

**South Carolina Counties Property & Liability Trust
General Liability Accident or Near Miss Accident Investigation Form**

Member name and address:

Date & Time of Incident:

Today's Date:

Date Reported:

Location:

Please describe what is alleged to have occurred:

Please describe any condition or activity that may have contributed to the alleged accident or near miss:

What corrective action steps have been taken to reduce the potential for similar accidents/incidents in the future?

Please list the steps taken and who took the action. If steps are still pending please list steps and follow-up on all steps to completion.

(The accident investigation should remain in open status until all corrective action steps are completed)

Based on current information available, is litigation anticipated?

Name of person completing this form:

Date