



Parking and Transportation Services

UNIVERSITY OF SOUTH CAROLINA

USC-Owned Vehicle Accident Reporting Form - Driver Statement

Revised 1/2026

USC Accident Code (for USC PTS staff): _____

Date and Time of Accident

Date of accident	
Time of accident	

Location of Accident

County	
City	
Physical address/intersection	
Where is the vehicle located now?	
Is the vehicle drivable?	Yes No

You and your USC-Owned Vehicle

License plate/tag number:	
USC vehicle number	
Year and make	
Your name	
Driver's license number	
Phone Number	
Department	
Supervisor	

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Other Vehicle

License plate/tag number and state	
Year and make	
Driver's name	
Address	
Phone number	
Insurance company	
Policy number	

Additional Information

Did the police investigate this accident?	Yes No
If so, which police department/agency?	
Was anyone charged with a violation?	Yes No
If so, who, and what charge?	
Were there any injuries?	Yes No
If so, who?	

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Driver Statement – Please be as detailed as possible