

State Vehicle Accident Report

Date:	Time:
Location of Accident	
County:	City:
Location of Accident (Street, Route, etc.):	
State Vehicle	
Agency Name:	
Agency Address:	
Driver's Name:	Driver's License #:
Home Address:	Office Phone:
Year/Make of Vehicle:	License Plate #:
Where is the vehicle located now:	
Name of Towing Company:	
Phone # of Towing Company	Towing Charges:
Other Vehicle	
Year/Make of Vehicle:	State/License Plate #:
Driver's Name:	Driver's License #:
Address:	
Insurance Company:	
Policy #	
Accident Information	
Did the police investigate this accident? (Yes/No)	
Which police department:	
Was anyone charged with a violation? (Yes/No)	
Who and what was the charge:	
Was anyone injured? (Yes/No)	
Who?	
What was the nature of the injury:	
Did you take photos of the damage(s)? (Yes/No)	
Attach copies of the photos	

In your own words, describe the circumstances of the accident:

Return this form within 2 days of the date of the accident to:

Office of the Adjutant General
State Operations Transportation Coordinator
1 National Guard Road
Columbia, SC 29201
(803).299-4330