE BUREAU 1381 Budapest 62., Pf. 1297

MAGYAR BIZTOSÍTÓK SZÖVETSÉGE
(1381 BUDAPEST 62. PF. 1297
TELEPHONE NUMBER / TELEFONSZÁM: 0036 1 802 84 00
E-MAIL: KAR@MABISZ.HU VAGY CLAIMS@MABISZ.HU ÚTJÁN
A HONVÉDELMI MINISZTERIUM JOGI FŐOSZTÁLY RÉSZÉRE

ADDRESS FOR FILING CLAIMS AGAINST U.S. FORCES IN HUNGARY (VEHICLES NOT INVOLVED):

NEM GÉPJÁRMŰVEL OKOZOTT KÁROK MIATTI IGÉNYEK ELŐTERJESZTÉSE:

MINISTRY OF DEFENCE OF HUNGARY LEGAL DEPARTMENT VIA THE COMPETENT LOCAL NOTARY

HONVÉDELMI MINISZTERIUM JOGI FŐOSZTÁLY
(választás szerint – a károsult lakóhelye, ennek hiányában állandó tartózkodási helye, illetve székhelye,
vagy a kár bekövetkezésének helye szerint illetékes települési önkormányzat jegyzőjén keresztül)

DATE OF INCIDENT / BALESET IDŐPONTJA

LOCATION / BALESET HELYSZÍNE

NAME OF U.S. PERSONNEL / AZ USA ÁLLOMÁNY NEVE

UNIT OF U.S. PERSONNEL/ AZ USA ÁLLOMÁNY SZERVEZETI EGYSÉGE

THE CLAIMANT HAS TO FILL THE “REQUEST FOR CLAIMS COMPENSATION” -
ANNEX OF THE GOVERNMENTAL DECREE 276/2008. (XI.21.)

A KÁRIGÉNY ELŐTERJESZTŐJÉNEK A MAGYAR HONVÉDSÉG FELADATAINAK
ELLÁTÁSÁVAL ÖSSZEFÜGGŐ NEMZETKÖZI KÁRTÉRÍTÉSI ÜGYEKKEK
KAPCSOLATOS ELJÁRÁS RÉSZLETES SZABÁLYAIRÓL SZÓLÓ 276/2008. (XI.21.)
KORM.RENDELET MELLÉKLETÉBEN FOGLALT ADATLAPOT KELL KITÖLTENI

ICELAND

The U.S. Navy has single-service responsibility for NATO SOFA tort claims in Iceland. If an accident or incident occurs involving U.S. Forces personnel, potential claimants should be directed to:

U.S. Navy Contact:

Mr. Jason Lawrance

Paralegal Specialist

RLSO EURAFSWA BROFF London

phone: DSN: 314-235-6193

comm: +44-1895-616- 193

e-mail: Jason.Lawrance2.LN@navy.mil

ITALY

U.S. PERSONNEL COMPLETE AND FORWARD TO
usarmy.wiesbaden.usareur.mesg.oja-european-torts@army.mil

INFORMATION TO BE OBTAINED FROM DRIVER OF THE OTHER VEHICLE

FULL NAME OF LOCAL NATIONAL DRIVER / NOME COMPLETO DEL CONDUCENTE
NAZIONALE LOCALE

ADDRESS OF LOCAL NATIONAL DRIVER / INDIRIZZO DELL CONDUCENTE NAZIONALE
LOCALE

INSURANCE COMPANY OF LOCAL NATIONAL DRIVER / COMPAGNIA DI ASSICURAZIONE
DEL CONDUCENTE NAZIONALE LOCALE

INSURANCE COMPANY'S ADDRESS AND TELEPHONE NUMBER / INDIRIZZO E NUMERO DI
TELEFONO DELLA COMPAGNIA DI ASSICURAZIONE

INFORMATION TO BE COMPLETED BY U.S. VEHICLE OPERATOR

DATE OF INCIDENT

LOCATION OF THE INCIDENT

LICENSE PLATE NUMBER OF LOCAL NATIONAL VEHICLE

VEHICLE ID INFORMATION ON U.S. VEHICLE

U.S. PERSONNEL INVOLVED IN INCIDENT (NAMES, UNITS, AND CONTACT INFORMATION)

SHORT DESCRIPTION OF INCIDENT OR ACCIDENT

The U.S. Navy has single-service responsibility for NATO SOFA tort claims in Italy.

U.S. Navy Contact:
Daniela Floco
Paralegal Specialist
RLSO EURAFCENT
Phone: +39-081-568-7885
e-mail: Daniela.FlocoCaropresoCatone.In@us.navy.mil
navyclaimsnapoli1@pec-legal.it

ITALY

U.S. PERSONNEL COMPLETE AND PROVIDE TO POTENTIAL CLAIMANT

ADDRESS FOR FILING CLAIMS AGAINST U.S. FORCES IN HUNGARY /

INDIRIZZO PER PRESENTARE RECLAMI CONTRO LE FORZE AMERICANE IN ITALIA:

MINISTERO DELLA DIFESA
SEGRETARIATO GENERALE DELLA DIFESA E DIREZIONE NAZIONALE ARMAMENTI
VI REPARTO, CONTENZIOSO E AFFARI LEGALI
VIA DI CENTOCELLE NO. 301
ROME 00175
E-MAIL: SGD@SGD.DIFESA.IT OR SGD@POSTACERT.DIFESA.IT.
PHONE: 06-49867090

DATE OF INCIDENT / DATA DELL'INCIDENTE

LOCATION / POSIZIONE

NAME OF U.S. PERSONNEL / NOME DEL PERSONALE AMERICANO

UNIT OF U.S. PERSONNEL/ UNITÀ DI PERSONALE AMERICANO

KOSOVO

U.S. PERSONNEL COMPLETE AND FORWARD TO
usarmy.wiesbaden.usareur.mesg.oja-european-torts@army.mil

INFORMATION TO BE OBTAINED FROM DRIVER OF THE OTHER VEHICLE

FULL NAME OF LOCAL NATIONAL DRIVER / EMRI I PLOTË I SHOFERIT KOMBETAR
LOKALE / ПУНО ИМЕ ЛОКАЛНОГ НАЦИОНАЛНОГ ВОЗАЧА

ADDRESS OF LOCAL NATIONAL DRIVER / ADRESA E SHOFERIT KOMBETAR
LOKALE / АДРЕСА ЛОКАЛНОГ НАЦИОНАЛНОГ ВОЗАЧА

INSURANCE COMPANY OF LOCAL NATIONAL DRIVER / KOMPANIA E SIGURIMIT TE
SHOFERIT KOMBETAR VENDOR / ДРУШТВО ЗА ОСИГУРАЊЕ ЛОКАЛНОГ
НАЦИОНАЛНОГ ВОЗАЧА

INSURANCE COMPANY'S ADDRESS AND TELEPHONE NUMBER / ADRESA DHE
NUMRI I TELEFONIT TË SIGURIMIT / АДРЕСА И БРОЈ ТЕЛЕФОНА ДРУШТВА ЗА
ОСИГУРАЊЕ

INFORMATION TO BE COMPLETED BY U.S. VEHICLE OPERATOR

DATE OF INCIDENT

LOCATION OF THE INCIDENT

LICENSE PLATE NUMBER OF LOCAL NATIONAL VEHICLE

VEHICLE ID INFORMATION ON U.S. VEHICLE

U.S. PERSONNEL INVOLVED IN INCIDENT (NAMES, UNITS, AND CONTACT
INFORMATION)

