

**South Carolina Counties Property & Liability Trust
Automobile 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: _____ _____ _____			
6. Describe road and weather conditions:			
7. Employee/driver name:		8. Department:	
9. Vehicle make, model and year:		10. Vehicle ID #:	
11. Was employee drug tested?		12. Did police report state that employee contributed to accident?	
13. Was employee cited?		14. Violation cited:	
15. Describe injuries sustained by employee:			
16. Describe damage to member vehicle:			
17. Current location of member vehicle:			
CLAIMANT INFORMATION			
18. Claimant name:			
19. Claimant address:			
20. Home phone:		21. Work phone:	22. Other contact phone(s):
23. Describe claimant injuries:			
24. Describe damage to claimant property:			
25. Claimant vehicle make/model/year:		26. Claimant vehicle location:	
27. Did police report state that claimant contributed to accident?			
28. Was claimant cited?		29. Violation cited:	

ADDITIONAL CLAIMANTS' INFORMATION			
30. Claimant name:			
31. Claimant address:			
32. Home phone:		33. Work phone:	34. Other contact phone(s):
35. Describe claimant injuries:			
36. Describe damage to claimant property:			
37. Claimant vehicle make/model/year:		38. Claimant vehicle location:	
39. Did police report state that claimant contributed to accident?			

40. Was claimant cited?	41. Violation cited:
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42. Claimant name:

43. Claimant address:

44. Home phone:	45. Work phone:	46. Other contact phone(s):
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47. Describe claimant injuries:

48. Describe damage to claimant property:

49. Claimant vehicle make/model/year:	50. Claimant vehicle location:
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51. Did police report state that claimant contributed to accident?
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51. Was claimant cited?	52. Violation cited:
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ATTACH INFORMATION FOR ADDITIONAL CLAIMANTS

WITNESSES

54. Name:	55. Address:
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56. City:	57. State:	58. Zip:
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59. Contact phone numbers:

ATTACH INFORMATION FOR ADDITIONAL WITNESSES

60. Employee statement attached? yes ____ no ____	61. Claimant statement attached? yes ____ no ____	62. Witness statement attached? yes ____ no ____
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ACCIDENT INVESTIGATION RESULTS/CONCLUSIONS/CORRECTIVE ACTIONS

63. Was this accident preventable? If yes, how could employee have avoided the accident?	64. Did employee receive sanctions? If yes, list sanctions:
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65. Was employee wearing a seat belt?	66. Was vehicle condition a contributing factor?
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67. Was a daily vehicle inspection conducted on day of accident?	68. What was the mileage on the vehicle?
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69. Has this employee been involved in previous accidents? If yes, give a brief description.	70. When was last motor vehicle record reviewed for this driver?
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71. When was the last time this employee took a defensive driving course?	72. What steps, if applicable, have been taken to prevent similar accidents in the future? By: _____ Date: _____
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73. Based on the current information available, do you anticipate the possibility of litigation? yes ____ no ____

74. Signature of Department Head or Investigator _____ Date: _____
