

Date 7-8-15	Time of Collision 0600	County 40	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- PP	Collision Location (Rt. # / Name) E / Lee St	0- Main Line 2- Alternate 5- Spur	6- Connection 7- Business	Miles: Dir NE SW	In / Near City or Town of Columbia
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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.**

<b>D-180484</b> Driver/Pedestrian's Full Name Veldran - Katherine F				<b>D-180485</b> Driver/Pedestrian's Full Name Steed - Toshiba T			
Unit # 1	Sex F	Race W	Street 100 Woodrow St Unit 501	Unit # 2	Sex F	Race W	Street 4621 Oxford Rd
#Occ 1		Birth Date 8-11-1979		#Occ 1		Birth Date 07-06-76	
City, State, & Zip Columbia SC 29205		City, State, & Zip Columbia SC 29209					
State SC	Driver's License # 011495390	Class D	Insurance Company Geico	State SC	Driver's License # 100215678	Class C	Insurance Company Nationwide
Year 2015	Body 43	Vehicle Make Honda	VIN # YHGCR2F87FA123004	Year 2014	Body 43	Vehicle Make Honda	VIN # 1G2HX52K14U261537
State SC	Year 16	License Plate # U36040	Owner's D.L. # 011495390	State SC	Year 16	License Plate # F2N763	Owner's D.L. # 100215678
Home Telephone (803) 347 9334		Owner's Full Name Veldran - Katherine F		Home Telephone (803) 363 1766		Owner's Full Name Steed - Toshiba T	
Bus. Telephone ( )		Street 100 Woodrow St Unit 501		Bus. Telephone ( )		Street 4621 Oxford Rd	
Contributed To Collision Yes		City, State, & Zip Columbia SC 29205		Contributed To Collision Yes		City, State, & Zip Columbia SC 29209	

<b>D-180486</b> Driver/Pedestrian's Full Name				State	Year	License Plate #	Owner's D.L. #
Unit # NA	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	
Year	Body	Vehicle Make	VIN #	City, State, & Zip			
<b>All Units Insurance Information</b> (to be completed by Investigating Officer)				Automobile liability insurance information for Unit # 1 Company Name: Geico Agency Name: Policy Number: 4557-67-06-39 Area Code/Phone Number: 800 841 3000			
				Automobile liability insurance information for Unit # 2 Company Name: Nationwide Agency Name: Policy Number: 6134658974 Area Code/Phone Number: 800 363 1760			

Automobile Liability Insurance Information			
Notice of Requirement Accepted		Signature: Katherine Veldran	
		Y N Refused to Affix Signature?	
		Y N Vehicle Subject to Registration in SC?	
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. 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 #	
Beginning Date		Ending Date	
Policy Holder		Signature	
NAIC# (Assigned by S.C. Dept. of Ins.)		Title	
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.			Summons Number:			
Signature			Date		For operating or allowing the operation of an uninsured vehicle		Signature
Investigating Officer's Name J. A. KRAM		Rank Rt	Sadge # 23556	Jurisdiction Code 400107	Review Date	Reviewer's Name	Rank 15011205