SHORT DESCRIPTION OF INCIDENT OR ACCIDENT

Please also complete the AE Form 350-22A, give a copy to your UCO and e-mail a copy to:
usarmy.wiesbaden.usareur.mesg.oja-european-torts@army.mil

KOSOVO

U.S. PERSONNEL COMPLETE AND PROVIDE TO POTENTIAL CLAIMANT

**ADDRESS FOR FILING CLAIMS AGAINST U.S. FORCES IN KOSOVO / ADRESA PËR
PARAQITJE KUNDËR FORCAVE SH.B.A. NË KOSOVË / АДРЕСА ЗА ПОДНОШЕЊЕ
ТУЖБА ПРОТИВ СНАГА САД НА КОСОВУ**

U.S. Army Point of Contact:
Mr. Sasha Sokolovski
Senior Legal Specialist
MNBG-E Legal Center
Camp Bondsteel, Kosovo, Bldg. 1330C/4N
DSN 781-5087
Comm. 038-774-5087

DATE OF INCIDENT / DATA E INCIDENTIT / ДАТУМ ИНЦИДЕНТА

LOCATION / LOKACIONI / ЛОКАЦИЈА

**U.S. VEHICLE INFORMATION / INFORMACION I MJETEVE SH.B.A. / ИНФОРМАЦИЈЕ О
ВОЗИЛИМА САД**

**NAME OF U.S. VEHICLE OPERATOR / EMRI I OPERATORIT TË AUTOMJETIT të SHBA /
ИМЕ ОПЕРАТОРА ВОЗИЛА САД /**

**UNIT OF U.S. VEHICLE OPERATOR / NJËSIA E OPERATORIT TË AUTOMJETIT të
SHBA-së / ЈЕДИНИЦА ОПЕРАТОРА ВОЗИЛА САД**

LATVIA

U.S. PERSONNEL COMPLETE AND FORWARD TO
usarmy.wiesbaden.usareur.mesg.oja-european-torts@army.mil

INFORMATION TO BE OBTAINED FROM DRIVER OF THE OTHER VEHICLE

FULL NAME OF LOCAL NATIONAL DRIVER / VIETĒJĀS VALSTS
TRANSPORTLĪDZEKĻA VADĪTĀJA VĀRDS UN UZVĀRDS

ADDRESS OF LOCAL NATIONAL DRIVER / VIETĒJĀS VALSTS TRANSPORTLĪDZEKĻA
VADĪTĀJA DZĪVESVIETAS ADRESE

INSURANCE COMPANY OF LOCAL NATIONAL DRIVER / APDROŠINĀŠANAS
KOMPĀNIJA, KURĀ VIETĒJĀS VALSTS TRANSPORTLĪDZEKĻA VADĪTĀJS
APDROŠINĀJIS SAVU TRANSPORTLĪDZEKLI

INSURANCE COMPANY'S ADDRESS AND TELEPHONE NUMBER / APDROŠINĀŠANAS
KOMPĀNIJAS ADRESE UN TĀLRUŅA NUMURS
VEHICLE ID INFORMATION ON U.S. VEHICLE

INFORMATION TO BE COMPLETED BY U.S. VEHICLE OPERATOR

DATE OF INCIDENT

LOCATION OF THE INCIDENT

LICENSE PLATE NUMBER OF LOCAL NATIONAL VEHICLE

VEHICLE ID INFORMATION ON U.S. VEHICLE

U.S. PERSONNEL INVOLVED IN INCIDENT (NAMES, UNITS, AND CONTACT
INFORMATION)

SHORT DESCRIPTION OF INCIDENT OR ACCIDENT

LATVIA

U.S. PERSONNEL COMPLETE AND PROVIDE TO POTENTIAL CLAIMANT

ADDRESS FOR FILING CLAIMS AGAINST U.S. FORCES IN LATVIA /

ADRESE PRASĪBU IESNIEGŠANAI PRET ASV BRUŅOTAJIEM SPĒKIEM LATVIJĀ:

JURIDISKAIS DEPARTAMENTS
LATVIJAS REPUBLIKAS AIZSARDZĪBAS MINISTRIJA
K.VALDEMĀRA IELA 10/12, RĪGA, LV-1473, LATVIJA

TELEPHONE NUMBER / TĀLRUNIS: (+371) 67335113,

E-MAIL: epasts@mod.gov.lv

DATE OF INCIDENT / NEGADĪJUMA DATUMS

LOCATION / VIETA

U.S. VEHICLE INFORMATION / ASV TRANSPORTA LĪDZEKĻA INFORMĀCIJA

NAME OF U.S. VEHICLE OPERATOR / ASV TRANSPORTLĪDZEKĻA VADĪTĀJA VĀRDS
UN UZVĀRDS

UNIT OF U.S. VEHICLE OPERATOR / ASV TRANSPORTLĪDZEKĻA VADĪTĀJA VIENĪBA

LITHUANIA

U.S. PERSONNEL COMPLETE AND FORWARD TO
usarmy.wiesbaden.usareur.mesg.oja-european-torts@army.mil

INFORMATION TO BE OBTAINED FROM DRIVER OF THE OTHER VEHICLE

FULL NAME OF LOCAL NATIONAL DRIVER /VAIRUOTOJO VARDAS, PAVARDĖ

ADDRESS OF LOCAL NATIONAL DRIVER / VAIRUOTOJO GYV. VIETOS ADRESAS

INSURANCE COMPANY OF LOCAL NATIONAL DRIVER / VAIRUOTOJO DRAUDIMO ĮMONĖ

INSURANCE COMPANY'S ADDRESS AND TELEPHONE NUMBER / DRAUDIMO ĮMONĖS ADRESAS IR TELEFONO NUMERIS

INFORMATION TO BE COMPLETED BY U.S. VEHICLE OPERATOR

DATE OF INCIDENT

LOCATION OF THE INCIDENT

LICENSE PLATE NUMBER OF LOCAL NATIONAL VEHICLE

VEHICLE ID INFORMATION ON U.S. VEHICLE

U.S. PERSONNEL INVOLVED IN INCIDENT (NAMES, UNITS, AND CONTACT INFORMATION)

SHORT DESCRIPTION OF INCIDENT OR ACCIDENT

LITHUANIA

U.S. PERSONNEL COMPLETE AND PROVIDE TO POTENTIAL CLAIMANT

ADDRESS FOR FILING CLAIMS AGAINST U.S. FORCES IN LITHUANIA /

ADRESAS, KURIUO PATEIKIAMĖ PRANEŠIMAI APIE PADARYTĄ ŽALĄ (INCIDENTĄ AR AVARIJĄ):

LAW APPLICATION AND REPRESENTATION DIVISION,
THE LAW DEPARTMENT OF THE LITHUANIAN ARMED FORCES. /

LIETUVOS KARIUOMENĖS TEISĖS DEPARTAMENTAS,
TEISĖS TAIKYMO IR ATSTOVAVIMO SKYRIUS,
ŠV. IGNOTO G. 8,
LT-01144 VILNIUS, LITHUANIA

TELEPHONE NUMBER / TELEFONAS:
(+370) 706 80 266, (+370) 706 80 016, FAX. (+370)706 83 542.
EMAIL: INFO.LKTD@MIL.LT

FOR ADDITIONAL INFORMATION, PLEASE CONTACT / DĖL PAPILDOMOS
INFORMACIJOS, PRAŠOME KREIPTIS:
CPT. TOMAS MOZŪRA, E-MAIL: TOMAS.MOZURA@MIL.LT or
LT. COL. DARIUS SENIKAS, E-MAIL: DARIUS.SENIKAS@KAM.LT

DATE OF INCIDENT / ĮVYKIO DATA

LOCATION / VIETA

U.S. VEHICLE INFORMATION / JAV TRANSPORTO PRIEMONĖS INFORMACIJA

NAME OF U.S. VEHICLE OPERATOR / PAVADINIMAS JAV TRANSPORTO PRIEMONĖS
OPERATORIAUS

UNIT OF U.S. VEHICLE OPERATOR / VIENETAS JAV TRANSPORTO PRIEMONĖS
OPERATORIAUS

MOLDOVA

U.S. PERSONNEL COMPLETE AND FORWARD TO
usarmy.wiesbaden.usareur.mesq.oja-european-torts@army.mil

INFORMATION TO BE OBTAINED FROM DRIVER OF THE OTHER VEHICLE

FULL NAME OF LOCAL NATIONAL DRIVER / NUMELE COMPLET AL ȘOFERULUI NAȚIONAL LOCAL

ADDRESS OF LOCAL NATIONAL DRIVER / ADRESA ȘOFERULUI NAȚIONAL LOCAL

TELEPHONE NUMBER OF LOCAL NATIONAL DRIVER / NUMĂRUL DE TELEFON AL ȘOFERULUI NAȚIONAL LOCAL

INSURANCE COMPANY'S NAME, ADDRESS AND TELEPHONE NUMBER / NUMELE, ADRESA ȘI NUMĂRUL DE TELEFON AL COMPANIEI DE ASIGURĂRI

INFORMATION TO BE COMPLETED BY U.S. VEHICLE OPERATOR

DATE OF INCIDENT

LOCATION OF THE INCIDENT

LICENSE PLATE NUMBER OF LOCAL NATIONAL VEHICLE

VEHICLE ID INFORMATION ON U.S. VEHICLE

U.S. PERSONNEL INVOLVED IN INCIDENT (NAMES, UNITS, AND CONTACT INFORMATION)

SHORT DESCRIPTION OF INCIDENT OR ACCIDENT

MOLDOVA

U.S. PERSONNEL COMPLETE AND PROVIDE TO POTENTIAL CLAIMANT

ADDRESS FOR FILING CLAIMS AGAINST U.S. FORCES IN MOLDOVA (RECEIVING STATE CLAIMS OFFICE) /

ADRESA PENTRU DEPUNEREA PRETENȚIILOR FAȚĂ DE FORȚELE SUA ÎN MOLDOVA:

**ȘOSEAUA HÎNCEȘTI 84
CHIȘINĂU
REPUBLIK MOLDAU**

**LIEUTENANT COLONEL SERGHEI CIUB
TEL: + 373-22-25-20-94
E-MAIL: SERGHEI.CIUB@ARMY.MD
OR
MAJOR ELENA MILCENCO
TEL: + 373-22-25-20-96
E-MAIL: ELENA.MILCENCO@ARMY.MD**

DATE OF INCIDENT / DATA INCIDENTULUI

LOCATION / LOCUL INCIDENTULUI

U.S. VEHICLE INFORMATION / INFORMAȚII DESPRE VEHICULELE DIN S.U.A.

NAME OF U.S. VEHICLE OPERATOR / NUMELE OPERATORULUI VEHICULULUI DIN S.U.A.

UNIT OF U.S. VEHICLE OPERATOR / UNITATEA DE OPERATOR DE VEHICULE DIN S.U.A.

NETHERLANDS

U.S. PERSONNEL COMPLETE AND FORWARD TO
usarmy.wiesbaden.usareur.mesg.oja-european-torts@army.mil

INFORMATION TO BE OBTAINED FROM DRIVER OF THE OTHER VEHICLE

FULL NAME OF LOCAL NATIONAL DRIVER / VOLLEDIGE NAAM NEDERLANDSE
BESTUURDER

ADDRESS OF LOCAL NATIONAL DRIVER / ADRES VAN NEDERLANDSE
BESTUURDER

INSURANCE COMPANY OF LOCAL NATIONAL DRIVER /
VERZEKERINGSMAATSCHAPPIJ VAN NEDERLANDSE BESTUURDER

INSURANCE COMPANY'S ADDRESS AND TELEPHONE NUMBER / ADRES EN
TELEFOONNUMMER VAN VERZEKERINGSMAATSCHAPPIJ

INFORMATION TO BE COMPLETED BY U.S. VEHICLE OPERATOR

DATE OF INCIDENT

LOCATION OF THE INCIDENT

LICENSE PLATE NUMBER OF LOCAL NATIONAL VEHICLE

VEHICLE ID INFORMATION ON U.S. VEHICLE

U.S. PERSONNEL INVOLVED IN INCIDENT (NAMES, UNITS, AND CONTACT
INFORMATION)

SHORT DESCRIPTION OF INCIDENT OR ACCIDENT

NETHERLANDS

U.S. PERSONNEL COMPLETE AND PROVIDE TO POTENTIAL CLAIMANT

**ADDRESS FOR FILING CLAIMS AGAINST U.S. FORCES IN THE NETHERLANDS / EIS
TOT SCHADEVERGOEDING M.B.T. AMERIKAANSE STRIJDKRACHTEN GELIEVE TE
RICHTEN AAN:**

**MINISTERIE VAN DEFENSIE
DEFENSIE ONDERSTEUNINGSCOMMANDO
DIVISIE P&O DEFENSIE (DPOD)
JURIDISCHE DIENSTVERLENING/AFDELING CLAIMS
KROMHOUTKAZERNE, GEBOUW K1, 2E VERDIEPING
POSTBUS 90004
3509 AA UTRECHT
TEL: +31 30 2180420
FAX: +31 30 2184598
EMAIL: JDVCLAIMS@MINDEF.NL**

DATE OF INCIDENT / DATUM GEBEURTENIS

LOCATION/ PLAATS

**U.S. VEHICLE INFORMATION/ INLICHTINGEN OVER DE AMERIKAANSE
OVERHEIDSVOERTUIG**

**NAME OF U.S. VEHICLE OPERATOR/ NAAM VAN DE BESTUURDER VAN DE
AMERIKAANSE OVERHEIDSVOERTUIG**

**UNIT OF U.S. VEHICLE OPERATOR/ DE UNITEIT VAN DE BESTUURDER VAN DE
AMERIKAANSE OVERHEIDSVOERTUIG**

NORTH MACEDONIA

U.S. PERSONNEL COMPLETE AND FORWARD TO
usarmy.wiesbaden.usareur.mesq.oja-european-torts@army.mil

