

**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:		
<b>CLAIMANT INFORMATION</b>		
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

<b>ADDITIONAL CLAIMANTS INFORMATION</b>		
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:	

<b>ATTACH INFORMATION FOR ADDITIONAL CLAIMANTS</b>
--

<b>WITNESSES</b>		
43. Name	44. Address	
45. City	46. State	47. Zip
48. Contact phone numbers:		

<b>ATTACH INFORMATION FOR ADDITIONAL WITNESSES</b>
--

<b>ACCIDENT INVESTIGATION RESULTS/CONCLUSIONS/CORRECTIVE ACTIONS</b>	
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: