

**South Carolina Counties Property & Liability Trust
First Report of Automobile Claim**

Send form to: Chris Hinson – SCCP<
Phone: 803-252-7255 or 800-922-6081
Email CHinson@scac.sc Fax: 803-252-4556

Member name and address:	Name and telephone number of County contact regarding this incident:	
Date & Time of Incident:	Today's Date:	Date Reported:
Location of Incident:	Name of person completing this form:	
Please describe what is alleged to have occurred:		
Describe road and weather conditions:		
COUNTY PERSONNEL INVOLVED		
Driver Name:	Dept:	Phone:
Vehicle Year	Make	Model
Please describe the damage to the county vehicle:		
Current location of member vehicle:		
Did the Police Report say the employee contributed to accident?		
Was the Employee cited?	If Yes, violation cited:	
CLAIMANT INFORMATION		
Claimant Name:		
Claimant Address:		
Claimant Cell Phone:	Claimant Other Phone:	
Claimant vehicle year:	Make:	Model:
Claimant vehicle location:		

Describe claimant's alleged injuries or damage to property:

Did the Police Report say the claimant contributed to accident?

Was the claimant cited? If Yes, violation cited:

ADDITIONAL CLAIMANT INFORMATION

Claimant Name:

Claimant Address:

Claimant Cell Phone: Claimant Other Phone:

Describe claimant's alleged injuries or damage to property:

WITNESS INFORMATION

Name:

Address:

Cell Phone: Other Phone: