



Parking and Transportation Services

UNIVERSITY OF SOUTH CAROLINA

USC-Owned Vehicle Accident Reporting Form - Passenger 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	

Passenger and USC-Owned Vehicle Information

License plate/tag number:	
USC vehicle number	
Passenger's name	
Passenger's department	
Passenger's physical location at accident	
Driver's name	
Driver's Department	

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Passenger Statement – Please be as detailed as possible