

November 16, 2015

Nikki Haley  
1205 Pendleton Street  
Columbia, S.C. 29201

Subject: Due Process of Law and Attorney Misconduct

Case Number: 2014-CP-10-6888

Date of Accident: October 10, 2013

Dear Sir/Madam,

I was denied due process of law in opinion by the George Sink, P.A. firm for an auto accident on October 19, 2013. Specifically in my opinion, his staff attorney, Mr. Robert Tracey, I feel was negligent in the execution of his duties.

The auto Collison through no fault of mine, yet it appears I was the only one that suffered a loss both physically and financially. Mr. Tracey took approximately three years to negotiate a settlement that did not cover my expenses. When I objected to the settlement, George Sink, P.A. suggested I find another attorney for the three years old case. I had two police officers as witnesses, a police report as well as, physical evidence supporting my position. The other autō involved in the accident was a limousine from the Weddings of Charleston. The limousine chauffeur was previously convicted of perjury and paid employee of the company, yet the owner was never contacted.

Lawyers a reluctant to clean up a mishandled case from another attorney. Lawyers tend to take the cases where they can get a quick settlement or a huge payoff in my opinion. I am a man of very limited means yet I have retained another attorney for representation. I don't for think this is the kind of justice I deserve. I am a Honorable and Proud Veteran of a fixed income and anything you or your office can do to help me in this matter would be greatly appreciated.

Sincerely,

Donnie R. Creech  
11365 Cottageville Hwy  
Cottageville, SC 29435  
843-908-9867



Date: 10/19/15	Time of Collision: 11:15	County: 10	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- PP	Collision Location (RL # / Name): 5 61 / ASHLEY RIVER ROAD	0- Main Line 2- Alternate 5- Spur	6- Connection 7- Business	Miles: _____	Dir.: N E S W	In 1/2 Near City or Town of: Charleston
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To Vehicle Owner/Operator: **Failure to return this form to the Department of Motor Vehicles within 15 days from the date of the collision could result in the suspension of your driver license and registration privileges pursuant to South Carolina Code of Laws 56-9-351 and 56-10-530.**

D-302977 Driver/Pedestrian's Full Name: RITT, ANTONIO				D-302978 Driver/Pedestrian's Full Name: REECH, DONNIE RA			
Unit #	Sex	Race	Street	Unit #	Sex	Race	Street
#001	M	W	112 INVERNESS CT	#001	M	W	11355 Cottageville Hwy
Birth Date: 12/06/80	City, State, & Zip: SUMMERVILLE SC 29483			Birth Date: 04/14/44	City, State, & Zip: COTTEGEVILLE SC 29434		
State: SC	Driver's License #: 01177019	Class: D	Insurance Company: ACCORD	State: SC	Driver's License #: 001346284	Class: D	Insurance Company: GEICO
Year: 1991	Body: LA	Vehicle Make: LINCOLN	VIN #: 1L1FA81WEX1629087	Year: 1997	Body: SUV	Vehicle Make: CHEVY	VIN #: 1N6K168XVJ3402293
State: SC	Year: 14	License Plate #: L32219	Owner's DL #:	State: SC	Year: 14	License Plate #: 11DE19	Owner's DL #:
Home Telephone: (843) 758-7054	Owner's Full Name: Charleston Woodmont #30			Home Telephone: (803) 786-7867	Owner's Full Name: SAME		
Bus. Telephone: (843) 310-3110	Street: 164 Market St Sum 29431			Bus. Telephone: (803) 786-7867	Street:		
Contributed To Collision: Yes	City, State, & Zip: Ches. SC 29401			Contributed To Collision: No	City, State, & Zip:		

843 801 1533

D-302979 Driver/Pedestrian's Full Name:				State:	Year:	License Plate #:	Owner's D.L. #:
Unit #	Sex	Race	Street	Home Telephone:		Owner's Full Name:	
#001							
Birth Date:	City, State, & Zip:			Bus. Telephone:		Street:	
State:	Driver's License #:	Class:	Insurance Company:	Contributed To Collision:		City, State, & Zip:	
Year:	Body:	Vehicle Make:	VIN #:	Yes		No	
<b>All Units Insurance Information</b> (to be completed by Investigating Officer)				Automobile liability insurance information for Unit #			
Company Name: ACCORD				Company Name: GEICO			
Area Code/Phone Number: (715) 1386-7777				Area Code/Phone Number: (800) 1841-3000			
Agency Name: ACCORD				Agency Name: GEICO			
Policy Number: TP25865				Policy Number: 4058-36-08-57			

**Automobile Liability Insurance Information**

Notice of Requirement Accepted	Signature	Y/N Refused to Affix Signature?
To Be Completed Below or Entered at WWW.SC-ALIR.COM By Insurance Company Representative. This form should not be mailed to DMV if insurance information has been submitted electronically.		Y/N Vehicle Subject to Registration in SC?
Reference to Unit #: _____, I hereby affirm that to the best of my knowledge the vehicle described above was insured by the below stated insurance company on the date of the collision.	The information as contained herein is based solely upon my knowledge and belief as a representative of the above insurance company and no warranty of liability is imputed into the above mentioned insurance as I have listed herein	
Insurance Company:	Policy #:	Signature:
Beginning Date:	Ending Date:	Title:
Policy Holder:	NAIC# (Assigned by S.C. Dept. of Ins.):	Bus. Telephone:

Notice: If liability insurance was not in effect for your vehicle involved in the collision, The Department of Motor Vehicles could suspend your driver license and registration privileges pursuant to South Carolina Code of Laws 56-9-351 and 56-10-530.

If any of the below are applicable, Disregard the above portion.				Form FR-10 Not Issued: Section 56-10-520			
<input type="checkbox"/>	Check here if a Form SR-23, Fleet policy of 25 or more vehicles is on file with the Department covering the vehicle			No FR-10 Issued to Operator/ Owner of Unit #:			
<input type="checkbox"/>	Check here if a certificate of self-insurance has been issued by the Department covering the vehicle and indicate the certificate number: SI - _____			Summons issued to:			
<input type="checkbox"/>	Check here if liability insurance was not in effect to comply with South Carolina statutory requirements.			For operating or allowing the operation of an uninsured vehicle			
Signature:			Date:		Summons Number:		Signature:
Investigating Officer's Name:	Rank:	Badge #:	Jurisdiction Code:	Review Date:	Reviewer's Name:	Rank:	Internal Agency Code:

DRIVER / OWNER