

South Carolina Counties Property & Liability Trust
Auto Accident Investigation Form

Please use this form to investigate accidents involving autos and mobile equipment (motor graders, dozers, backhoes, compactors, loaders, etc.)

Member name and address:			
Date & Time of Incident:		Today's Date:	Date Reported:
Location of damaged auto or mobile equipment:			
Employee / Driver Name:			
Department:			
Vehicle Make	Model	Year	Mileage
Was the vehicle or equipment inspected on the day of the incident?			
Did the investigator review the inspection?			
Did police report state the employee contributed to accident?			
Was the employee cited?		If Yes, for what violation?	
Was the employee wearing a seatbelt?			
Has the employee received defensive driver training? If yes, please provide date of class and class name:			
When was the last time the employee's motor vehicle driving record was reviewed?			
How could the employee have avoided the accident?			
Did the employee receive sanctions?		If Yes, please list:	

Please list the steps taken, if applicable, to prevent similar accidents in the future:

Who took the action?

If steps are still pending please list also and follow-up on all steps to completion.

(The accident investigation should remain in open status until all corrective action steps are completed)

Based on current information available, is litigation anticipated?

Name of person completing this form:

Date: