

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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