

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 0926	Arrived 0944
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Date 08-20-2016	Time of Collision 0830	County 10	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- PP	Collision Location (Rt. # / Name) / WHILDEN RD	0- Main Line 2- Alternate 5- Spur	6- Connection 7- Business	Miles: 4.39	Dir. N E S W	In (Near) City or Town of: AWENDAW
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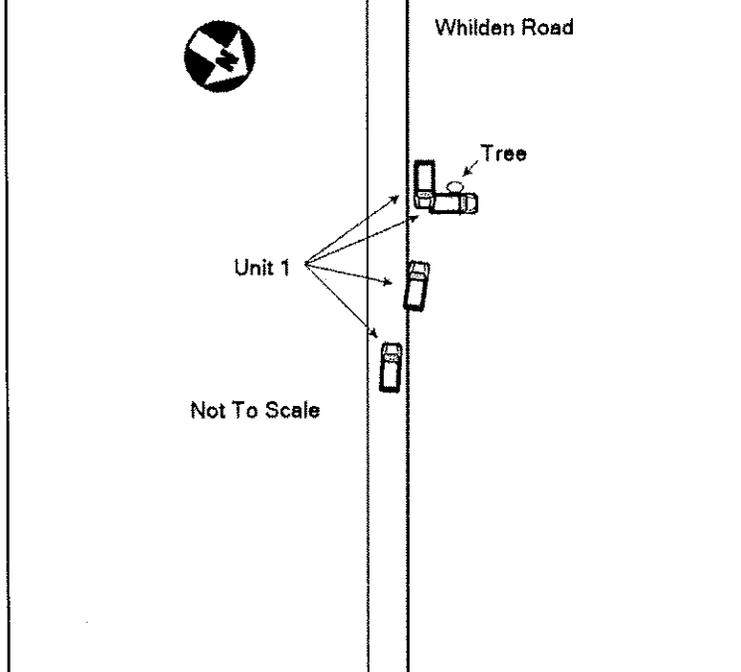
Lane # / Dir. 1 / S W	Distance Offset 3.78 Miles	Direction N E S W	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other	Base Intersection (Rt. # / Name) / MURRELL RD	0- Main Line 2- Alternate 5- Spur	6- Connection 7- Business 9- Other	GPS COORDINATES 00 00' 00.00"		
R.R. Id.	From 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) / VICTOR LINCOLN RD	0- Main Line 2- Alternate 5- Spur	6- Connection 7- Business 9- Other	Latitude 33 06 21.15	Longitude 79 36 35.70

F-517926				Driver/Pedestrian's Full Name				Driver/Pedestrian's Full Name							
Unit # 01	Sex F	Race W	Street	Unit #	Sex	Race	Street	Unit #	Sex	Race	Street				
#Occ 2	Birth Date	City, State, & Zip		#Occ	Birth Date	City, State, & Zip		#Occ	Birth Date	City, State, & Zip					
State SC	Driver's License # 103434823	Class D	Insurance Company ALLSTATE	State	Driver's License #	Class	Insurance Company	State	Driver's License #	Class	Insurance Company				
Year 1996	Body SU	Vehicle Make JEEP	VIN # 1J4GZ58S9TC176551	Year	Body	Vehicle Make	VIN #	Year	Body	Vehicle Make	VIN #				
State SC	Year 2018	License Plate # MJP704	Owner's D.L. #	State	Year	License Plate #	Owner's D.L. #	State	Year	License Plate #	Owner's D.L. #				
Home Telephone ()				Owner's Full Name GOOCH RICHARD REED				Home Telephone ()				Owner's Full Name			
Bus. Telephone ()				Street 230 GROVE DR				Bus. Telephone ()				Street			
Contributed To Collision Yes				City, State, & Zip CLEMSON SC 296312311				Contributed To Collision Yes				City, State, & Zip			

Estimated Speed 75	Speed Limit 25	C.D.L. Req: Yes No Summons #	T/B S Req: Yes No Code	Alc/Drg info (see back): Yes No Code	Towed By TURKEYS	Estimated Speed	Speed Limit	C.D.L. Req: Yes No Summons #	T/B S Req: Yes No Code	Alc/Drg info (see back): Yes No Code	Towed By Yes No
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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 #	Class	Insurance Company	Contributed To Collision Yes				City, State, & Zip			
Year	Body	Vehicle Make	VIN #	Estimated Speed	Speed Limit	C.D.L. Req: Yes No Summons #	T/B S Req: Yes No Code	Alc/Drg info (see back): Yes No Code	Towed By Yes No		

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	
\$ 8000	\$	\$	\$	\$	
Property Owner/Witness:			Property Owner/Witness:		
Address:			Address:		
State	Zip:	Phone	State	Zip:	Phone
Photo: Describe What Happened (Refer to Units by Number)					
Y N					

UNIT 1 WAS TRAVELING ON WHILDEN ROAD AND THEN WENT OFF THE ROADWAY. UNIT 1 TURNED SIDWAYS AND STRUCK A TREE. UNIT 1 CAME TO REST FACING THE OPPOSITE DIRECTION ON THE EDGE OF THE ROADWAY.

