

Honorable Governor Nikki Haley

January 1, 2015

Last August, a drunk driver ran off the road in the middle of the night and took out two of our family vehicles and the side of the house. The woman then proceeded to get out of her vehicle, put her dog on a leash, and walk off down the road. This happened at my in-laws in Gaston at the corner of Beckman and Sandy Run. (We had loaned them one of our vehicles while theirs was under repair). A Highway Patrol Officer responded but, from then on, we could get little information from Highway Patrol. The DUI's vehicle, a red Mustang, was impounded along with her ~~ONLY~~ CONTAINER. But we were told nothing was being done because the trooper was on maternity-leave. THERE'S NO CROSS-COVERAGE?

Luckily, we weren't hurt and we had insurance but we did have extra expenses such as co-pays, and the loss of a beloved family 'antique' vehicle that we had just finished restoring, and the hassle of repairs to the house. I WANT TO SEE SOME EFFORT PUT INTO FINDING THIS PERSON AND ARRESTING HER! She needs to be off the road! They have the vehicle with its identification information and probably fingerprints and DNA, too. She's going to kill somebody at the rate she's going.

Now I am reading in the newspaper that it's very hard to make a DUI conviction in this state. And it seems like we are VERY short-handed on troopers if they can't cover an officer out on leave. Then last week I saw where they took FOUR hours to respond to a school bus accident. What's going on here?

If you will come up with some good legislation, I will hound my Representative and Senator to pass it.

BTW, I recently spent a year out in Washington State (brother had a stroke) and had to suddenly start driving in a 'foreign' place, including taking the Interstate up to Seattle several times a week, over an hours' drive. I was amazed at the good-sense driving that went on there. When I would ask where are the aggressive drivers and drunks, I always got the same answer: "We don't allow that here". They had visible troopers on the roads and cameras in problem areas, at the toll-booths, etc. We need to spend some money on our law enforcement and get us off the 50th place in states for highway safety.

Elaine J. McElhaney
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cc: MADD

P.S. You are absolutely welcome to copy this to our legislators.

This was my father-in-law's vehicle that my
first and third carefully restored in memory of "Papa".



Mail FR-10 to: SC Department of Motor Vehicles Office of Financial Responsibility (205) 896-5000 PO Box 1498, Sylvestwood, SC 29016				SOUTH CAROLINA DEPARTMENT OF MOTOR VEHICLES FR-10 (REV. 11/2011) NOTICE OF REQUIREMENT				Submit Electronically: Agents or Company Representatives can submit your insurance information at WWW.SC-ALR.COM				
Date	Time	County	1-Interstate 2-US Primary 3-SC Primary	4-Secondary 5-County 6-PP	Collision Location (Rt. # Name)	7-Mainline 8-Connection 9-Sub	Miles	Dir.	In (Near) City or Town of			
07-23-2014	0555	32			E / SANDY RUN DR		.89	N	GASTON			
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.												
E-700530			Driver/Pedestrian's Full Name LEGALLY PARKED				E-702469			Driver/Pedestrian's Full Name LEGALLY PARKED		
Unit #	Sex	Race	Street/R.F.D.			Unit #	Sex	Race	Street/R.F.D.			
01						02						
Occ #	Birth Date		City, State, & Zip			Occ #	Birth Date		City, State, & Zip			
0						0						
State	Driver's License #			Insurance Company			State	Driver's License #			Insurance Company	
				ALLSTATE							UNINSURED	
Year	Body	Vehicle Make	VIN #			Year	Body	Vehicle Make	VIN #			
1985	SU	CHEV	1G8GC26M6FF154739			1994	4S	CHEV	1G1BL52W6RR114472			
State	Year	License Plate #	Owner's DL #			State	Year	License Plate #	Owner's DL #			
SC	2014	FBN557	004923172			SC	2014	ERW434	004982976			
Home Telephone			Owner's Full Name			Home Telephone			Owner's Full Name			
(803) 3979295			MCELHANEY MICHAEL J			(803) 2696863			MCELHANEY EDDIE LINDSAY			
Bus. Telephone			Street/R.F.D.			Bus. Telephone			Street/R.F.D.			
			7239 PATRICIA DR						7533 TERRY ST			
Contributed To Collision			City, State, & Zip			Contributed To Collision			City, State, & Zip			
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			COLUMBIA SC 29209			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			COLUMBIA SC 29209			
E-702491			Driver/Pedestrian's Full Name UNKNOWN				State	Year	License Plate #	Owner's DL #		
							CA	2009	5ZSX358	UNKNOWN		
Unit #	Sex	Race	Street/R.F.D.			Home Telephone			Owner's Full Name			
03	U	U							UNKNOWN			
Occ #	Birth Date		City, State, & Zip			Bus. Telephone			Street/R.F.D.			
1												
State	Driver's License #			Insurance Company			Contributed To Collision			City, State, & Zip		
	UNKNOWN			UNKNOWN			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
Year	Body	Vehicle Make	VIN #			Accident Insurance Information for Unit #			Area Code/Phone Number			
2007	CP	FORD	1ZVHT80N175242178			02						
All Units Insurance Information (to be completed by Investigating Officer)						Company Name			Policy Number			
						Agency Name						
Accident Insurance Information for Unit # 01						Accident Insurance Information for Unit # 03						
Company Name						Company Name			Area Code/Phone Number			
ALLSTATE						UNKNOWN						
Agency Name						Agency Name			Policy Number			
700624958												
Automobile Liability Insurance Information												
Notice of Requirement Accepted						Signature						
						Y/N - Refused to Affix Signature?						
						Y/N - Vehicle Subject to Registration in SC?						
To Be Completed Before or Entered at WWW.MISCALR.COM By Insurance Company representative. 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 stated herein.						
Reference to Unit #: _____ 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.						Signature						
Insurance Company						Title						
Beginning Date:						NA or Assigned by S.C. Dept. of Ins.						
Ending Date:						Bus. Telephone						
Policy Holder												
Notice: Failure to have this form completed by your insurance broker, agent, or representative and returned to the South Carolina Department of Public Safety within 15 days may result in suspension of your driving and/or registration privileges												
If any of the below are applicable, Disregard the above portion.						Form FR-10 Not Issued: Section 56-10-520						
Check here if a Form SR-25, Fleet policy or 25 or more vehicles is on file with the Department covering the vehicle						No FR-10 Issued to Operator, Owner of Unit #						
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:						
Check here if liability insurance was not in effect to comply with South Carolina statutes.						For operating or allowing the operation of an uninsured vehicle						
Signature						Summons Number:						
Date						Signature						
Investigating Officer's Name						Internal Agency Code						
LEE - B. W.						148W140962						