

ORIGINAL

FATAL

SOUTH CAROLINA DPS/OHS & DMV USE ONLY		Page # 1	SOUTH CAROLINA TRAFFIC COLLISION REPORT FORM TR-310 (Rev. 11/2011)		# Of Units 01	Amended - Attach Copy of Original Report Corrected	Notified 0 2 1 8	Arrived 0 2 2 5
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Date 11-28-2015	Time of Collision 0 2 1 0	County 10	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- PP	Collision Location (Rt. # / Name) 92 / SALTERS HILL RD	0- Main Line 2- Alternate 5- Spur	6- Connection 7- Business	Miles: Dir. i N E S W	(In) Near City or Town of: HOLLYWOOD
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Lane # / Dir. # 1	Distance Offset 1.14 Miles	Direction N E	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other	Base Intersection (Rt. # / Name) / THE REVERENDS CT	0- Main Line 2- Alternate 5- Spur	6- Connection 7- Business 9- Other	GPS COORDINATES 00 00' 00.00" DEGREES MINUTES SECONDS	
R.R. Id.	From N E S W	Ramp Only 1- Entrance 2- Exit	To N E S W	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other	Second Intersection (Rt. # / Name) / JENKS MONTGOMERY RD	0- Main Line 2- Alternate 5- Spur	6- Connection 7- Business 9- Other	Latitude 32 45 22.10 Longitude 80 12 54.48

<b>F-504130</b>	Driver's Full Name PORTER JARVIS TREVELLE	Driver's Full Name
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Unit # 01	Sex M	Race B	Street 5071 MANOR RD	Unit #	Sex	Race	Street
#Occ 1	Birth Date 12-23-1985	City, State, & Zip HOLLYWOOD SC 294495827		#Occ	Birth Date	City, State, & Zip	

State SC	Driver's License # 11573813	Class D	Insurance Company: UNITED AUTO INS CO	State	Driver's License #	Class	Insurance Company:
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Year 2 0 0 2	Body 4S	Vehicle Make BUIC	VIN # 1G4HR54K82U185925	Year	Body	Vehicle Make	VIN #
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State SC	Year 2 0 1 7	License Plate # LSJ367	Owner's D.L. #	State	Year	License Plate #	Owner's D.L. #
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Home Telephone (843) 5 9 3 5 1 8 5	Owner's Full Name PORTER JARVIS TREVELLE	Home Telephone ( )	Owner's Full Name
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Bus. Telephone (843) 5 9 3 5 1 8 5	Street 5071 MANOR RD	Bus. Telephone ( )	Street
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Contributed To Collision (Yes) No	City, State, & Zip HOLLYWOOD SC 294495827	Contributed To Collision Yes No	City, State, & Zip
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Estimated Speed 65	Speed Limit 35	C.D.L. Req: Yes (No)	T/B S Req: Yes (No)	Alc/Drg info (see back): Yes (No)	Estimated Speed	Speed Limit	C.D.L. Req: Yes No	T/B S Req: Yes No	Alc/Drg info (see back): Yes No
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Dir. of Travel: Unit 1: (N) S E W	Unit 2: N S E W	Unit 3: N S E W	State	Year	License Plate #	Owner's D.L. #
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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
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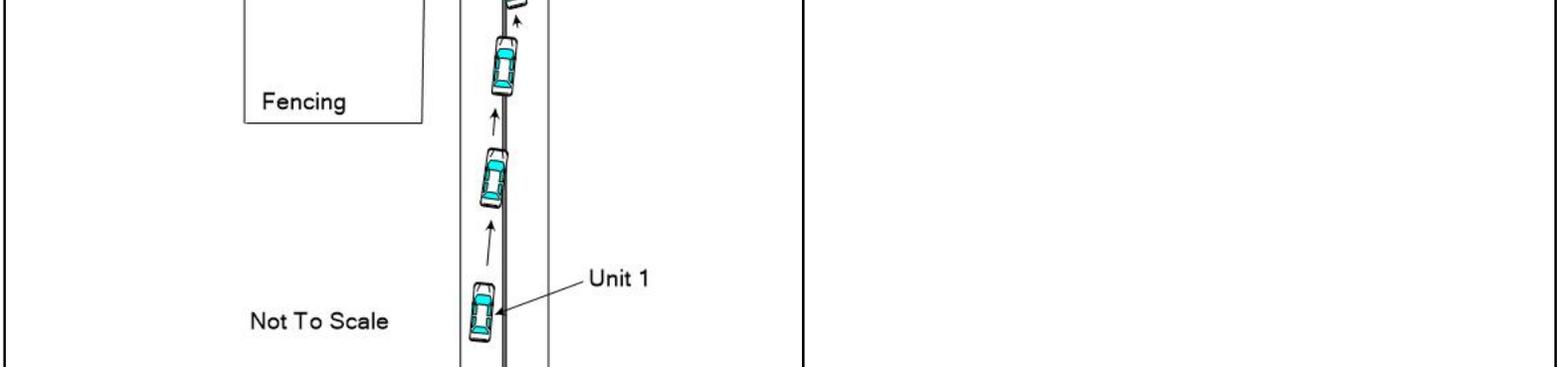
Year	Body	Vehicle Make	VIN #	Estimated Speed	Speed Limit	C.D.L. Req: Yes No	T/B S Req: Yes No	Alc/Drg info (see back): Yes No
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Dir. of Travel: Unit 1: (N) S E W	Unit 2: N S E W	Unit 3: N S E W	Unit 1 Dam.	Unit 2 Dam.	Unit 3 Dam.	Prop. Dam. 1	Prop. Dam. 2
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\$ 8000	\$	\$	FENCE \$ 1000	\$
Property Owner/Witness: TOWN OF HOLLYWOOD		Property Owner/Witness:		
Address 6278 HWY 162 PO BOX 519 HOLLYWO		Address		
State SC	Zip: 29449	Phone 8 4 3 8 8 9 8 9 9 1	State	Zip: Phone

