

**South Carolina Counties Property & Liability Trust
 Accident Investigation Form A
 Automobile Accident Investigation**

1. Member:	2. County Employee Conducting Accident Investigation:	
3. Date & time of accident:	5. Location:	
6. Please describe what is alleged to have occurred:		
7. Describe road & weather conditions:		
8. Employee/Driver Name:	9. Department:	
10. Vehicle make, model & year:	11. Vehicle ID #:	
12. Was employee drug tested:		
13. Did police report state that employee contributed to accident:		
14. Was employee cited:	15. Violation cited:	
16. Describe injuries sustained by employee:		
17. Describe damage to member vehicle:		
18. Current location of member vehicle:		
CLAIMANT INFORMATION		
19. Claimant name:		
20. Claimant address:		
21. home phone#:	22. work phone #:	23. Other contact #'s:
24. Describe claimant injuries:		
25. Describe damage to claimant property:		
26. Claimant vehicle make & model year:		
27. Location of claimant vehicle:		

28. Did police report state that claimant contributed to accident:	
29. Was claimant cited:	30. Violation cited

ADDITIONAL CLAIMANTS INFORMATION		
31. Claimant name:		
32. Claimant address:		
33. Home phone #:	34. Work phone #:	35. Other contact #'s:
36. Describe claimant injuries:		
37. Describe damage to claimant property:		
38. Claimant vehicle make & model year:		
39. Location of claimant vehicle:		
40. Did police report state that claimant contributed to accident:		
41. Was claimant cited:	42. Violation cited:	

ATTACH INFORMATION FOR ADDITIONAL CLAIMANTS
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WITNESSES		
43. Name	44. Address	
45. City	46. State	47. Zip
48. Contact phone numbers:		

ATTACH INFORMATION FOR ADDITIONAL WITNESSES
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ACCIDENT INVESTIGATION RESULTS/CONCLUSIONS/CORRECTIVE ACTIONS	
49. Was this accident preventable? If yes how could employee have avoided the accident?	50. When was last motor vehicle record reviewed for this driver?
51. Was employee wearing a seat belt?	52. Was vehicle condition of vehicle a contributing factor?
53. Was a daily vehicle inspection conducted on day of accident?	54. What was the mileage on the vehicle?
55. When was the last time this employee took a defensive driving course?	56. Signature of Department Head or Supervisor Date: