

**South Carolina Counties Property & Liability Trust
General Liability 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:		
CLAIMANT INFORMATION		
6. Claimant name:		
7. Claimant address:		
8. Home phone:	9. Work phone:	10. Other contact phone(s):
11. Describe claimant injuries:		
12. What claimant property was damaged? Describe damage to property:		
13. Location of damaged property:		
PLEASE ATTACH INFORMATION ON ADDITIONAL CLAIMANTS		
WITNESSES		
14. Name:	15. Address:	
16. City:	17. State:	18. Zip:
19. Contact phone(s):		
ATTACH INFORMATION FOR ADDITIONAL WITNESSES		

INVESTIGATION

20. What defect or hazard is alleged?

Exact location and description of alleged defect:

21. Was defect or hazard previously reported to county?

22. If defect was previously reported, who made the report and when was it made?

23. If the defect was reported prior to the incident, what action was taken to correct, warn or control the defect?

24. If the defect was not reported, was it in a location frequently seen by employees?

If yes, who or what departments should have been knowledgeable about this defect?

25. Photographs have been taken and are attached? yes ___ no ___

ACCIDENT INVESTIGATION RESULTS/CONCLUSIONS/CORRECTIVE ACTIONS

26. Has the hazard now been controlled, eliminated or modified?

27. Was this accident preventable? If yes, how could it have been prevented?

28. What corrective action steps have been taken to avoid similar accidents in the future? By whom?
When?