Photo: Describe What Happened (Refer to Units by Number) (Y) N
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**UNIT 1 WAS TRAVELING ON SALTERS HILL ROAD. UNIT 1 CROSSED OVER THE CENTER LINE AND WENT INTO A TREE SIDEWAYS.**



NOTICE - THE TR-310 IS FOR STATISTICAL REPORTING PURPOSES ONLY AND IS A REFLECTION OF THE OFFICER'S BEST KNOWLEDGE, OPINION AND BELIEF COVERING THE COLLISION BUT NO WARRANT IS MADE AS TO THE FACTUAL ACCURACY THEREOF.

Investigating Officer's Name ROY - B. M.	Rank DFC	Badge # 9 6 1 1	Jurisdiction Code 1 0 0 0	Review Date	Reviewer's Name	Rank	Internal Agency Code 2015-018254
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Table with columns: Unit, Date of Birth, Sex, Race, INJ, Seat, R/SD, A.B.D, Eject, LAI, Tran, Name, Street Address, Zip Code. Row 01: 12-23-1985, M, B, 4, 01, 00, 1, 3, 1, 2, 2, PORTER JARVIS TREVE, 5071 MANOR RD, HOLLYWOOD SC, 294495827.

Table with columns: Race, Injury Status, Seating Loc., Restraint/Safety Device, Air Bag Deployment / Switch, Ejection, b) 2 or 3 Wheel Motorized Vehicle, Location After Impact, 3-Freed (non-mech.), a) Transported to Medical Facility, 1-Not Trapped, 4-Not Applicable, 1-Yes, 2-No, 3-Unknown, 31-Helmet, 51-Reflective Clothing, 41-Protective Pads, 61-Lighting.

Table with columns: Non-Collision, Collision: Not Fixed, Collision: Fixed Object, 27-Pedestrian, 47-Embankment, 55-Mail Box, 68-Other, 01-Cargo/Equip Loss or Shift, 05-Fire/Explosion, 08-Overturn/Rollover, 20-Animal (Deer Only), 28-Railway Veh., 40-Bridge Overhead Structure, 48-Equipment, 56-Median Barrier, 69-Unk., 02-Cross Median/Center, 06-Immersion, 09-Ran off Road Left, 21-Animal (All Other), 29-Work Zone Maint. Equip., 41-Bridge Parapet End, 49-Fence, 57-Overhead Sign Support, 03-Downhill Runaway, 07-Jackknife, 10-Ran off Road Right, 22-Motor Veh. (In Transport), 42-Bridge Pier or Abutment, 50-Guardrail End, 58-Other (Post, Pole, Support, Etc.), 11-Separation of Units, 23-Motor Veh. (Stopped), 38-Other Movable Object, 43-Bridge Rail, 51-Guardrail Face, 59-Other (Wall, Building, Tunnel, Etc.), 12-Spill (Two-Wheeled Veh.), 24-Motor Veh. (Other Roadway), 44-Culvert, 52-Highway Traffic Sign Post, 60-Tree, 18-Other Non-collision, 25-Motor Veh. (Parkd), 39-Unk. Movable Object, 45-Curb, 53-Impact Attenuator/Crash Cushion, 61-Utility Pole, 19-Unk. Non-collision, 26-Pedalcycle, 46-Ditch, 54-Light/Luminaire Support, 62-Work Zone Maint. Equipment.

Table with columns: Manner of Collision (Struck Veh.), 30-Rear-to-Rear, 50-Sideswipe Same Dir., 1st / Most Deformed Area, 1st Deformed, 14, 2, 3, Most Deformed, 1, 15, 2, 3, 100-Not Coll. w/ Motor Veh., 41-Angle, 60-Sideswipe Opposite Dir., 10-Rear End, 42-Angle, 70-Backed Into, 20-Head On, 43-Angle, 99-Unknown.

Table with columns: Vehicle Type, 15-Full Size Van, 27-Pedalcycle, 61-School Bus, 01-Automobile, 16-Mini Van, 38-Animal Drawn Veh, 62-Passenger Bus, 12-Pickup Truck, 17-Sport Utility, 39-Animal (Ridden), 98-Other, 13-Truck Tractor, 25-Motorcycle, 41-Pedestrian, 99-Unk. (Hit and Run Only), 14-Other Truck, 26-Other Motorbike, 51-Train, Run Only), Vehicle Use Code, 04-Ambulance, 08-Farm Use, 12-Fire Fighting, 01-Personal, 05-Military, 09-Wrecker or Tow, 13-Logging, 02-Driver Training, 06-Transport Passengers, 10-Police, 18-Other, 03-Construction/Maint, 07-Transport Property, 11-Government, 41-Pedestrian, Vehicle Attachment, 4-Utility Trailer, 8-Towed Motor Vehicle, C-Other Tanker, 1-None, 5-Farm Trailer, 9-Petroleum Tanker, D-Flat Bed, 2-Mobile Home, 6-Trailer w/Boat, A-Lowboy Trailer, E-Twin Trailers, 3-Semi-Trailer, 7-Camper Trailer, B-Autocarrier Trailer, F-Other.

Table with columns: Action Prior to Impact (Vehicle), (Non-motorist), 01-Backing, 08-Parked, 21-Approaching/Leaving Vehicle, 02-Changing lanes, 09-Slowing or Stopped in traffic, 22-Entering/Crossing Location, 03-Entering traffic lane, 04-Leaving traffic lane, 10-Turning left, 23-Playing/Working on Vehicle, 05-Making U-turn, 11-Turning right, 24-Pushing Vehicle, 06-Movements Essentially Straight Ahead, 25-Standing, 26-Walking, Playing, Cycling, 07-Overtaking/passing, 88-Other, 99-Unk., 27-Working, Alcohol / Drug Test Given, 3-Given - Pending, 1-Given - Known Results, 4-None, 2-Given - Unusable, 5-Refused, Test Type, 3-Urine, 1-Under-Compartment Intrusion, 2-Under-No Intrusion, 4-Over-MV in transport, 6-None, 1-Breath (Alc Only), 4-Serum, 3-Under-Unknown, 5-Over-Other Vehicle, 9-Unk., 2-Blood, 8-Other, Drug Results, 3-Marijuana, 0-None/Minor, Extent of Deformity, 1, 4, 1-Amphetamines, 4-Opiates, 2-Functional Damage, 4-Severe/Totaled, 9-Unk., 2-Cocaine, 5-PCP, 8-Other, 3-Disabling Damage, 5-Not Applicable, Alc Test Results, 1-Two-way, Not Divided, 3-Two-way, Divided, Barrier, 2-Two-way, Divided, Unprotected Median, 4-One-Way, 8-Other, Trafficway, 1, 1-Gore, 3-Median, 5-Roadway, 7-Sidewalk, 9-Unk., B: X-walk, 1st Harmful Event Loc., 5, 2, 2-Island, 4-Roadside, 6-Shoulder, 8-Outside Trafficway, 1-Y, 2-N, 9-U, 1-Straight - Level, 3-Straight - Hillcrest, 5-Curve - On grade, Road Character, 1, 2-Straight - On grade, 4-Curve - Level, 6-Curve - Hillcrest, Road Surface Condition, 1, 1-Dry, 3-Snow, 5-Ice, 7-Water (Standing, etc.), 2-Wet, 4-Slush, 6-Contaminate, 8-Other, 9-Unk., Traffic Control Type, 31, 01-Stop and Go Light, 21-Officer or Flagman, 02-Flashing Traffic Signal, 22-Oncoming Emergency Vehicle.

Table with columns: Weather Condition, 3-Cloudy, 6-Fog, Smog, Smoke, 1-Clear (no adverse conditions), 4-Sleet, Hail, 7-Blowing Sand, 8-Severe Crosswinds, 2-Rain, 5-Snow, Oil, Dirt or Snow, 9-Unk., Light Condition, 3-Dusk, 6-Dark (Street Lamp Not Lit), 1-Daylight, 4-Dark (Lighting Unspecified), 7-Dark (No lights), 2-Dawn, 5-Dark (Street Lamp Lit), Junction Type, 03-Five/More Points, 07-Shared Use Paths or Trail, 12-Y-Intersection, 01-Crossover, 04-Four-way Intersection, 08-T-Intersection, 13-Nonjunction, 02-Driveway, 05-Railway Grade Crossing, 09-Traffic Circle, 99-Unk., Contributing Factors, 09-Made an Improper Turn, 10-Medical Related, 30-Debris, 48-Other, 01-Disregarded Signs, Signals, Etc., 12-Aggressive Operation of Vehicle, 13-Over-correcting/Over-steering, 31-Non-highway Work, 49-Unk., 02-Distracted/Inattention, 14-Swerving to Avoiding Object, 32-Obstruction in Roadway, 03-Driving Too Fast for Conditions, 15-Wrong Side or Wrong Way, 33-Road Surface Condition (I.e., Wet), 04-Exceeded Authorized Speed Limit, 16-Under the Influence, 34-Rut, Holes, Bumps, 05-Failed to Yield Right of Way, 17-Vision Obscured (Within Unit), 35-Shoulders (None, Low, Soft, High), 06-Ran off Road, 18-Improper lane Usage/Change, 36-Traffic Control Device (I.e., Missing), 07-Fatigued/Asleep, 20-Texting, 37-Work Zone (Const./Maint./Utility), 08-Followed Too Closely, 28-Other Improper Action, 29-Unk., 38-Worn, Travel-Polished Surface, 60-Animal in Road, 63-Weather Cond., 61-Glare, 68-Other, 69-Unk., Vehicle Defect, 70-Breaking, 76-Windows/Shield, 71-Steering, 77-Restraint System, 72-Power Plant, 78-Truck Coupling, 73-Tires/Wheel, 79-Cargo, 74-Lights, 80-Fuel System, 75-Signals, 88-Other, 89-Unk.

Table with columns: Primary Driver, 04, Contributing Factors, 09-Made an Improper Turn, 10-Medical Related, 12-Aggressive Operation of Vehicle, 13-Over-correcting/Over-steering, 14-Swerving to Avoiding Object, 15-Wrong Side or Wrong Way, 16-Under the Influence, 17-Vision Obscured (Within Unit), 18-Improper lane Usage/Change, 19-Cell Phone, 20-Texting, 28-Other Improper Action, 29-Unk., Roadway, 30-Debris, 48-Other, 31-Non-highway Work, 49-Unk., 32-Obstruction in Roadway, 33-Road Surface Condition (I.e., Wet), 34-Rut, Holes, Bumps, 35-Shoulders (None, Low, Soft, High), 36-Traffic Control Device (I.e., Missing), 37-Work Zone (Const./Maint./Utility), 38-Worn, Travel-Polished Surface, Non-Motorist, 50-Inattentive, 51-Lying &/or Illegally in Roadway, 52-Failure to Yield R. of W., 53-Not Visible (Dark Clothing), 54-Disregard Signs, Signals, Etc., 55-Improper Crossing, 56-Darting, 57-Wrong Side of Road, 58-Other, 59-Unk., 66-Under the Influence, 67-Other Person Under Influence, Environmental, 60-Animal in Road, 63-Weather Cond., 61-Glare, 68-Other, 69-Unk., Vehicle Defect, 70-Breaking, 76-Windows/Shield, 71-Steering, 77-Restraint System, 72-Power Plant, 78-Truck Coupling, 73-Tires/Wheel, 79-Cargo, 74-Lights, 80-Fuel System, 75-Signals, 88-Other, 89-Unk.

Date <b>11-28-2015</b>	Time <b>0210</b>	County <b>10</b>	1- Interstate <input checked="" type="radio"/> Secondary 2- US Primary 5- County 3- SC Primary 6- PP	Collision Location (Rt. # / Name) <b>92 / SALTERS HILL RD</b>	Miles: <input checked="" type="radio"/> Main line 6- Connection 2-Alternate 7-Business 5-Spur	Dir.: <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	<input checked="" type="checkbox"/> Near City or Town of: <b>HOLLYWOOD</b>
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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>F-504130</b>		Driver/Pedestrian's Full Name <b>PORTER JARVIS TREVELLE</b>		Driver/Pedestrian's Full Name				
Unit # <b>01</b>	Sex <b>M</b>	Race <b>B</b>	Street <b>5071 MANOR RD</b>	Unit #	Sex	Race	Street	
#Occ <b>1</b>	Birth Date <b>12-23-1985</b>	City, State, & Zip <b>HOLLYWOOD SC 294495827</b>		#Occ	Birth Date	City, State, & Zip		
State <b>SC</b>	Driver's License # <b>11573813</b>	D	Insurance Company: <b>UNITED AUTO INS CO</b>	State	Driver's License #	Insurance Company:		
Year <b>2002</b>	Body <b>4S</b>	Vehicle Make <b>BUIC</b>	VIN # <b>1G4HR54K82U185925</b>	Year	Body	Vehicle Make	VIN #	
State <b>SC</b>	Year <b>2017</b>	License Plate # <b>LSJ367</b>	Owner's D.L. #	State	Year	License Plate #	Owner's D.L. #	
Home Telephone <b>(843) 5935185</b>		Owner's Full Name <b>PORTER JARVIS TREVELLE</b>				Home Telephone ( )		Owner's Full Name
Bus. Telephone <b>(843) 5935185</b>		Street <b>5071 MANOR RD</b>				Bus. Telephone ( )		Street
Contributed To Collision <input checked="" type="radio"/> Yes <input type="radio"/> No		City, State, & Zip <b>HOLLYWOOD SC 294495827</b>		Contributed To Collision Yes <input type="radio"/> No <input type="radio"/>		City, State, & Zip		

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 #	Insurance Company:		Contributed To Collision Yes <input type="radio"/> No <input type="radio"/>	City, State, & Zip
Year	Body	Vehicle Make	VIN #	Accident Insurance Information for Unit #	

<b>All Units Insurance Information</b> ( to be completed by Investigating Officer)				Company Name	Area Code/Phone Number ( )
Agency Name		Policy Number			
Accident Insurance Information for Unit # <b>01</b>				Accident Insurance Information for Unit #	
Company Name <b>UNITED AUTO INS CO</b>		Area Code/Phone Number <b>(866) 9136866</b>		Company Name ( )	
Agency Name <b>DRIVERS CHOICE</b>		Policy Number <b>SCU 747512</b>		Agency Name ( )	

### Automobile Liability Insurance Information

Notice of Requirement Accepted <input type="checkbox"/>	Signature _____	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			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 here by 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 of Motor Vehicles 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 of Motor Vehicles 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 <b>ROY - B. M.</b>	Rank <b>DFC</b>	Badge # <b>9611</b>	Code <b>1000</b>	Date	Reviewer's Name
					Rank <b>2015-018254</b>