


D.P.S. USE ONLY			Page #	<b>SOUTH CAROLINA TRAFFIC COLLISION REPORT FORM</b>				# Of Units	Amended - Attach Copy of Original Report	Notified	Arrived						
			Of:	TR-310 (Rev. 01/2001)				Corrected									
Date	Time	County	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County	Collision Location (Rt. # / Name)			0-Main 2-Alternate 5-Spur	6-Connection 7-Business	Miles:	Dir. N E S W	In / Near City or Town of:					
Lane # / Dir.	Distance Offset	Direction	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other	Base Intersection (Rt. # / Name)			0-Main 2-Alternate 5-Spur	6-Connection 7-Business 9-Other	ASRU code	MP/Grid						
#	Of	N E S W	Miles Feet	N E S W	From			Toward			Latitude	Longitude					
R.R. Id.	From	Ramp Only	To	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other	Second Intersection (Rt. # / Name)			0-Main 2-Alternate 5-Spur	6-Connection 7-Business 9-Other							
<b>N-267436</b> Driver/Pedestrian's Full Name						<b>N-267437</b> Driver/Pedestrian's Full Name											
Unit #	Sex	Race	Street/R.F.D.			Unit #	Sex	Race	Street/R.F.D.								
Birth Date		City, State, & Zip				Birth Date		City, State, & Zip									
State	Driver's License #		Insurance Company			State	Driver's License #		Insurance Company								
Year	Body	Vehicle Make	VIN #			Year	Body	Vehicle Make	VIN #								
State	Year	License Plate #	Owner's D.L. #			State	Year	License Plate #	Owner's D.L. #								
Home Telephone ( )		Owner's Full Name				Home Telephone ( )		Owner's Full Name									
Bus. Telephone ( )		Street/R.F.D.				Bus. Telephone ( )		Street/R.F.D.									
Contributed To Collision		City, State, & Zip				Contributed To Collision		City, State, & Zip									
Yes	No					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		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		Summons #	Code	Summons #	Code	Towed By							
<b>N-267438</b> Driver/Pedestrian's Full Name						State Year License Plate # Owner's D.L. #											
Unit #	Sex	Race	Street/R.F.D.			Home Telephone ( )		Owner's Full Name									
Birth Date		City, State, & Zip				Bus. Telephone ( )		Street/R.F.D.									
State	Driver's License #		Insurance Company			Contributed To Collision		City, State, & Zip									
Yes	No																
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							
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			
						\$		\$		\$		\$		\$			
						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											
<b>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.</b>																	
Investigating Officer's Name			Rank	Badge #	Code	Date	Reviewer's Name			Rank	Internal Agency Code						

Unit	Date of Birth	Sex	Race	INJ	Seat	R/SD	A.B.D.	Eject	LAI	Tran	Name	Street Address	Zip Code

<b>Race</b> A - Asian/Pacific Islander B - African American I - Alaskan Native or American Indian	<b>W - Caucasian</b> O - Other U - Unk.	<b>a) Injury Status</b> 0 - Not Injured 1 - Possible b) Motorcycle Only	<b>2 - Non-incapacitating</b> 3 - Incapacitating 4 - Fatal	<b>Seating Loc.</b> 01 02 03 04 05 06 07 08 09	20- Pedestrian 30- Trailing Unit 40- Bus or Van (4th row or Higher) 50- Other Enclosed Area (nontrailing) 51- Other Unenclosed Area (nontrailing)	60- Sleeper of Cab 70- Riding on Unit Exterior 80- Lap 99- Unk./NA	<b>Restraint/Safety Device</b> 00- None Used 11- Shoulder Belt Only 12- Lap Belt Only 13- Shoulder & Lap Belt 21- Child Safety Seat 88- Other 99- Unk.
<b>Air Bag Deployment / Switch</b> 1- Deployed Front 2- Deployed Side 3- Deployed Both 1- Switch in On Position 2- Switch in Off Position	<b>Ejection</b> 1- Not Ejected 2- Part. Ejected 3- Tot. Ejected 7- Not App. 9- Unk.	<b>Head Injury:</b> 1- Yes 2- No	<b>Location After Impact</b> 1- Not Trapped 2- Extricated (Mechanical Means) 3- Freed (non-mech.) 4- Not Applicable	<b>a) Transported to Medical Facility</b> 1- Yes 2- No 3- Unknown	<b>b) By:</b> 1- EMS 2- Police 8- Other 9- Unk.	<b>Pedestrian, Motor/Pedalcycle Only</b> 31- Helmet 51- Reflective Clothing 41- Protective Pads 61- Lighting	