INFORMATION TO BE OBTAINED FROM DRIVER OF THE OTHER VEHICLE

FULL NAME OF LOCAL NATIONAL DRIVER / ПОЛНО ИМЕ НА ЛОКАЛНИОТ ВОЗАЧ

ADDRESS OF LOCAL NATIONAL DRIVER / АДРЕСА НА ЛОКАЛНИОТ ВОЗАЧ

INSURANCE COMPANY OF LOCAL NATIONAL DRIVER / КОМПАНИЈА ЗА
ОСИГУРУВАЊЕ НА ЛОКАЛНИОТ ВОЗАЧ

INSURANCE COMPANY'S ADDRESS AND TELEPHONE NUMBER / АДРЕСА И
ТЕЛЕФОН НА КОМПАНИЈАТА ЗА ОСИГУРУВАЊЕ

INFORMATION TO BE COMPLETED BY U.S. VEHICLE OPERATOR

DATE OF INCIDENT

LOCATION OF THE INCIDENT

LICENSE PLATE NUMBER OF LOCAL NATIONAL VEHICLE

VEHICLE ID INFORMATION ON U.S. VEHICLE

U.S. PERSONNEL INVOLVED IN INCIDENT (NAMES, UNITS, AND CONTACT
INFORMATION)

SHORT DESCRIPTION OF INCIDENT OR ACCIDENT

NORTH MACEDONIA

U.S. PERSONNEL COMPLETE AND PROVIDE TO POTENTIAL CLAIMANT

ADDRESS FOR FILING CLAIMS AGAINST U.S. FORCES IN NORTH MACEDONIA
(RECEIVING STATE CLAIMS OFFICE) /

АДРЕСА ЗА ПОДНЕСУВЊЕ БАРАЊА ПРОТИВ СИЛИТЕ СИЛИ ВО СЕВЕРНА
МАКЕДОНИЈА:

Министерство за одбрана
Дебар Маало
Орце Николов 116
Скопје 1000
Северна Македонија

Ministerstvo za odbrana
Debar Maalo
Orce Nikov 116
Skopje 1000
Severna Makedonija

DATE OF INCIDENT / ДАТУМ НА ИНЦИДЕНТ

LOCATION /ЛОКАЦИЈА

U.S. VEHICLE INFORMATION / ИНФОРМАЦИИ ЗА ВОЗИЛОТО НА САД

NAME OF U.S. VEHICLE OPERATOR / ИМЕ НА ВОЗАЧОТ НА ВОЗИЛОТО НА САД

UNIT OF U.S. VEHICLE OPERATOR / ЕДИНИЦА НА ВОЗАЧОТ НА ВОЗИЛОТО НА
САД

NORWAY

U.S. PERSONNEL COMPLETE AND FORWARD TO
usarmy.wiesbaden.usareur.mesg.oja-european-torts@army.mil

INFORMATION TO BE OBTAINED FROM DRIVER OF THE OTHER VEHICLE

FULL NAME OF LOCAL NATIONAL DRIVER / FULLSTENDIG NAVN PÅ LOKAL NASJONAL SJÅFØR

ADDRESS OF LOCAL NATIONAL DRIVER / ADRESSE TIL LOKAL NASJONAL SJÅFØR

INSURANCE COMPANY OF LOCAL NATIONAL DRIVER / FORSIKRINGSSKAP AV LOKAL NASJONAL SJÅFØR

INSURANCE COMPANY'S ADDRESS AND TELEPHONE NUMBER / FORSIKRINGSSKAPENS ADRESSE OG TELEFONNUMMER

INFORMATION TO BE COMPLETED BY U.S. VEHICLE OPERATOR

DATE OF INCIDENT

LOCATION OF THE INCIDENT

LICENSE PLATE NUMBER OF LOCAL NATIONAL VEHICLE

VEHICLE ID INFORMATION ON U.S. VEHICLE

U.S. PERSONNEL INVOLVED IN INCIDENT (NAMES, UNITS, AND CONTACT INFORMATION)

SHORT DESCRIPTION OF INCIDENT OR ACCIDENT

The U.S. Air Force has single-service responsibility for NATO SOFA tort claims in Norway.

Air Force POC:
BRYAN FONTANA, TSgt, USAF, NCOIC, Legal Office
426 ABS/JA
PSC 68, Unit 6615
APO AE 09706
Phone: +47-51-95-0534
e-mail: 426ABS.JA@us.af.mil

NORWAY

U.S. PERSONNEL COMPLETE AND PROVIDE TO POTENTIAL CLAIMANT

**ADDRESS FOR FILING CLAIMS AGAINST U.S. FORCES IN THE NORWAY /
ADRESSE FOR ANMELDELSE AV KRAV MOT U.S.S. STYPER I NORGE**

**Royal Norwegian
Ministry of Defense
MYNTGT 1
Oslo 1-0151 Norway**

**The Norwegian Armed Forces Vehicle Section handles accidents caused by foreign
military vehicles in Norway by NATO SOFA Agreement /
Forsvarets kjøretøyseksjon håndterer ulykker forårsaket av utenlandske
militærkjøretøyer i Norge etter NATO SOFA-avtale.**

**Email: bbuzinskaite@mil.no
Phone: 0515-3144 / 67863144
Address: Kolsås Base, Rødskiferveien 20, 1352 Kolsås**

DATE OF INCIDENT / DATO FOR HENDELSE

LOCATION/ PLASSERING

U.S. VEHICLE INFORMATION/

NAME OF U.S. VEHICLE OPERATOR/ NAVN PÅ AMERIKANSK PERSONNEL

UNIT OF U.S. VEHICLE OPERATOR/ ENHET AV AMERIKANSK PERSONELL

POLAND

U.S. PERSONNEL COMPLETE AND FORWARD TO
usarmy.wiesbaden.usareur.mesg.oja-european-torts@army.mil

INFORMATION TO BE OBTAINED FROM DRIVER OF THE OTHER VEHICLE

FULL NAME OF LOCAL NATIONAL DRIVER / IMIĘ I NAZWISKO
POLSKIEGO/CYWILNEGO KIEROWCY

ADDRESS OF LOCAL NATIONAL DRIVER / ADRES KIEROWCY
POLSKIEGO/CYWILNEGO

INSURANCE COMPANY OF LOCAL NATIONAL DRIVER / FIRMA UBEZPIECZENIOWA
KIEROWCY POLSKIEGO/CYWILNEGO

INSURANCE COMPANY'S ADDRESS AND TELEPHONE NUMBER / UBEZPIECZEŃ
SPÓŁKI ADRES I NUMER TELEFONU

INFORMATION TO BE COMPLETED BY U.S. VEHICLE OPERATOR

DATE OF INCIDENT

LOCATION OF THE INCIDENT

LICENSE PLATE NUMBER OF LOCAL NATIONAL VEHICLE

VEHICLE ID INFORMATION ON U.S. VEHICLE

U.S. PERSONNEL INVOLVED IN INCIDENT (NAMES, UNITS, AND CONTACT
INFORMATION)

SHORT DESCRIPTION OF INCIDENT OR ACCIDENT

POLAND

U.S. PERSONNEL COMPLETE AND PROVIDE TO POTENTIAL CLAIMANT

ADDRESS FOR FILING CLAIMS AGAINST U.S. FORCES IN POLAND (Receiving State Claims Office) /

ADRES SKŁADANIA ROZSZCZEŃ ZE SZKÓD WYNIKAJĄCYCH Z DZIAŁAŃ WOJSK OBCYCH/U.S.A.

DEPARTAMENT ADMINISTRACYJNY MINISTERSTWA OBRONY NARODOWEJ
KOMISJA DO ROZPATRYWANIA ROSZCZEŃ Z TYTULU SZKÓD WYRZĄDZANYCH
PRZEZ WOJSKA OBCIE
ATT: Przemysław FRANCUZIK
AL. NIEPODLEGŁOŚCI 218
00-911 WARSZAWA

TELEPHONE NUMBER / NUMER TELEFONU: +48.261.840 507 LUB +48.261.840 507

E-mail: PFrancuzik@mon.gov.pl LUB
dgmon.biuro@mon.gov.pl

DATE OF INCIDENT / DATA ZDARZENIA:

LOCATION/ MIEJSCE ZDARZENIA:

MILITARY VEHICLE INFORMATION / INFORMACJA O POJEŹDZIE WOJSKOWYM:

NAME OF U.S. VEHICLE OPERATOR / KIEROWCA POJAZDU WOJSKOWEGO:

UNIT OF U.S. VEHICLE OPERATOR / JEDNOSTKA KIEROWCY POJAZDU
WOJSKOWEGO:

PORTUGAL

U.S. PERSONNEL COMPLETE AND FORWARD TO
usarmy.wiesbaden.usareur.mesq.oja-european-torts@army.mil

INFORMATION TO BE OBTAINED FROM DRIVER OF THE OTHER VEHICLE

FULL NAME OF LOCAL NATIONAL DRIVER / NOME COMPLETO DO CONDUTOR NACIONAL LOCAL

ADDRESS OF LOCAL NATIONAL DRIVER / ENDEREÇO DO CONDUTOR NACIONAL LOCAL

INSURANCE COMPANY OF LOCAL NATIONAL DRIVER / COMPANHIA DE SEGUROS DO CONDUTOR NACIONAL LOCAL

INSURANCE COMPANY'S ADDRESS AND TELEPHONE NUMBER / ENDEREÇO E NÚMERO DE TELEFONE DA COMPANHIA DE SEGUROS

INFORMATION TO BE COMPLETED BY U.S. VEHICLE OPERATOR

DATE OF INCIDENT

LOCATION OF THE INCIDENT

LICENSE PLATE NUMBER OF LOCAL NATIONAL VEHICLE

VEHICLE ID INFORMATION ON U.S. VEHICLE

U.S. PERSONNEL INVOLVED IN INCIDENT (NAMES, UNITS, AND CONTACT INFORMATION)

SHORT DESCRIPTION OF INCIDENT OR ACCIDENT

The U.S. Navy has single-service responsibility for NATO SOFA tort claims in Portugal.

U.S. Navy Contact:
Ms. Elisabete Machado
65 ABG/JA
Lajes Field, Azores, Portugal
Unit 7710, APO AE 09720
Phone: +351-295-573546
elisabete_maria_s_l.machado.pt@us.af.mil and
65abg.jalegaloffice@us.af.mil

PORTUGAL

U.S. PERSONNEL COMPLETE AND PROVIDE TO POTENTIAL CLAIMANT

ADDRESS FOR FILING CLAIMS AGAINST U.S. FORCES IN PORTUGAL /

Comando da Zona Aérea dos Açores
Estrada do Juncal, Porta da BA4, 9760-402, Praia da Vitória - Lajes
Terceira Island, Azores, Portugal
Telephone 295-540894
Fax: 295-540793
Email: czaa_cmd_sec@efma.pt

DATE OF INCIDENT / DATA DO INCIDENTE:

LOCATION/ LOCALIZAÇÃO:

MILITARY VEHICLE INFORMATION / INFORMAÇÕES SOBRE O VEÍCULO MILITAR:

NAME OF U.S. VEHICLE OPERATOR / NOME DO OPERADOR DO VEÍCULO
DOS EUA:

UNIT OF U.S. VEHICLE OPERATOR / UNIDADE DO OPERADOR DO VEÍCULO
DOS EUA:

ROMANIA

U.S. PERSONNEL COMPLETE AND FORWARD TO
usarmy.wiesbaden.usareur.mesq.oja-european-torts@army.mil

INFORMATION TO BE OBTAINED FROM DRIVER OF THE OTHER VEHICLE

INFORMATION TO BE OBTAINED FROM DRIVER OF THE OTHER VEHICLE

FULL NAME OF LOCAL NATIONAL DRIVER / NUMELE COMPLET AL ȘOFERULUI ROMÂN

ADDRESS OF LOCAL NATIONAL DRIVER / ADRESA ȘOFERULUI ROMÂN

INSURANCE COMPANY OF LOCAL NATIONAL DRIVER / COMPANIA DE ASIGURARI A ȘOFERULUI ROMÂN

INSURANCE COMPANY'S ADDRESS AND TELEPHONE NUMBER / ADRESA ȘI NUMĂRUL DE TELEFON ALE COMPANIEI DE ASIGURARI

INFORMATION TO BE COMPLETED BY U.S. VEHICLE OPERATOR

DATE OF INCIDENT

LOCATION OF THE INCIDENT

LICENSE PLATE NUMBER OF LOCAL NATIONAL VEHICLE

VEHICLE ID INFORMATION ON U.S. VEHICLE

U.S. PERSONNEL INVOLVED IN INCIDENT (NAMES, UNITS, AND CONTACT INFORMATION)

SHORT DESCRIPTION OF INCIDENT OR ACCIDENT

ROMANIA

U.S. PERSONNEL COMPLETE AND PROVIDE TO POTENTIAL CLAIMANT
PAGE 1 OF 2

ADDRESS FOR FILING CLAIMS AGAINST U.S. FORCES IN ROMANIA /
ADRESA PENTRU DEPUNEREA PRETENȚIILOR FAȚĂ DE FORȚELE SUA ÎN ROMÂNIA:

FOR ALL THE TERRITORY OF ROMANIA / PENTRU ÎNTREGUL TERITORIU AL
ROMÂNIEI:

ROMANIAN MINISTRY OF DEFENSE/LEGISLATIVE AND LEGAL ASSISTANCE
DIRECTORATTE, ATTN: LEGAL LIAISON/FOREIGN ARMED FORCES OFFICE, IZVOR
ST. NO 3-5, SECTOR 5, 050561 BUCHAREST, TELEPHONE NUMBER /TELEPHONE
NUMBER: 00 40.21319.56.59

MINISTERUL APĂRĂRII NAȚIONALE/ DIRECȚIA PENTRU RELAȚIA CU PARLAMENTUL
ȘI ASISTENȚĂ JURIDICĂ/ ÎN ATENȚIA: BIROULUI RELAȚII JURIDICE CU FORȚELE
ARMATE STRĂINE, STR. IZVOR NR. 3-5, SECTOR 5, 050561, BUCUREȘTI

OR THE CLOSEST POINT OF CONTACT TO THE LOCATION OF THE
INCIDENT/ACCIDENT: SAU PUNCTUL DE CONTACT CEL MAI APROPIAT DE LOCUL
INCIDENTULUI/ACCIDENTULUI

EMAIL: claimservice@mapn.ro

- **Constanța** Area Claims: Romanian Ministry of Defense, ATTN: Legal Adviser Office, Traian
St. No. 29, 900743 Constanța, Romania, Tel/Fax (40) 241 615 066

- Soluționarea pretențiilor în zona Constanța: Ministerul Apărării Naționale, În atenția:
Biroului consilierului juridic, Str. Traian Nr.29, 900743 Constanța, România, Tel/Fax:
(40) 241 615 066

- **Câmpia Turzii** Area Claims: Romanian Ministry of Defense, ATTN: Legal Adviser Office,
Aerodromului St. No. 1, 405100 Câmpia Turzii, Cluj, Romania, Tel (40)264367229, Fax (40)
264366977

- Soluționarea pretențiilor în zona Câmpia Turzii: Ministerul Apărării Naționale, În
atenția: Biroului consilierului juridic, Str. Aerodromului Nr.1, 405100 Câmpia Turzii,
Cluj, Romania, Tel: (40) 264367229, Fax: (40) 264366977

- **Deveselu** Area Claims: Romanian Ministry of Defense, ATTN: Legal Adviser Office, 237130
Deveselu Military Base, Olt, Romania, Tel: (40) 249. 515. 736, Fax: (40) 249. 511. 475.

