

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) 5 / 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.

D-180484	Driver/Pedestrian's Full Name Veldran - Katherine F	D-180485	Driver/Pedestrian's Full Name Steed - Toshiba T
Unit # 1	Sex F	Race W	Street 100 Woodrow St Unit 501
#Occ 1	Birth Date 8-11-1979	City, State, & Zip Columbia SC 29205	
State SC	Driver's License # 011495390	Class D	Insurance Company Geico
Year 2015	Body 43	Vehicle Make Honda	VIN # MHGCR2F87FA123004
State SC	Year 16	License Plate # UN6040	Owner's D.L. 011495390
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 (No)	City, State, & Zip Columbia SC 29205	Contributed To Collision Yes (No)	City, State, & Zip Columbia SC 29209

D-180486	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)	City, State, & Zip
Year	Body	Vehicle Make	VIN #	Automobile liability insurance information for Unit # 1	
All Units Insurance Information (to be completed by Investigating Officer)				Company Name Geico	Area Code/Phone Number 1800 841 3000
				Agency Name	Policy Number 4357-67-06-39
Automobile liability insurance information for Unit #				Automobile liability insurance information for Unit # 2	
Company Name		Area Code/Phone Number ()		Company Name Nationwide	Area Code/Phone Number 1800 363 1760
Agency Name		Policy Number		Agency Name	Policy Number 6134658974

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 #	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.			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	Summons Number.
		Signature	Date	Signature

Investigating Officer's Name J. H. K... ..	Rank RFL	Sadge # 23756	Jurisdiction Code 400107	Review Date	Reviewer's Name	Rank	Internal Agency Code 17071205
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