<b>Non-Collision</b> 01- Cargo/Equip Loss or Shift 02- Cross Median/Center Line 03- Downhill Runaway	04- Equipment Failure 05- Fire/Explosion 06- Immersion 07- Jackknife	08- Overturn/Rollover 09- Ran off Road Left 10- Ran off Road Right	<b>Collision: Not Fixed</b> 20- Animal (Deer Only) 21- Animal (All Other) 22- Motor Veh. (In Transport) 23- Motor Veh. (Stopped) 24- Motor Veh. (Other Roadway) 25- Motor Veh. (Parked) 26- Pedalcycle	27- Pedestrian 28- Railway Veh. 29- Work Zone Maint. Equip. 38- Other Movable Object 39- Unk. Movable Object	<b>Collision: Fixed Object</b> 40- Bridge Overhead Structure 41- Bridge Parapet End 42- Bridge Pier or Abutment 43- Bridge Rail 44- Culvert 45- Curb 46- Ditch	47- Embankment 48- Equipment 49- Fence 50- Guardrail End 51- Guardrail Face 52- Highway Traffic Sign Post 53- Impact Attenuator/Crash Cushion 54- Light/Luminaire Support	55- Mail Box 56- Median Barrier 57- Overhead Sign Support 58- Other (Post, Pole, Support, Etc.) 59- Other (Wall, Building, Tunnel, Etc.) 60- Tree 61- Utility Pole 62- Work Zone Maint. Equipment	63- Other 69- Unk.
<b>Event 1</b>	<b>Event 2</b>	<b>Event 3</b>	<b>Event 4</b>	<b>Most Harmf</b>	<b>1<sup>st</sup> Harmf</b>			
1	1	1	1	1	1			
2	2	2	2	2	2			
3	3	3	3	3	3			

<b>Manner of Collision (Struck Veh.)</b> 1 00- Not Coll. w/ Motor Veh. 2 1 <sup>st</sup> Harmf Collision 3 20- Rear End 10- Head On	30- Rear-to-Rear 41- Angle 42- Angle 43- Angle	50- Sideswipe Same Dir. 60- Sideswipe Opposite Dir. 70- Backed Into 99- Unknown	<b>1<sup>st</sup> / Most Deformed Area</b> 	<b>1<sup>st</sup> Deformed</b> 1 2 3	<b>Most Deformed</b> 1 2 3
---	---	--	--	---	-------------------------------

