ORIGINAL

D.P.S. USE ONLY	Page # / Of	SOUTH CAROLINA TRAFFIC COLLISION REPORT FORM TR-310 (Rev. 01/2001)	# Of Units	Amended - Attach Copy of Original Report / Corrected	Notified	Arrived

Date	Time	County	1- Interstate 4- Secondary 2- US Primary 5- County 3- SC Primary	Collision Location (Rt. # / Name) On	0-Main 6-Connection 2-Alternate 7-Business 5-Spur	Miles: Dir. N E S W	In / Near City or Town of:

Lane # / Dir. # Of N E S W	Distance Offset Miles Feet	Direction N E S W	1- Interstate 4- Secondary 2- US Primary 5- County 3- SC Primary 6- Other	From Base Intersection (Rt. # / Name)	0-Main 6-Connection 2-Alternate 7-Business 5-Spur 9-Other	ASRU code	MP/Grid
R.R. Id.	From N E S W	Ramp Only 1 - Entrance 2 - Exit	To N E S W	1- Interstate 4- Secondary 2- US Primary 5- County 3- SC Primary 6- Other	Toward Second Intersection (Rt. # / Name)	0-Main 6-Connection 2-Alternate 7-Business 5-Spur 9-Other	Latitude ° ' Longitude ° '

N-267436

Driver/Pedestrian's Full Name			
Unit #	Sex	Race	Street/R.F.D.
	Birth Date		City, State, & Zip
State	Driver's License #		Insurance Company
Year	Body	Vehicle Make	VIN #
State	Year	License Plate #	Owner's D.L. #
Home Telephone ( )	Owner's Full Name		
Bus. Telephone ( )	Street/R.F.D.		
Contributed To Collision Yes No	City, State, & Zip		
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

N-267437

Driver/Pedestrian's Full Name			
Unit #	Sex	Race	Street/R.F.D.
	Birth Date		City, State, & Zip
State	Driver's License #		Insurance Company
Year	Body	Vehicle Make	VIN #
State	Year	License Plate #	Owner's D.L. #
Home Telephone ( )	Owner's Full Name		
Bus. Telephone ( )	Street/R.F.D.		
Contributed To Collision Yes No	City, State, & Zip		
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

N-267438

Driver/Pedestrian's Full Name			
Unit #	Sex	Race	Street/R.F.D.
	Birth Date		City, State, & Zip
State	Driver's License #		Insurance Company
Year	Body	Vehicle Make	VIN #
State	Year	License Plate #	Owner's D.L. #
Home Telephone ( )	Owner's Full Name		
Bus. Telephone ( )	Street/R.F.D.		
Contributed To Collision Yes No	City, State, & Zip		
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

Dir. of Travel: Unit 1: N S E W | Unit 2: N S E W | Unit 3: N S E W

North

Unit 1 Dam.	Unit 2 Dam.	Unit 3 Dam.	Prop. Dam. 1	Prop. Dam.
$	$	$	$	$

Property Owner/Witness			Property Owner/Witness		
Address			Address		
State	Zip	Phone	State	Zip	Phone

Photo: Y N

Describe What Happened (Refer to Units by Number)

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

Investigating Officer's Name	Rank	Badge #	Code	Date	Reviewer's Name	Rank	Internal Agency Code