- Soluționarea pretențiilor în zona Deveselu: Ministerul Apărării Naționale, În atenția:
Biroului consilierului juridic, 237130, Baza Militară Deveselu, Olt, Romania, Tel: (40)
249. 515. 736, Fax: (40) 249. 511. 475

ROMANIA

U.S. PERSONNEL COMPLETE AND PROVIDE TO POTENTIAL CLAIMANT
PAGE 1 OF 2

DATE OF INCIDENT / DATA INCIDENTULUI

LOCATION / LOCUL INCIDENTULUI

U.S. VEHICLE INFORMATION / INFORMAȚII DESPRE VEHICULUL S.U.A.

NAME OF U.S. VEHICLE OPERATOR / NUMELE OPERATORULUI VEHICULULUI S.U.A.

UNIT OF U.S. VEHICLE OPERATOR / UNITATEA OPERATORULUI VEHICULULUI S.U.A.

SLOVAK REPUBLIC

U.S. PERSONNEL COMPLETE AND FORWARD TO
usarmy.wiesbaden.usareur.mesg.oja-european-torts@army.mil

INFORMATION TO BE OBTAINED FROM DRIVER OF THE OTHER VEHICLE

FULL NAME OF LOCAL NATIONAL DRIVER / MENO VODIČA

ADDRESS OF LOCAL NATIONAL DRIVER / ADRESA BYDLISKA VODIČA

INSURANCE COMPANY OF LOCAL NATIONAL DRIVER / NÁZOV POISŤOVNE, V
KTorej JE VOZIDLO POISTENÉ

INSURANCE COMPANY'S ADDRESS AND TELEPHONE NUMBER / ADRESA A
TELEFÓNNE ČÍSLO POISŤOVNE

INFORMATION TO BE COMPLETED BY U.S. VEHICLE OPERATOR

DATE OF INCIDENT

LOCATION OF THE INCIDENT

LICENSE PLATE NUMBER OF LOCAL NATIONAL VEHICLE

VEHICLE ID INFORMATION ON U.S. VEHICLE

U.S. PERSONNEL INVOLVED IN INCIDENT (NAMES, UNITS, AND CONTACT
INFORMATION)

SHORT DESCRIPTION OF INCIDENT OR ACCIDENT

SLOVAK REPUBLIC

U.S. PERSONNEL COMPLETE AND PROVIDE TO POTENTIAL CLAIMANT

ADDRESS FOR FILING CLAIMS AGAINST U.S. FORCES IN THE SLOVAK REPUBLIC
(Receiving State Claims Office)

MINISTRY OF DEFENCE OF THE SLOVAK REPUBLIC
KUTUZOVOVA 8
832 47 BRATISLAVA

DATE OF INCIDENT / DÁTUM INCIDENTU

LOCATION / MIESTO

U.S. VEHICLE INFORMATION / INFORMÁCIE O VOZIDLE

NAME OF U.S. VEHICLE OPERATOR / MENO VODIČA AMERICKÉHO VOZIDLA

UNIT OF U.S. VEHICLE OPERATOR / JEDNOTKA, POD KTORÚ PATRÍ VODIČ
AMERICKÉHO VOZIDLA

SLOVENIA

U.S. PERSONNEL COMPLETE AND FORWARD TO
usarmy.wiesbaden.usareur.mesq.oja-european-torts@army.mil

INFORMATION TO BE OBTAINED FROM DRIVER OF THE OTHER VEHICLE

FULL NAME OF LOCAL NATIONAL DRIVER / POLNO IME LOKALNO DRIVER

ADDRESS OF LOCAL NATIONAL DRIVER / NASLOV LOKALNO DRIVER

INSURANCE COMPANY OF LOCAL NATIONAL DRIVER / ZAVAROVALNICA LOKALNO DRIVER

INSURANCE COMPANY'S ADDRESS AND TELEPHONE NUMBER / ZAVAROVALNICE, NASLOV IN TELEFONSKA ŠTEVILKA

INFORMATION TO BE COMPLETED BY U.S. VEHICLE OPERATOR

DATE OF INCIDENT

LOCATION OF THE INCIDENT

LICENSE PLATE NUMBER OF LOCAL NATIONAL VEHICLE

VEHICLE ID INFORMATION ON U.S. VEHICLE

U.S. PERSONNEL INVOLVED IN INCIDENT (NAMES, UNITS, AND CONTACT INFORMATION)

SHORT DESCRIPTION OF INCIDENT OR ACCIDENT

SLOVENIA

U.S. PERSONNEL COMPLETE AND PROVIDE TO POTENTIAL CLAIMANT

ADDRESS FOR FILING CLAIMS AGAINST U.S. FORCES IN SLOVENIA (Receiving State Claims Office)

**NASLOV ZA POŠILJANJE ZAHTEVKE ZOPER AMERIŠKIH SIL V SLOVENIJI
SAF LEGAL SERVICE
GENERAL STAFF,
VOJKOVA CESTA 55
1000 LJUBLJANA
TELEPHONE NUMBER: (+386) 1 471 1397
E-MAIL: KATARINA.ZUPANC@MORS.SI**

DATE OF INCIDENT / DATUM DOGODKA

LOCATION / LOKACIJA

U.S. VEHICLE INFORMATION / U.S. PODATKI VOZILA

NAME OF U.S. VEHICLE OPERATOR / IME AMERIŠKI VOZNIK

UNIT OF U.S. VEHICLE OPERATOR / ENOTA AMERIŠKI VOZNIK

SPAIN

U.S. PERSONNEL COMPLETE AND FORWARD TO
usarmy.wiesbaden.usareur.mesq.oja-european-torts@army.mil

INFORMATION TO BE OBTAINED FROM DRIVER OF THE OTHER VEHICLE

FULL NAME OF LOCAL NATIONAL DRIVER / NOMBRE COMPLETO DEL CONDUCTOR NACIONAL LOCAL

ADDRESS OF LOCAL NATIONAL DRIVER / DIRECCIÓN DEL CONDUCTOR NACIONAL LOCAL

INSURANCE COMPANY OF LOCAL NATIONAL DRIVER / COMPAÑÍA DE SEGUROS DEL CONDUCTOR NACIONAL LOCAL

INSURANCE COMPANY'S ADDRESS AND TELEPHONE NUMBER / DIRECCIÓN Y NÚMERO DE TELÉFONO DE LA COMPAÑÍA DE SEGUROS

INFORMATION TO BE COMPLETED BY U.S. VEHICLE OPERATOR

DATE OF INCIDENT

LOCATION OF THE INCIDENT

LICENSE PLATE NUMBER OF LOCAL NATIONAL VEHICLE

VEHICLE ID INFORMATION ON U.S. VEHICLE

U.S. PERSONNEL INVOLVED IN INCIDENT (NAMES, UNITS, AND CONTACT INFORMATION)

SHORT DESCRIPTION OF INCIDENT OR ACCIDENT

The U.S. Navy has single-service responsibility for NATO SOFA tort claims in Spain.

