

ORIGINAL

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SOUTH CAROLINA DPS/OHS & DMV USE ONLY				Page # 1 Of: 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															
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.: N E S W		In Near City or Town of: HOLLYWOOD											
Lane # / Dir. # 1 Of 2 N E S W		Distance Offset .14 Miles		Direction N E S W		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											
F-504130				Driver's Full Name PORTER JARVIS TREVELLE								Driver's Full Name																			
Unit # 01		Sex M		Race B		Street 5071 MANOR RD																									
#Occ 1		Birth Date 12-23-1985		City, State, & Zip HOLLYWOOD SC 294495827																											
State SC		Driver's License # 11573813		Class D		Insurance Company: UNITED AUTO INS CO																									
Year 2002		Body 4S		Vehicle Make BUIC		VIN # 1G4HR54K82U185925																									
State SC		Year 2017		License Plate # LSJ367		Owner's D.L. #																									
Home Telephone (843) 5935185				Owner's Full Name PORTER JARVIS TREVELLE																											
Bus. Telephone (843) 5935185				Street 5071 MANOR RD																											
Contributed To Collision (Yes) No				City, State, & Zip HOLLYWOOD SC 294495827																											
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)		Towed By (Yes) No ELITE		Estimated Speed		Speed Limit		C.D.L. Req: Yes No		T/B S Req: Yes No		Alc/Drg info (see back): Yes No											
Driver's Full Name				State		Year		License Plate #		Owner's D.L. #		Home Telephone ( )				Owner's Full Name															
Unit #		Sex		Race		Street																									
#Occ		Birth Date		City, State, & Zip																											
State		Driver's License #		Class		Insurance Company:																									
Year		Body		Vehicle Make		VIN #																									
Dir. of Travel:		Unit 1: (N) S E W		Unit 2: N S E W		Unit 3: N S E W																									
<p>Salters Hill Road</p> <p>Tree</p> <p>Fencing</p> <p>Unit 1</p> <p>Not To Scale</p>																				Unit 1 Dam.		Unit 2 Dam.		Unit 3 Dam.		Prop. Dam. 1		Prop. Dam. 2			
																				\$ 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 8438898991		State SC		Zip 29449		Phone	
																				Photo: Describe What Happened (Refer to Units by Number) (Y) N											
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													



Mail FR-10 to: SC Department of Motor Vehicles Office of Financial Responsibility (803) 896-5000 PO Box 1498, Blythewood, SC 29016-0050				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-ALIR.COM																							
Date	Time	County	1- Interstate <input checked="" type="radio"/> 2- US Primary 3- SC Primary		4- Secondary 5- County 6- PP		Collision Location (Rt. # / Name)		Main line 2- Alternate 5- Spur		6- Connection 7- Business		Miles:	Dir. <input type="checkbox"/> NE <input type="checkbox"/> SW	<input checked="" type="checkbox"/> In Near City or Town of:																
11-28-2015	0210	10					92 / SALTERS HILL RD									HOLLYWOOD															
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.																													
F-504130		Driver/Pedestrian's Full Name PORTER JARVIS TREVELLE																													
Unit #	Sex	Race	Street											Unit #	Sex	Race	Street														
01	M	B	5071 MANOR RD																												
#Occ	Birth Date		City, State, & Zip											#Occ	Birth Date		City, State, & Zip														
1	12-23-1985		HOLLYWOOD SC 294495827																												
State	Driver's License #		Insurance Company:		State												Driver's License #		Insurance Company:												
SC	11573813		D		UNITED AUTO INS CO																										
Year	Body	Vehicle Make		VIN #		Year												Body	Vehicle Make		VIN #										
2002	4S	BUIC		1G4HR54K82U185925																											
State	Year	License Plate #		Owner's D.L. #		State												Year	License Plate #		Owner's D.L. #										
SC	2017	LSJ367																													
Home Telephone		Owner's Full Name														Home Telephone		Owner's Full Name													
(843) 5935185		PORTER JARVIS TREVELLE														( )															
Bus. Telephone		Street														Bus. Telephone		Street													
(843) 5935185		5071 MANOR RD														( )															
Contributed To Collision		City, State, & Zip														Contributed To Collision		City, State, & Zip													
<input checked="" type="radio"/> Yes <input type="radio"/> No		HOLLYWOOD SC 294495827														<input type="radio"/> Yes <input type="radio"/> No															
		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:		State												Contributed To Collision		City, State, & Zip												
																	<input type="radio"/> Yes <input type="radio"/> No														
Year	Body	Vehicle Make		VIN #		Accident Insurance Information for Unit #																									
						Company Name												Area Code/Phone Number													
All Units Insurance Information ( to be completed by Investigating Officer )																Agency Name				Policy Number											
Accident Insurance Information for Unit # 01																Accident Insurance Information for Unit #															
Company Name				Area Code/Phone Number				Company Name				Area Code/Phone Number																			
UNITED AUTO INS CO				( 8 6 6 ) 9 1 3 6 8 6 6																											
Agency Name				Policy Number				Agency Name				Policy Number																			
DRIVERS CHOICE				SCU 747512																											
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 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																					
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 #: _____																					
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:																					
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																					
Signature										Date		Summons Number:																			
												Signature																			
Investigating Officer's Name				Rank		Badge #		Code		Date		Reviewer's Name		Rank		Internal Agency Code															
ROY - B. M.				DFC		9611		1000								2015-018254															