SFM Accident Reporting Form				
Date		Time		
<b>Location of Accident</b>				
County	City		Route no.	
Where is the vehicle located now?				
You and your State Vehicle:				
Agency Name				
Agency Address				
Year & Make License 1		License Plate No.	ise Plate No.	
Name			Driver's License no.	
Address			Office Phone	
Other Vehicle				
Year and Make	License Plate No. &	State		
Name			DL	
Address				
Insurance Company				
Policy no.				
Did the police investigate this accid	lent?		Yes No	
If so, which police department?				
Was anyone charged with a violation?			Yes No	
If so, who, and what was the charge	e?			
Was anyone injured?			Yes No	
If so, who?				
What was the nature of the injury?	,			

## **Statement** In your own words, give the circumstances of the accident. Return this form by mail or fax within 10 days of the date of the accident. SC Department of Administration Division of General Services State Fleet Management Office

Columbia, SC 29201 Fax: (803) 737-1160

1430 Senate Street, 3rd floor

## **Telephone Numbers**

<b>Emergency Medical Service (EMS)</b>	
Charleston Area	(843) 745-4000
Lexington County	(803) 359-2521
Richland County	(803) 254-3061
Emergency	911
Law Enforcement	
Highway Patrol (Columbia Area)	(803) 896-9621
Highway Patrol (Charleston Area)	(843) 740-1650
Highway Patrol (Greenville Area)	(864) 768-1503
Richland County Sheriff	(803) 691-9000
Lexington County Sheriff	(803) 785-8230
Columbia Police Department	(803) 252-2911
Charleston City Police	(843) 577-7074
Emergency	911
State Fleet Management	
Lease Fleet Accident Coordinator	(803) 737-1982
Lease Fleet Manager	(803) 737-1505
Columbia Motor Pool	(803) 737-1516
State Fleet Manager	(803) 737-0668
Safety Officer	(803) 737-0668
Repairs to vehicles outside the Columbia area	(800) 277-3686

## **Accident Procedures**

- Turn ignition off and evacuate vehicle. Assist any passengers in your vehicle to evacuate as well.
- Render First Aid to any injured persons (if certified to do so by your agency).
- Call for medical assistance or ambulance if required (see page 2 for phone numbers).
- Call local, municipal or county police or South Carolina Highway Patrol to report accident (see page 2 for telephone numbers).
- Obtain data concerning other vehicle and driver, and complete Accident Report (see page 1).
- Turn Accident Report in to your supervisor as soon as possible. Remind supervisor that a copy of the Accident Report & police report should be promptly sent to State Fleet, if you were driving a Lease or Motor Pool Vehicle.
- Give the other driver your name and your agency's name and address. NEVER ADMIT RESPONSIBILITY FOR ANY ACCIDENT.
- Within 24 hours, be sure your agency reports accident to American Southern and to State Fleet Management.
- Collect calls will be accepted.

American Southern 1611 Devonshire Dr., Suite 102 Columbia, SC 29204 Tel 800-713-2205 Fax 803-256-0861 E-mail AndreaA@amsou.com

SC Department of Administration Division of General Services State Fleet Management 1430 Senate St., 3rd floor Columbia, SC 29201

Tel 803-737-0668 (call collect if necessary) Fax 803-737-1160