U.S. Navy Contact:

Ms. Carmen Fernández de la Gándara

RLSO EURAFCENT Detachment Rota

(+34) 956 82 1543

Cell phone: +34 676 444 618

carmen.fernandezd.sp@eu.navy.mil

SPAIN

U.S. PERSONNEL COMPLETE AND PROVIDE TO POTENTIAL CLAIMANT

ADDRESS FOR FILING CLAIMS AGAINST U.S. FORCES IN SPAIN /

**DIRECCIÓN PARA PRESENTAR RECLAMACIONES CONTRA LAS FUERZAS
ESTADOUNIDENSES EN ESPAÑA**

**MINISTERIO DE DEFENSA
SUBDIRECCIÓN GENERAL DE RECURSOS E INFORMACIÓN ADMINISTRATIVA
Paseo de la Castellana, núm. 109- 4 Planta
28071 Madrid (SPAIN)
Tel: + 34 91 395 57 48
Fax: +34 91 395 51 42**

<https://www.defensa.gob.es/ministerio/organigrama/subdef/segente/sdgrecurros/>

DATE OF INCIDENT / FECHA DEL INCIDENTE

LOCATION / LUGAR

U.S. VEHICLE INFORMATION / INFORMACIÓN DEL VEHÍCULO DE EE.UU.

**NAME OF U.S. VEHICLE OPERATOR / NOMBRE DEL OPERADOR DEL VEHÍCULO DE
EE.UU.**

**UNIT OF U.S. VEHICLE OPERATOR / NOMBRE DEL OPERADOR DEL VEHÍCULO DE
EE.UU.**

SWEDEN

U.S. PERSONNEL COMPLETE AND FORWARD TO
usarmy.wiesbaden.usareur.mesg.oja-european-torts@army.mil

INFORMATION TO BE OBTAINED FROM DRIVER OF THE OTHER VEHICLE

FULL NAME OF LOCAL NATIONAL DRIVER / FULLSTÄNDIGT NAMN PÅ LOKALA
NATIONELLA FÖRARE

ADDRESS OF LOCAL NATIONAL DRIVER / ADRESSEN FÖR LOKALA NATIONELLA
FÖRARE

INSURANCE COMPANY OF LOCAL NATIONAL DRIVER / FÖRSÄKRINGSBOLAGET AV
LOKALA NATIONELLA FÖRARE

INSURANCE COMPANY'S ADDRESS AND TELEPHONE NUMBER / FÖRSÄKRING
FÖRETAGETS ADRESS OCH TELEFONNUMMER

INFORMATION TO BE COMPLETED BY U.S. VEHICLE OPERATOR

DATE OF INCIDENT

LOCATION OF THE INCIDENT

LICENSE PLATE NUMBER OF LOCAL NATIONAL VEHICLE

VEHICLE ID INFORMATION ON U.S. VEHICLE

U.S. PERSONNEL INVOLVED IN INCIDENT (NAMES, UNITS, AND CONTACT
INFORMATION)

SHORT DESCRIPTION OF INCIDENT OR ACCIDENT

SWEDEN

U.S. PERSONNEL COMPLETE AND PROVIDE TO POTENTIAL CLAIMANT

ADDRESS FOR FILING CLAIMS AGAINST U.S. FORCES IN SWEDEN (RECEIVING STATE CLAIMS OFFICE) /

ADRESS FÖR ARKIVERING FORDRINGAR MOT USA TVINGAR I SVERIGE

SWEDISH ARMED FORCES HEADQUARTERS LEGAL STAFF, OPERATIONS

HEAD OF SECTION: LEGAL ADVISER MAGNUS SANDBU

E-MAIL ADDRESS / E-POSTADDRESS

LEDS-JUR-OP@MIL.SE

TELEPHONE NUMBER/ TELEFONNUMMER

+ 46 (0)8-788 8225 OR + 46 (0)70-553 11 78

DATE OF INCIDENT / DATUM FÖR HÄNDELSEN

LOCATION / LÄGE

U.S. VEHICLE INFORMATION / INFORMATION OM AMERIKANSKA FORDON

NAME OF U.S. VEHICLE OPERATOR / NAMNET PÅ AMERIKANSKA FORDONETS FÖRARE

UNIT OF U.S. VEHICLE OPERATOR / MILITÄR ENHET AV AMERIKANSKA FORDONETS FÖRARE

SWITZERLAND

The U.S. Army has been assigned single-service responsibility for NATO SOFA tort claims in Switzerland. Switzerland is a Partnership for Peace (PfP) country and has agreed to the claims provisions of the NATO SOFA. If an accident or incident occurs involving U.S. Army personnel while in Switzerland, potential claimants should be directed to the Ministry of Defense, Switzerland, to file a claim.

Please complete the AE Form 350-22A, give a copy to your UCO and e-mail a copy to:
usarmy.wiesbaden.usareur.mesg.oja-european-torts@army.mil

TÜRKİYE

The U.S. Air Force has been assigned single-service responsibility for NATO SOFA tort claims in Türkiye involving U.S. forces personnel. If you are involved in an accident in Türkiye, do not move your vehicle and call the Turkish Police. Provide the information requested by the Police.

Emergency Phone Numbers:

Turkish National Police	(155) (in the city)
Turkish Gendarme	(156) (outside the city)
RSO (Turkish Police) for Ankara only	(+90 312 294 0011)
U.S. Embassy/Ankara	(+90 312 294 0000)
U.S. Consulate Istanbul	(+90 212 229 6620)
U.S. Consulate Adana	(+90 322 455 4141)

Air Force POC for more information about the NATO SOFA tort claims process in Türkiye:

ODC-T Staff Judge Advocate's Office

DSN: (314) 672-6894

COM: (+90-312) 422-6894

email: odct.tja.jag@us.af.mil

According to the provisions of the agreement between the U.S. and the Republic of Türkiye, if the other party involved in the accident desires to make a claim, he/she should fill out the attached claim form and submit to "T.C. Genelkurmay Başkanlığı Hukuk Hizmetleri Başkanlığı, Bakanlıklar ANKARA (Turkish General Staff Legal Services Directorate)".

(IN TURKISH)

TALEPNAMEYE EKLENECEK BELGELER/BİLGİLER

Sulhen tazminat ödenmesi talebi; "T.C. Genelkurmay Başkanlığı Hukuk Hizmetleri Başkanlığı, Bakanlıklar ANKARA" adresine, bu konuyla ilgili ekte sunulan Hasar ve Zarar Talepnamesi doldurulup aşağıda yazılı belgeler eklenerek yapılmalıdır.

1. Kaza/Olay tespit tutanağı, ifade tutanakları, gibi olayın oluş şeklini açıklayan belgeler,
2. Kazaya karışanların kimlik ve sürücü belgesi fotokopileri gibi tarafların sıfatlarını açıklayan ya da ispatlayan belgeler,
3. Varsa kusur oranlarının tespitine ilişkin yetkili makam/mahkeme tarafından verilen karar,
4. Doğan hasarın muhtemel giderim bedelini belirten belge (ekspertiz, bilirkisi raporu gibi) ya da hasar giderilmişse ödenen tamir bedelini kanıtlayan belge (fatura vs),
Hasar gören mal normal olarak sigorta ettirilmesi gereken bir mal ise sigortadan bu kaza nedeniyle tazminat alınmadığına dair yazı.

