

USC Accident Reporting Form

Passenger Statement (Rev. 12/2018)

nternal Use Only)	<u> </u>		
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TIME AND LOCATION OF ACCIDENT			
Date of Accident	Time of Accide	nt	
Location of Accident: County	City		
Physical Address/Intersection:			
SC Vehicle Number:			
assenger Name:		Driver's Name:	
assenger Department:		Driver's Depart:	
assenger Physical Location at Accident:			
necessary.	umstances of the accid	ent as detailed as possible. Use back	of this page if
	umstances of the accid	ent as detailed as possible. Use back	of this page if