

**South Carolina Counties Property & Liability Trust
Automobile Accident Investigation**

1. Member:		2. County employee conducting accident investigation:	
3. Date and time of accident:		4. Location:	
5. Please describe what is alleged to have occurred:			
6. Describe road and weather conditions:			
7. Employee/driver name:		8. Department:	
9. Vehicle make, model and year:		10. Vehicle ID #:	
11. Was employee drug tested?			
12. Did police report state that employee contributed to accident?			
13. Was employee cited?		14. Violation cited:	
15. Describe injuries sustained by employee:			
16. Describe damage to member vehicle:			
17. Current location of member vehicle:			
CLAIMANT INFORMATION			
18. Claimant name:			
19. Claimant address:			
20. Home phone:		21. Work phone:	22. Other contact phone(s):
23. Describe claimant injuries:			
24. Describe damage to claimant property:			
25. Claimant vehicle make/model/year:			
26. Location of claimant vehicle:			
27. Did police report state that claimant contributed to accident?			
28. Was claimant cited?		29. Violation cited:	

ADDITIONAL CLAIMANTS' INFORMATION			
30. Claimant name:			
31. Claimant address:			
32. Home phone:		33. Work phone:	34. Other contact phone(s):
35. Describe claimant injuries:			
36. Describe damage to claimant property:			
37. Claimant vehicle make/model/year:			

38. Location of claimant vehicle:		
39. Did police report state that claimant contributed to accident?		
40. Was claimant cited?	41. Violation cited:	
42. Claimant name:		
43. Claimant address:		
44. Home phone:	45. Work phone:	46. Other contact phone(s):
47. Describe claimant injuries:		
48. Describe damage to claimant property:		
49. Claimant vehicle make/model/year:		
50. Location of claimant vehicle:		
51. Did police report state that claimant contributed to accident?		
51. Was claimant cited?	52. Violation cited:	
ATTACH INFORMATION FOR ADDITIONAL CLAIMANTS		
WITNESSES		
54. Name:	55. Address:	
56. City:	57. State:	58. Zip:
59. Contact phone numbers:		
ATTACH INFORMATION FOR ADDITIONAL WITNESSES		
60. Employee statement attached? yes ____ no ____	61. Claimant statement attached? yes ____ no ____	62. Witness statement attached? yes ____ no ____

ACCIDENT INVESTIGATION RESULTS/CONCLUSIONS/CORRECTIVE ACTIONS	
63. Was this accident preventable? If yes, how could employee have avoided the accident?	64. Did employee receive sanctions? If yes, list sanctions:
65. Was employee wearing a seat belt?	66. Was vehicle condition a contributing factor?
67. Was a daily vehicle inspection conducted on day of accident?	68. What was the mileage on the vehicle?
69. Has this employee been involved in previous accidents? If yes, give a brief description.	70. When was last motor vehicle record reviewed for this driver?
71. When was the last time this employee took a defensive driving course?	72. What steps, if applicable, have been taken to prevent similar accidents in the future? By: _____ Date: _____
73. Signature of Department Head or Investigator _____ Date: _____	