UNIVERSITY OF SOUTH CAROLINA

EMERGENCY CONTACT NUMBERS
USC Police Department 803-777-4215
Campbell Wrecker Service 803-771-0206

STATE VEHICLE OPERATOR’S REPORT OF ACCIDENT

ACCIDENT NUMBER: ____________________________

DATE/TIME OF ACCIDENT:

LOCATION OF ACCIDENT: County: ____________ City: ____________

Physical address/street/or intersection:

USC Vehicle Number ____________________________ Other Vehicle:
License Tag ____________________________ License Tag
Year/Make/Model ____________________________ Year/Make/Model
Driver’s Name ____________________________ Driver’s Name
Driver’s License Number ____________________________ Driver’s License Number
Department Number ____________________________ Driver’s Phone Number
Supervisor ____________________________ Insurance Company

WAS ACCIDENT INVESTIGATED BY POLICE?
YES _____ NO _____

IF YES, PLEASE FILL IN BELOW:

What Police Department?

Was anyone charged with a violation? YES _____ NO _____
If so, who and what charge?

Was anyone injured? YES _____ NO _____
If so, whom?

What was the nature of the injury?

WERE THERE ANY RIDERS AT THE TIME OF THE ACCIDENT? YES _____ NO _____
If so, whom?

IF BACKING, DID YOU WALK AROUND THE VEHICLE PRIOR TO BACKING? YES _____ NO _____

STATEMENT: In your own words, give circumstances of accident (Use the back of this form if necessary.)

________________________________________

________________________________________

5/15/2012