

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 Collision 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 auto 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 are 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 (Rt. # / Name) 561 / Ashley River Road	0- Main Line 2- Alternate 5- Spur	6- Connection 7- Business	Miles: Dir. N E S W	In & 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 RITTO, ANTONIO		D- 302978		Driver/Pedestrian's Full Name KEECH, DENNIE RAY	
Unit # 1	Sex M	Race W	Street 112 INVERNESS CT	Unit # 1	Sex M	Race W	Street 11355 Cottageville Hwy
#Occ 1	Birth Date 12/06/80	City, State, & Zip SUMMERVILLE SC 29483		#Occ 1	Birth Date 12/06/44	City, State, & Zip COLUMBIA SC 29435	
State SC	Driver's License # 00177019	Class D	Insurance Company ACCORD	State SC	Driver's License # 001346284	Class D	Insurance Company GEICO
Year 1991	Body LA	Vehicle Make LINCOLN	VIN # 1L1FA81WEX1C29087	Year 1997	Body SUV	Vehicle Make CHEVY	VIN # 1NEFK16RXVJ402293
State SC	Year 14	License Plate # LS2219	Owner's D.L. #	State SC	Year 11	License Plate # DE179	Owner's D.L. # SAME
Home Telephone (843) 551-0454		Owner's Full Name Charleston Woodmont #3C		Home Telephone (803) 786-7		Owner's Full Name	
Bus. Telephone (843) 310-3110		Street 164 Market St		Bus. Telephone (843) 786-7		Street	
Contributed To Collision Yes		City, State, & Zip Char. SC 29401		Contributed To Collision Yes		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		
#Occ	Birth Date	City, State, & Zip		Bus. Telephone		Street		
State	Driver's License #	Class	Insurance Company:	Contributed To Collision Yes No		City, State, & Zip		
Year	Body	Vehicle Make	VIN #	Automobile liability insurance information for Unit #				
All Units Insurance Information (to be completed by Investigating Officer)				Compa. Name				Area Code/Phone Number
Automobile liability insurance information for Unit #				Agency Name				Policy Number
Company Name ACCORD				Compa. Name GEICO				Area Code/Phone Number
Agency Name ACCORD				Agency Name GEICO				Policy Number

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.		Y N Vehicle Subject to Registration in SC?				
This form should not be mailed to DMV if insurance information has been submitted electronically.		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.				
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.						
Insurance Company		Policy #:		Signature		Title
Beginning Date:	Ending Date:	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.

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

DRIVER / OWNER