

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

Member name and address:

Date & Time of Incident:

Today's Date:

Date Reported:

Location:

Description of property damaged:

Describe what occurred that resulted in damage to covered property:

Please describe any condition or activity that may have contributed to the accident:

If the loss was due to lightning, was the property protected by surge protectors and grounding?

When was the last property hazard identification survey conducted?

What corrective action steps have been taken to reduce the potential for similar accidents/incidents in the future? Please list the steps taken and who took the action. If steps are still pending, please list steps and follow-up on all steps to completion:

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

Name of person completing this form:

Date: