

SOUTH CAROLINA DEPARTMENT OF NATURAL RESOURCES

OPERATOR REPORT OF ACCIDENT/INCIDENT

DNR EMPLOYEE INFORMATION:

Employee Name _____ Division _____ DL# _____

Employee Address/City/State/Zip _____

Date of Birth _____ Vehicle Equip. # _____ Vehicle Tag# _____ Vehicle Year _____

Vehicle Make _____ Damage Estimate in Dollars _____ Accident Type _____

OTHER PARTY INFORMATION:

Other Party Name _____ DL# _____

Street Address/City/State/Zip _____

Tag State _____ Tag# _____ Vehicle Year _____

Insurance Co. _____ Policy # _____

ACCIDENT INFORMATION:

Accident Date _____ Accident Time _____ #Vehicles Involved _____ Weather _____

Road Type _____ County _____ Municipality _____

Highway# _____ Accident Investigated Yes No Agency Investigating _____

Charges: Yes No Who Charged? _____ Injures: Yes No

Severity of Injuries _____

REPORT THIS ACCIDENT IMMEDIATELY TO: (None, Minor, Major, Fatality)

American Southern Insurance Company
1611 Devonshire Drive, Suite 102
Columbia, South Carolina 29204-2444
1-800-713-2205

Insurance Adjustor Contact: Person Contacted _____ Date _____ Time _____

Revised 2/2012

(SEE OTHER SIDE)

Included in DNR's 1.12.2018 letter to
the Oversight Subcommittee

STATEMENT OF ACCIDENT/INCIDENT

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

[Empty box for accident statement]

SIGN AND RETURN TO THE ADDRESS SHOWN BELOW WITHIN TEN (10) DAYS

Operator's Signature _____ Date _____

MAIL TO: SCDNR
ATTN: PROCUREMENT
JEAN BEANE (803) 734-3933
PO BOX 167
COLUMBIA, SC 29202

COPIES TO: DEPUTY DIVISION DIRECTOR
SECTION CHIEF
IMMEDIATE SUPERVISOR/CAPTAIN

REPORTABLE ACCIDENT: Any accident in which a department owned vehicle is involved where such accident results in death, personal injury, or combined property damage of \$100.00 as specified by policy of the South Carolina Department of Natural Resources (C-056 OF PSCDNRC).