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 08-22-2016	Reviewer's Name Jim Woods	Rank Capt.	Internal Agency Code 2016-012776
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Table with columns: Unit, Date of Birth, Sex, Race, INJ., Seat, R/S/D, A.B.D., Eject, LAI, Tran, Name, Street Address, Zip Code. Contains two rows of redacted information.

Form section containing: Race (A-I), Injury Status (a), Seating Loc. (01-09), Restraint/Safety Device (00-21), Air Bag Deployment / Switch (1-3), Ejection (1-3), Head Injury (1-2), Location After Impact (1-4), Transported to Medical Facility (a), Pedestrian, Motor/Pedalcycle Only (31-61).

Form section containing: Non-Collision (01-07), Collision: Not Fixed (20-26), Collision: Fixed Object (27-46), 47-Embankment, 55-Mail Box, 68-Other, 69-Unk.

Form section containing: Manner of Collision (Struck Veh.) (100-103), Vehicle Type (117-14), Vehicle Use Code (101-11), Vehicle Attachment (11-13), 1st / Most Deformed Area (diagram), 1st Deformed (1-3), Most Deformed (1-3), 21-Pedestrian (81-99).

Form section containing: Alcohol / Drug Test Given (A1-A3), Special Use Only (1-6), Drug Results (D1-D3), Extent of Deformity (1-4), Alc Test Results (A1-A3), Trafficway (1-2), Road Character (1-2), Road Surface Condition (1-2), Traffic Control Type (98).

Form section containing: Action Prior to Impact (106-107), Weather Condition (1-9), Light Condition (7-8), Junction Type (13-14), Contributing Factors (01-29), Roadway (30-37), Non-Motorist (50-67), Environmental (60-69), Obstruction (62-69), Vehicle Defect (70-89).

Form section containing: Action Prior to Impact (106-107), Weather Condition (1-9), Light Condition (7-8), Junction Type (13-14), Contributing Factors (01-29), Roadway (30-37), Non-Motorist (50-67), Environmental (60-69), Obstruction (62-69), Vehicle Defect (70-89).

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 2- US Primary 3- SC Primary	4- Secondary 5- County 6- PP	Collision Location (Rt. # / Name)	0- Main line 2- Alternate 5- Spur	6- Connection 7- Business	Miles:	Dir. N E S W	In (Near) City or Town of:			
08-20-2016	0830	10			5 / WHILDEN RD			4.39		AWENDAW			
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-517926						Driver/Pedestrian's Full Name							
Unit #	Sex	Race	Street			Unit #	Sex	Race	Street				
01	F	W											
#Occ	Birth Date		City, State, & Zip			#Occ	Birth Date		City, State, & Zip				
2													
State	Driver's License #			Insurance Company:			State	Driver's License #			Insurance Company:		
SC	103434823			D ALLSTATE									
Year	Body	Vehicle Make	VIN #			Year	Body	Vehicle Make	VIN #				
1996	SU	JEEP	1J4GZ58S9TC176551										
State	Year	License Plate #		Owner's D.L. #		State	Year	License Plate #		Owner's D.L. #			
SC	2018	MJP704											
Home Telephone			Owner's Full Name			Home Telephone			Owner's Full Name				
()			GOOCH RICHARD REED			()							
Bus. Telephone			Street			Bus. Telephone			Street				
()			230 GROVE DR			()							
Contributed To Collision			City, State, & Zip			Contributed To Collision			City, State, & Zip				
<input checked="" type="radio"/> Yes <input type="radio"/> No			CLEMSON SC 296312311			<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:			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							
All Units Insurance Information (to be completed by Investigating Officer)						Area Code/Phone Number							
						Agency Name						Policy Number	
Accident Insurance Information for Unit # 01						Accident Insurance Information for Unit #							
Company Name						Area Code/Phone Number							
ALLSTATE						(800) 2557828							
Agency Name						Policy Number							
ALLSTATE						963611803							
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							
<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						Signature			Summons Number:				
						Date			Signature				
Investigating Officer's Name						Rank	Badge #	Code	Date	Reviewer's Name		Rank	Internal Agency Code
ROY - B. M.						DFC	9611	1000					2016-012776