

ORIGINAL

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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		Notified 0926		Arrived 0944							
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. NE SW		In / Near City or Town of: AWENDAW	
Lane # / Dir. 1 / NE 1 / SW		Distance Offset 3.78		Direction NE SW		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" DEGREES MINUTES SECONDS					
R.R. Id.		From NE SW		Ramp Only 1- Entrance 2- Exit		To NE SW		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																													
Unit # 01					Sex F					Race W					Street					Unit #					Sex					Race					Street				
#Occ 2					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				
Year 1996					Body SU					Vehicle Make JEEP					VIN # 1J4GZ58S9TC176551					Year					Body					Vehicle Make					VIN #				
State SC					Year 2018					License Plate # MJP704					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					Home Telephone ()					Owner's Full Name														
Bus. Telephone ()					Street 230 GROVE DR					Bus. Telephone ()					Street					Bus. Telephone ()					Street														
Contributed To Collision Yes					City, State, & Zip CLEMSON SC 296312311					Contributed To Collision Yes					City, State, & Zip					Contributed To Collision Yes					City, State, & Zip														

Estimated Speed 75					Speed Limit 25					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				
Summons #					Code					Summons #					Code					Towed By TURKEYS					Summons #					Code					Summons #					Code					Towed By Yes No				

Driver/Pedestrian's Full Name										State										Year										License Plate #										Owner's D.L. #									
Unit #					Sex					Race					Street					Home Telephone ()					Owner's Full Name					Unit #					Sex					Race					Street				
#Occ					Birth Date					City, State, & Zip					Bus. Telephone ()					Street					#Occ					Birth Date					City, State, & Zip					Bus. Telephone ()					Street				
State					Driver's License #					Class					Insurance Company					Contributed To Collision Yes					City, State, & Zip					State					Driver's License #					Class					Insurance Company				
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									
Summons #					Code					Summons #					Code					Towed By Yes No					Summons #					Code					Summons #					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:										Property Owner/Witness:										Property Owner/Witness:										Property Owner/Witness:										Property Owner/Witness:										Property Owner/Witness:																													
Address										Address										Address										Address										Address										Address										Address																													
State										Zip:										Phone										State										Zip:										Phone										State										Zip:										Phone									
Photo: Y N										Describe What Happened (Refer to Units by Number)										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.																																																																					

Whilden Road

Tree

Unit 1

Not To Scale

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 WARRANTY IS MADE AS TO THE FACTUAL ACCURACY THEREOF.

Investigating Officer's Name ROY - B. M.		Rank DFC		Badge # 9611		Jurisdiction Code 1000		Review Date 08-22-2016		Reviewer's Name Jim Woods		Rank Capt.		Internal Agency Code 2016-012776	
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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 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			
(Yes) No		CLEMSON SC 296312311				(Yes) 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			
						(Yes) 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			Company Name			Area Code/Phone Number		
ALLSTATE			(800) 2557828						()		
Agency Name			Policy Number			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 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.						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					
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						Signature			Summons Number:		
						Date			Signature		
Investigating Officer's Name						Rank	Badge #	Code	Date	Reviewer's Name	
ROY - B. M.						DFC	9611	1000		2016-012776	