

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

Send form to: John Jervey – SCCP<
Phone: 803-252-7255 or 800-922-6081
Email JJervey@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:	
COUNTY PERSONNEL INVOLVED	
Name: _____	Dept: _____ Supervisor: _____ Phone: _____
Name: _____	Dept: _____ Supervisor: _____ Phone: _____
9. Please describe the county property that was damaged:	
CLAIMANT INFORMATION	
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:	
WITNESSES	
Name: _____	Address: _____ Phone: _____
Name: _____	Address: _____ Phone: _____