S&E Report Employee Incident Report (Complete/email within 24 hours to rmclaims@horrycounty.org)

1. Immediately report incident or damage to your supervisor. Send completed report to Risk Management within 24 hours of incident.

A. TYPE OF INCIDENT - *CIRCLE ALL THAT APPLY*

☒ 1000 - Motor Vehicle Incident ☐ 1001 - County Vehicle Damages ☐ 1002 - Personal Injury/Illness ☐ 1003A - Non-County Property Damage ☐ 1003B - Non-County Employee Injury ☐ 1006 - Damage to other County Property

B. EMPLOYEE INFORMATION Print Department Name: __

Last Name Quick	First Name Micheal	MI J	Age 33
ID. [redacted]	Position/Title Detective	Supervisor's Name Ryan Seipt	

EMPLOYEE GENDER

☒ 1007 - Male ☐ 100 Female ☒ 1009 - Full- Time ☐ 1010 - Part- Time

EMPLOYEE STATUS

☐ 1011- Temporary (FT - PT) ☐ 1012- Volunteer ☐ 1013- Non-County Employee

Incident Date 02/28/20	Time of Incident 20:05 ☐ AM or ☒ PM	Incident Location Big Block Rd & Oyster Bluff Rd Myrtle Beach
Vehicle Year / Model or Other Property Description 2020 Ford F-150		Seat belts used ☒ YES ☐ NO
VIN or Serial # WBABN53483PH03430		Asset # 34311
DescribeProperty Damages Damage to county vehicle, right side		Employee cited ☒ YES ☐ NO
Passengers Name and Address N/A		
Personal Injury ☐ YES ☒ NO Describe:		

NUMBER OF HOURS INTO SHIFT

☒ 1024- 0-1 Hour ☐ 1025- 2-3 Hours ☐ 1026- 4-5 Hour ☐ 1027- 6-7 Hours ☐ 1028- 8-9 Hours ☐ 1029- 10 Hours or more

DESCRIPTION OF INCIDENT IN THE EMPLOYEE's WORDS (Print or Type and Attach Additional Statements)

While turning off Oyster Bluff Rd onto Big Block Rd, the employees vehicle tire went off the right side of the road. The employee over corrected, turning the steering wheel to the left, at which point the right rear tire slid into a ditch on the right side of the road, with the vehicle sliding in as well.

C. Other Driver, Claimant, Other Party, or Other Owner Information: Attach Statements of Non-County Employees

Name, Address, and Telephone Number

Insurance Company / Policy #:

Personal Injury ☐ YES ☒ NO Describe:

Vehicle Year / Model or Other Property Description

VIN or Serial #

Describe Property Damages

Claimant statement attached ☐ YES ☒ NO

Employee Signature	Today's Date	Date Reported to Supervisor
	3-3-2026	2/28/26

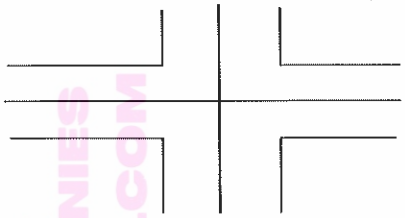
S&E REPORT **SUPERVISOR'S INVESTIGATION REPORT** (Complete within 24 hours)

D. WITNESSES: List Names, Addresses, and Phone Numbers. Attach Witness Statements. Get them before they forget.

E. INJURY/ILLNESS/EXPOSURE TREATMENT/OUTCOME

☐1136 - First Aid Treatment ☐ 1138 - Medical Treatment Provided by: ☒1139 - No Treatment Required
☐1137- Lost Workdays ☐1140 - Restriction of Work Activities ☐ Yes ☐ No

F. NATURE OF COLLISION (Complete/modify diagram/provide pictures)



Type	Road Surface	Weather Conditions
☒1141 - Single Vehicle	☒1147 - Wet	☐1152 - Clear
☐1142 - Multi-Vehicles	☐1148 - Dry	☐1153 - Cloudy
☐1143 - Parked Vehicle	☐1149 - Snow or Ice	☐1154 - Foggy
☐1144 - Heavy Equip.	☐1150 - Mud or Other	☒1155 - Raining
☐1145 - Backing	☐1151 - Unknown	☐1156 - Snowing
☐1146 - Other: _____		☐1157 - Other/Unknown

