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| FILE NUMBER | For use of this form, see AR 27--20: the proponent agency is the Office of The Judge Advocate General. | DATE |
| DATE OF INCIDENT | PLACE OF INCIDENT | |
| <p>I hereby agree to accept the sum of _____ in full satisfaction and final settlement of all claims which I have or may have against the United States, its officers, agents, and employees, for all damages and injuries, if any, incurred by me</p> | | |
| TYPED OR PRINTED NAME OF CLAIMANT | SIGNATURE OF CLAIMANT | |
| PRESENT ADDRESS OF CLAIMANT <i>(Number and street or rural route, city, town or post office, county, state and zip code)</i> | | |

DA FORM 1666, 1 JUL 74

PREVIOUS EDITION OF THIS FORM
WILL BE USED UNTIL EXHAUSTED.

CLAIMS SETTLEMENT AGREEMENT

USAPPC V1.00

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