U.S. Department of Homeland Security Claims Management Branch 601 South 12<sup>th</sup> Street, TSA-9 Arlington, VA 20598-6009



### TODAY.DATE

CLAIMANT.COMPANY CLAIMANT.TITLE CLAIMANT.FIRST\_NAME CLAIMANT.LAST\_NAME CLAIMANT.ADDRESS1 CLAIMANT.ADDRESS2 CLAIMANT.CITY, CLAIMANT.STATE CLAIMANT.ZIP CLAIMANT.COUNTRY

Re: TSA Control Number: CLAIM.CLAIM\_NUMBER

Dear Claimant:

Your claim against the United States in the amount of \$CLAIM.CLAIM\_AMOUNT has been granted in full.

Under the Federal Tort Claims Act (FTCA), this decision constitutes final administrative action on your claim. Once you complete and return the enclosed form, your acceptance of this offer will be final and conclusive. This will also waive your right to seek any additional payment on your claim from the Transportation Security Administration (TSA) and its employees or any other part of the United States government.

To receive payment, please fill out the attached form and return it to TSA by:

Mail: Claims Management Branch – TSA-9 ATTN: CLAIM.CLAIM\_NUMBER – APPROVAL Transportation Security Administration 601 South 12<sup>th</sup> Street Arlington, Virginia 20598-6009

Fax: For faster service, please fax to: (571) 227-4175

Should you have any questions, you may reach the Claims Management Branch at (571) 227-1300 or by e-mail at TSAClaimsOffice@dhs.gov.

Yours sincerely,

Jonna H. Kine

Donna H. Kane Branch Chief Claims Management Branch

Enclosure

# TODAY.DATE

# CLAIMANT.COMPANY CLAIMANT.TITLE CLAIMANT.FIRST\_NAME CLAIMANT.LAST\_NAME CLAIMANT.ADDRESS1 - CLAIMANT.ADDRESS2 CLAIMANT.CITY, CLAIMANT.STATE CLAIMANT.ZIP CLAIMANT.COUNTRY

## Re: TSA Control Number: CLAIM.CLAIM\_NUMBER

### Dear Claimant:

We have reviewed your claim against the United States under the Federal Tort Claims Act. Based on this review, and applicable law, the Transportation Security Administration (TSA) offers to settle your claim by paying you \$CLAIM.CLAIM\_AMOUNT. The offer is less than the full amount you claimed because we concluded <u>one or more</u> of the following:

- The offer reflects the reasonable cost of repairing your property
- A portion of your claim represents an item that is prohibited in checked baggage or as carry-on
- The offer represents the properly depreciated or fair market value of your property
- The offer is appropriate based on other applicable considerations

To accept or reject this offer, please complete the enclosed form and return it to TSA via:

- Mail: Claims Management Branch TSA-9 ATTN: **CLAIM.CLAIM\_NUMBER – SETTLEMENT** Transportation Security Administration 601 South 12<sup>th</sup> Street Arlington, Virginia 22202-4220
- Fax: For faster service, please fax to: (571) 227-4175

Acceptance of this payment is final and conclusive, and constitutes a complete release of any claim against the United States and against any TSA employee whose alleged negligent or wrongful act or omission gave rise to this claim, by reason of the same subject matter. If we do not receive your response within 90 days, we will presume that you have rejected the offer and deny your claim.

Should you have any questions, you may reach the Claims Management Branch at (571) 227-1300 or by e-mail at TSAClaimsOffice@dhs.gov.

Yours sincerely,

effray M. Bobich

Jeffrey M. Bobich Director Office of Financial Management

Enclosure

TODAY.DATE

www.TSA.gov

## CLAIMANT.COMPANY CLAIMANT.TITLE CLAIMANT.FIRST\_NAME CLAIMANT.LAST\_NAME CLAIMANT.ADDRESS1 - CLAIMANT.ADDRESS2 CLAIMANT.CITY, CLAIMANT.STATE CLAIMANT.ZIP CLAIMANT.COUNTRY

## Re: TSA Control Number: CLAIM.CLAIM\_NUMBER

#### Dear Claimant:

We have reviewed your claim against the United States under the Federal Tort Claims Act. Based on this review, and applicable law, the Transportation Security Administration (TSA) offers to settle your claim by paying you \$CLAIM.CLAIM\_AMOUNT. The offer is one half of the amount you claimed or substantiated (less any depreciation) because we concluded that it was not possible to determine whether TSA or your air carrier was responsible for your loss.

To accept or reject this offer, please complete the enclosed form and return it to TSA via:

- Mail: Claims Management Branch TSA-9 ATTN: CLAIM.CLAIM\_NUMBER – SETTLEMENT Transportation Security Administration 601 South 12<sup>th</sup> Street Arlington, Virginia 22202-4220
- Fax: For faster service, please fax to: (571) 227-4175

Acceptance of this payment is final and conclusive, and constitutes a complete release of any claim against the United States and against any TSA employee whose alleged negligent or wrongful act or omission gave rise to this claim, by reason of the same subject matter. If we do not receive your response within 90 days, we will presume that you have rejected the offer and deny your claim.

Should you have any questions, you may reach the Claims Management Branch at (571) 227-1300 or by e-mail at TSAClaimsOffice@dhs.gov.

Yours sincerely,

yney M. Bebich

Jeffrey M. Bobich Director Office of Financial Management

Enclosure