

**South Carolina Counties Property & Liability Trust
General Liability 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:			
CLAIMANT INFORMATION			
6. Claimant name:			
7. Claimant address:			
8. Home phone:	9. Work phone:	10. Other contact phone(s):	
11. Describe claimant injuries: _____			
12. What claimant property was damaged? _____			
Describe damage to property: _____			
13. Location of damaged property: _____			
PLEASE ATTACH INFORMATION ON ADDITIONAL CLAIMANTS			
WITNESSES			
14. Name:		15. Address:	
16. City:	17. State:	18. Zip:	
19. Contact phone(s):			
ATTACH INFORMATION FOR ADDITIONAL WITNESSES			

INVESTIGATION

20. What defect or hazard is alleged? _____

Exact location and description of alleged defect: _____

21. Was defect or hazard previously reported to county? _____

22. If defect was previously reported, who made the report and when was it made? _____

23. If the defect was reported prior to the incident, what action was taken to correct, warn or control the defect? _____

24. If the defect was not reported, was it in a location frequently seen by employees? _____

If yes, who or what departments should have been knowledgeable about this defect? _____

25. Photographs have been taken and are attached? yes ___ no ___

ACCIDENT INVESTIGATION RESULTS/CONCLUSIONS/CORRECTIVE ACTIONS

26. Has the hazard now been controlled, eliminated or modified? _____

27. Was this accident preventable? If yes, how could it have been prevented? _____

28. What corrective action steps have been taken to avoid similar accidents in the future? _____

By whom? _____

When? _____

29. Based on the current information available, do you anticipate the possibility of litigation? yes ___ no ___
If Yes Explain. _____

30. Signature of Investigator _____

Date: _____