

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

Send form to: Mark McKinney/SCCP&LT  
Phone: 803-252-7255 or 800-922-6081  
Email [MMcKinney@scac.sc](mailto:MMcKinney@scac.sc) Fax: 803-252-4556

1. Member name and address:		2. Name and telephone number of County contact regarding this incident:	
3. Date & Time of Incident:		4. Today's Date: _____ Date Reported: _____	
5. Location of Incident:		6. Incident reported by:	
7. Please describe what is alleged to have occurred:			
<b>COUNTY PERSONNEL INVOLVED</b>			
Name:	Dept:	Supervisor:	Phone:
Name:	Dept:	Supervisor:	Phone:
9. Please describe the county property that was damaged:			
<b>CLAIMANT INFORMATION</b>			
10. Claimant name:		Address:	Phone:
11. Describe claimant's alleged injuries or damage to property:			
12. Claimant name:		Address:	Phone:
13. Describe claimant's alleged injuries or damage to property:			
14. Claimant name:		Address:	Phone:
15. Describe claimant's alleged injuries or damage to property:			
<b>WITNESSES</b>			
Name:		Address:	Phone:
Name:		Address:	Phone: