

**SPARTANBURG COUNTY  
Vehicle Accident  
Supervisor's Investigation Report**

<b>COUNTY EMPLOYEE</b>	<b>DEPARTMENT</b>
<b>DATE OF ACCIDENT</b>	<b>TIME OF ACCIDENT</b> <b>AM</b> <b>PM</b>
<b>EXACT LOCATION OF ACCIDENT</b>	<b>DESCRIBE DAMAGE TO VEHICLE</b>
<b>SUPERVISOR TELEPHONE #</b>	<b>DAMAGE ESTIMATE TO REPAIR</b>

<b>DESCRIBE ANY INJURIES SUSTAINED BY EMPLOYEE OR OTHER PARTY:</b>

<b>DESCRIBE CLEARLY HOW THIS ACCIDENT OCCURRED:</b>
<b>WHAT ACTS OR FAILURES TO ACT CONTRIBUTED MOST DIRECTLY TO THIS ACCIDENT</b>
1.
2.
3.
<b>WHAT CONDITIONS CONTRIBUTED MOST DIRECTLY TO THIS ACCIDENT?</b>
1.
2.
3.
<b>WHAT COULD HAVE BEEN DONE TO PREVENT THIS ACCIDENT?</b>
1.
2.
<b>WHAT ACTIONS HAVE BEEN TAKEN AS A RESULT OF THIS ACCIDENT?</b>
1.
2.

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
DATE