<b>Vehicle Type:</b> 1 01- Automobile 2 12- Pickup Truck 3 13- Truck Tractor 14- Other Tractor	15- Full Size Van 16- Mini Van 17- Sport Utility 25- Motorcycle 26- Other Motorbike	27- Pedalcycle 38- Animal Drawn Veh 39- Animal (Ridden) 51- Train	61- School Bus 62- Passenger Bus 98- Other 99- Unk. (Hit and Run Only)	<b>Alcohol / Drug Test Given</b> A1 01 1- Given - Known Results A2 02 2- Given - Unusable	3- Given - Pending 4- None 5- Refused	<b>Special Use Only</b> 1 2 3 4 5 6 7
<b>Vehicle Use Code</b> 1 01- Personal 2 02- Driver Training 3 03- Construction/Maint.	04- Ambulance 05- Military 06- Transport Passengers 07- Transport Property	08- Farm Use 09- Wrecker or Tow 10- Police 11- Government	12- Fire Fighting 13- Logging 18- Other 41- Pedestrian	<b>Test Type</b> A1 01 1- Breath (Alc Only) A2 02 2- Blood	3- Urine 4- Serum 8- Other	1- Under-Compartment Intrusion 2- Under- No Intrusion 3- Under- Unknown
<b>Vehicle Attachment</b> 1 1- None 2 2- Mobile Home 3 3- Semi-Trailer	4- Utility Trailer 5- Farm Trailer 6- Trailer w/Boat 7- Camper Trailer	8- Towed Motor Vehicle 9- Petroleum Tanker A- Lowboy Trailer B- Autocarrier Trailer	C- Other Tanker D- Flat Bed E- Twin Trailers F- Other	<b>Drug Results</b> 01 01 3- Marijuana 02 02 1- Amphetamines 03 03 2- Cocaine	3- Marijuana 4- Opiates 5- PCP 8- Other	0- None/Minor 2- Functional Damage 3- Disabling Damage
<b>Action Prior to Impact (Vehicle)</b> 1 01- Backing 2 02- Changing Lanes 3 03- Entering Traffic Lane 04- Leaving Traffic Lane 05- Making U-turn 06- Movements Essentially Straight Ahead 07- Overtaking/Passing	(Vehicle) 08- Parked 09- Slowing or Stopped in Traffic 10- Turning Left 11- Turning Right 18- Other	(Non-motorist) 21- Approaching/Leaving Vehicle 22- Entering/Crossing Location 23- Playing/Working on Vehicle 24- Pushing Vehicle 25- Standing 26- Walking, Playing, Cycling 88- Other 99- Unk.	27- Working	<b>Alc Test Results</b> A1- A2- A3-	1- Two-way, Not Divided 2- Two-way, Divided, Unprotected Median 3- Two-way, Divided, Barrier 4- One-Way 8- Other	<b>Trafficway</b> A: 1- Gore 2- Island 3- Median 4- Roadside 5- Shoulder 6- Outside Trafficway 7- Sidewalk 8- Outside Trafficway 9- Unk.
<b>Weather Condition</b> 1- Clear (no adverse conditions) 2- Rain	3- Cloudy 4- Sleet, Hail 5- Snow	6- Fog, Smog, Smoke 7- Blowing Sand, Oil, Dirt or Snow 8- Severe Crosswinds 9- Unk.	<b>11- RR (X-bucks, Lights &amp; Gates)</b> 12- RR (X-bucks & Lights) 13- RR (X-bucks Only)	21- Officer or Flagman 22- Oncoming Emergency Vehicle	43- Yield Sign 44- Work Zone 45- Other Warning Signs	51- Flashing Beacon 98- None 99- Unk.
<b>Light Condition</b> 1- Daylight 2- Dawn	3- Dusk 4- Dark (Lighting Unspecified) 5- Dark (Street Lamp Lit)	6- Dark (Street Lamp Not Lit) 7- Dark (No lights)	<b>14- RR (X-bucks Only)</b> 1- Yes, Directly 2- Yes, Indirectly 3- No 9- Unk.	<b>Road Character</b> 1- Dry 2- Wet 3- Snow 4- Slush 5- Ice 6- Contaminate 7- Water (Standing, etc.) 8- Other 9- Unk.	<b>Road Surface Condition</b> 01- Stop and Go Light 21- Officer or Flagman 22- Oncoming Emergency Vehicle	<b>Traffic Control Type</b> 1- Yes 2- No Work Zone: 1- Yes 2- No Workers Present:
<b>Junction Type</b> 01- Crossover 02- Driveway	03- Five/More Points 04- Four-way Intersection 05- Railway Grade Crossing	07- Shared Use Paths or Trail 08- T-Intersection 09- Traffic Circle	12- Y-Intersection 13- Nonjunction 99- Unk.	2- Advanced Warning Area 1- Shoulder/Median Work 2- Lane Shift/Crossover	3- Transition Area 3- Intermittent/Moving Work 4- Lane Closure 8- Other 9- Unk.	5- Termination -----Work Zone Location -----Work Zone Type 1- Yes 2- No Workers Present:

<b>Primary Contributing Factors</b> 01- Disregarded Signs, Signals, Etc. 02- Distracted/Inattention 03- Driving Too Fast for Conditions 04- Exceeded Authorized Speed Limit 05- Failed to Yield Right of Way 06- Ran off Road 07- Fatigued/Asleep 08- Followed Too Closely	<b>Driver</b> 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 28- Other Improper Action	<b>Others:</b> 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 28- Other Improper Action	<b>Roadway</b> 30- Debris 31- Non-highway Work 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 (Constr./Maint./Utility) 38- Worn, Travel-Polished Surface	<b>Non-Motorist</b> 48- Other 49- Unk. 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- Daring 57- Wrong Side of Road 58- Other	<b>Environmental</b> 60- Animal in Road 61- Glare 62- Obstruction 63- Weather Cond. 68- Other 69- Unk.	<b>Vehicle Defect</b> 70- Brakes 71- Steering 72- Power Plant 73- Tires/Wheel 74- Lights 75- Signals 76- Windows/Shield 77- Restraint System 78- Truck Coupling 79- Cargo 80- Fuel System 88- Other 89- Unk.
--	--	---	---	---	--	---





Date	Time	County	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County	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:
------	------	--------	---	---------------------------	-----------------------------------	---	------------------------------	--------	--------------------	----------------------------

**Failure to comply could result in appropriate action under 56-10-270 and 56-10-20 of the 1976 code of laws of S.C. as amended, if vehicle subject to registration in S.C., and upon conviction thereof, the Department must suspend your driving and/or registration privileges until all compliances have been met under the above sections of law.**

<b>N-267436</b>			Driver/Pedestrian's Full Name			<b>N-267437</b>			Driver/Pedestrian's Full Name				
Unit #	Sex	Race	Street/R.F.D.			Unit #	Sex	Race	Street/R.F.D.				
Birth Date		City, State, & Zip				Birth Date		City, State, & Zip					
State	Driver's License #		Insurance Company						State	Driver's License #		Insurance Company	
Year	Body	Vehicle Make	VIN #			Year	Body	Vehicle Make	VIN #				
State	Year	License Plate #		Owner's D.L. #			State	Year	License Plate #		Owner's D.L. #		
Home Telephone ( )		Owner's Full Name				Home Telephone ( )		Owner's Full Name					
Bus. Telephone ( )		Street/R.F.D.				Bus. Telephone ( )		Street/R.F.D.					
Contributed To Collision Yes No		City, State, & Zip				Contributed To Collision Yes No		City, State, & Zip					

<b>N-267438</b>			Driver/Pedestrian's Full Name			State	Year	License Plate #	Owner's D.L. #			
Unit #	Sex	Race	Street/R.F.D.			Home Telephone ( )		Owner's Full Name				
Birth Date		City, State, & Zip				Bus. Telephone ( )		Street/R.F.D.				
State	Driver's License #		Insurance Company						Contributed To Collision Yes No		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 #						Accident Insurance Information for Unit #						
Company Name			Area Code/Phone Number ( )			Company Name			Area Code/Phone Number ( )			
Agency Name			Policy Number			Agency Name			Policy Number			

**Insurance Information**

Notice of Requirement Accepted		Signature	Y N Refused to Affix Signature?
			Y N Vehicle Subject to Registration in SC?
<b>To Be Completed By Insurance Agency, Broker, Or Other Company Representative</b>		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 hereby 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.		Signature	
Insurance Company		Title	
Beginning Date:	Ending Date:	Policy Holder:	NAIC# (Assigned by S.C. Dept. of Ins.)
		Bus. Telephone ( )	

**Notice: Failure to have this form completed by your insurance broker, agent, or representative and returned to the South Carolina Department of Public Safety within 15 days may result in suspension of your driving and/or registration privileges.**

If any of the below are applicable, disregard the above portion.				Form FR-10 Not Issued: Section 56-10-270 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 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 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	
Signature			Date		Summons Number:
					Signature

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