INVESTIGATION

Check All Boxes That Apply:	*DIRECT CAUSES*	BASIC CAUSES
UNSAFE ACTS OF INDIVIDUAL	*UNSAFE CONDITIONS OF WORK AREA OR EQUIP.*	AREAS FOR DEPARTMENT/ SUPERVISOR/INDIVIDUAL IMPROVEMENTS because of
☐ Failure to follow procedures	☐ Inadequate guards or protection	☐ Inadequate hiring/placement practices
☐ Failure to use safe practice or personal protective equipment	☐ Defective tools, equipment, machine or vehicle	☐ Procedures not enforced or inadequate training/procedures
☐ Physical or mental limitations	☐ Congested work area/roadways	☐ Improper layout or design of work area
☐ Improper Lifting, lowering or carrying technique	☐ Unsafe floors, ramps, stairways, platforms	☐ Inadequate job planning or worksite hazard analysis by supervisor
☐ Removed safety devices	☐ Poor housekeeping	☐ Lack of preventive maintenance
☑ Operating vehicle, equipment or machine at unsafe speed or unsafe manner	☐ Hazardous atmosphere: gases, dust, fumes, vapors or inadequate ventilation	☐ Unsafe design of equipment or work area
☐ Unaware of hazards or operating without authority	☐ Inadequate warning system	☐ Vehicle or equipment inspection process not adequate or not enforced
☐ Unsafe act of non-employee	☐ Limited visibility or adverse weather	☐ Employee insubordination or dishonesty or substance abuse
☐ Horseplay	☐ Poor road conditions	☐ Pre-existing physical condition
☐ Other-EXPLAIN:	☐ Other-EXPLAIN:	☐ Other-EXPLAIN:
☐	☐	☐ Failure to be completley aware of surroundings while operating county vehicle
☐	☐	☐
☐	☐	☐

Using careless, hazard of job, and N/A are not acceptable investigation terms. Attach additional statements and reports.

ACTIONS

Direct Causes: WHAT ACTIONS WERE TAKEN TO REMOVE DIRECT CAUSES OR WHAT HAPPENED IN DEPARTMENT?	Who Completed this Action?	DATE COMPLETED
Review defensive driving procedures with employee	G. Lent	2/28/26

Basic Causes: WHAT ACTIONS WERE TAKEN TO REMOVE BASIC CAUSES? LIST ANY SAFETY PRACTICES THAT CAN BE PERFORMED TO HELP PREVENT REOCCURRENCE IN DEPARTMENT.	Who Completed IT & WHO Affected in Department By these Corrective Actions	DATE COMPLETED
Review defensive driving procedures with employee	G.Lent	2/28/26

Print Supervisor/Investigator Name	Supervisor Signature	Investigation Date	Date Notified of Accident
R. Seipt		2/28/26	2/28/26

Department Accident Audit Checklist: (Complete within 48 hours or request 5 days extension. Email to Risk Management at rmclaims@horrycounty.org.)

Check Basic Procedures & Risk Management Standards Completed

- ☑ Y ☐ N Sent accident report to Risk Management within 24 hours.
- ☑ Y ☐ N Completed investigation
- ☑ Y ☐ N Completed corrective actions.
- ☑ Y ☐ N Sent copy of any employee medical restrictions to Risk Management and used light duty program to comply with restrictions from doctor if applicable.
- ☑ Y ☐ N Used designated doctor – Doctors Care.
- ☑ Y ☐ N ☐ N/A Completed post-vehicle accident drug screen within 24 hours. Date: 3/1/26
- ☑ Y ☐ N ☐ N/A Completed Driver alcohol screen within 2 hours. Date: 3/1/26
- ☐ Y ☑ N ☐ N/A Took vehicle to Fleet Service or Fleet designated Body Shop within 24 hours or (next business day). Date completed Will be completed 3/2/2026

Supervisor Self Compliance Audit and Risk Management Checklist

1. Accident Date: 2/28/26	**2. Accident Time:** 20:05	☐ AM	☑ PM
3. Employee and/or Claimant Name: Micheal Quick			
4. Date Notice of Accident Received by Supervisor or Supervisor-in-charge: 2/28/26		**Within 24 Hrs?** ☑ Y ☐ N	
5. Investigation of All Causes Determined? ☑ Y ☐ N **Describe causes/what happened.** Failure to be completley aware of surroundings while operating county vehicle			
6. Confirm actual actions/corrections taken. What was done? What is the Status? Who benefited from the changes and how are similar accidents in your department prevented? Reviewed defensive driving procedure with the employee.		**7. Dates Completed?** 2/28/26	
8. Designated Physician – Doctors Care Used? ☑ Yes ☐ No		**If not used, why not?** Only for urine screen	
9. Light Duty Used: ☐ Yes ☑ No		**10. Describe light duty assignment.**	
11. Audit requires Department Head, Asst. County Administrator, or County Administrator Signature:		**12. Date Reviewed:**	

Attention Supervisor: Please complete this form for a drug screen/alcohol testing

POST VEHICLE ACCIDENT - AUTHORIZATION FORM

Employee Name:
Date of Accident:

Employer: Horry County Government Dept:

Is a **drug screen** required? ☒ Yes ☐ No If Yes, What type?

Is **alcohol screening** required? (If CDL) ☐ Yes ☒ No

Has employer filled out First Report of Injury? ☐ Yes ☒ No

This certifies that the above information is correct. I authorize the medical provider to provide the above testing for the employee as "marked"

This section to be completed by supervisor

Did supervisor accompany employee to the medical facility? ☒ YES ☐ No

(Failure to check will indicate a "no" response)

Supervisor's Signature_____

Please Print Name:

Position/Title: Date: 3/1/26