HASAR VE ZARAR TALEPNAMEĐİ

GÖNDERİLECEK ADRES: Genelkurmay Başkanlığı Hukuk Hizmetleri Başkanlığına, ANKARA

1	Talep Sahibinin	Adı,Soyadı	
		Vatandaşlık no.	
		Adresi	
2	Kaza veya Hadise Yeri ve Tarihi		
3	Kaza/Hadiseye Karışanların		
	a. Adı / Soyadı / Adresi		
	b. Adı / Soyadı / Adresi		
4	Talep Edilen Miktar (TL)		
	a. Mal Hasarı için (TL)		
	b. Vücut Hasarı için (TL)		
	c. Toplam (TL)		
5	Malda Meydana Gelen Hasarla İlgili Tazminat Talebinin Sebebi/Açıklanması		
6	Şahısta Meydana Gelen Hasarla İlgili Tazminat Talebinin Sebebi/Açıklanması		
7	Zarar Gören Malın Sahibinin Ad/Soyad/Vatandaşlık No/Adresi,	(talepte bulunan kişiden başka bir kişi ise)	
8	Kaza veya Hadisenin Oluş Şeklinin Açıklanması:		
9	Taleple İlgili Olarak Eklenen Belge Listesi (Arka sayfada "Eklenmesi Öngörülen Belgeler/Bilgiler" listesine bakınız)	1..... 4..... 2. 5. 3. 6.	

TARİH

...../...../.....

TALEP SAHİBİNİN İMZASI

.....

UKRAINE

U.S. PERSONNEL COMPLETE AND FORWARD TO
usarmy.wiesbaden.usareur.mesg.oja-european-torts@army.mil

INFORMATION TO BE OBTAINED FROM DRIVER OF THE OTHER VEHICLE

FULL NAME OF LOCAL NATIONAL DRIVER/ Повне ім'я місцевого водія

ADDRESS OF LOCAL NATIONAL DRIVER/ Адреса місцевого водія

INSURANCE COMPANY OF THE LOCAL NATIONAL DRIVER/ Страхова компанія
місцевого водія

INSURANCE COMPANY'S ADDRESS AND TELEPHONE NUMBER/ Телефонний номер
та адреса страхової компанії

INFORMATION TO BE COMPLETED BY U.S. VEHICLE OPERATOR

DATE OF INCIDENT

LOCATION OF THE INCIDENT

LICENSE PLATE NUMBER OF LOCAL NATIONAL VEHICLE

VEHICLE ID INFORMATION ON U.S. VEHICLE

U.S. PERSONNEL INVOLVED IN INCIDENT (NAMES, UNITS, AND CONTACT
INFORMATION)

SHORT DESCRIPTION OF INCIDENT OR ACCIDENT

UKRAINE

U.S. PERSONNEL COMPLETE AND PROVIDE TO POTENTIAL CLAIMANT

ADDRESS FOR FILING CLAIMS AGAINST U.S. FORCES IN UKRAINE (Receiving State Claims Office) /

Адреса для подачі заявок проти збройних сил США в Україні:

Міністерство Оборони України

Відділ міжнародного оборонного співробітництва

01133 Київ-133, Україна

DATE OF THE INCIDENT/ Дата інциденту

LOCATION/ Місце, де трапився інцидент

U.S. VEHICLE INFORMATION/ Дата автомобіля США

NAME OF THE U.S. VEHICLE OPERATOR/ Ім'я водія США

UNIT OF U.S. VEHICLE OPERATOR/ Військовий підрозділ водія США

UNITED KINGDOM

U.S. PERSONNEL COMPLETE AND FORWARD TO
usarmy.wiesbaden.usareur.mesg.oja-european-torts@army.mil

INFORMATION TO BE OBTAINED FROM DRIVER OF THE OTHER VEHICLE

FULL NAME OF LOCAL NATIONAL DRIVER

ADDRESS OF LOCAL NATIONAL DRIVER

INSURANCE COMPANY OF LOCAL NATIONAL DRIVER

INSURANCE COMPANY'S ADDRESS AND TELEPHONE NUMBER /

INFORMATION TO BE COMPLETED BY U.S. VEHICLE OPERATOR

DATE OF INCIDENT

LOCATION OF THE INCIDENT

LICENSE PLATE NUMBER OF LOCAL NATIONAL VEHICLE

VEHICLE ID INFORMATION ON U.S. VEHICLE

U.S. PERSONNEL INVOLVED IN INCIDENT (NAMES, UNITS, AND CONTACT INFORMATION)

SHORT DESCRIPTION OF INCIDENT OR ACCIDENT

The U.S. Air Force has single-service responsibility for NATO SOFA tort claims in the United Kingdom.

Air Force POCs:

USCR-UK/JA

PSC 37, Unit 4840

APO AE 09459

E-mail: usafe-uk.ja@us.af.mil

P. Blaise Bess, Sending State Attorney

Phone: (+44) 01638 542820

E-mail: paul.bess@us.af.mil

Alexander Shaw, Paralegal Specialist

Phone: (+44) 01638 543278

E-mail: alexander.shaw.1.gb@us.af.mil

UNITED KINGDOM

U.S. PERSONNEL COMPLETE AND PROVIDE TO POTENTIAL CLAIMANT

ADDRESS FOR FILING CLAIMS AGAINST U.S. FORCES IN THE UNITED KINGDOM /

Ministry of Defence Common Law Claims & Policy Division
Level 3, Zone I, MOD Main Building
Whitehall
London
SW1A 2HB

Phone: (+44) 0207 218 1842 /0380

E-mail: SPODJEP-ClaimsGeneral@mod.gov.uk

DATE OF INCIDENT /

LOCATION /

U.S. VEHICLE INFORMATION /

NAME OF U.S. VEHICLE OPERATOR /

UNIT OF U.S. VEHICLE OPERATOR /



HEADQUARTERS, U.S. ARMY EUROPE AND AFRICA
U.S. ARMY CLAIMS SERVICE EUROPE
POSTFACH 420224, 65103 WIESBADEN, GERMANY



United States Certificate of Liability NATO and Partnership for Peace Countries

This certifies that the vehicle with the official registration number _____

with the trailer with the official registration number _____

is subject to liability of public authorities through the United States of America Armed Forces. This certificate of liability serves as the legal equivalent of an International Motor Insurance Card ("Green Card").

Pursuant to the North Atlantic Treaty Organization Status of Forces Agreement, Article VIII, and the Foreign Claims Act of the United States, 10 United States Code, section 2734, claims arising out of the operation of this vehicle/trailer by U.S. personnel may be paid by the United States of America, which is a self-insured.

In the event of traffic related accident or incident, questions concerning filing a claim for damages should be directed to:

Department of the Army, U.S. Army Claims Service Europe
Postfach 420224, 65103 Wiesbaden, Germany
Telephone: (+49) 611-143-537-0649 or (+49) 611-143-537-0648

Email: usarmy.wiesbaden.usareur.mesg.oja-european-torts@army.mil

Signature

Location/Date