

D.P.S. USE ONLY			Page # 1 / 1		SOUTH CAROLINA TRAFFIC COLLISION REPORT FORM TR-310 (Rev. 01/2001)				# Of Units 2	Amended - Attach Copy of Original Report	Notified	Arrived				
Date 10-14-2009	Time 1504	County 26	1- Interstate 2- US Primary 3- SC Primary		4- Secondary 5- County 6- Other		Collision Location (Rt. # / Name) 5 PRIVATE PROPERTY			0-Main 2-Alternate 5-Spur	6-Connection 7-Business 9-Other	Miles: Dir. N E S W	In / Near City or Town of: MYRTLE BEACH			
Lane # / Dir.		Distance Offset	Direction		Base Intersection (Rt. # / Name)			0-Main 2-Alternate 5-Spur	6-Connection 7-Business 9-Other	ASRU code	MP/GRID	Latitude 33° 42' 46.40"				
R.R. Id.		From	Ramp Only	To	Second Intersection (Rt. # / Name)			0-Main 2-Alternate 5-Spur	6-Connection 7-Business 9-Other	Longitude 78° 53' 54.70"						
Z-056440 Driver/Pedestrian's Full Name COMER, BRENDA / C.				Z-056441 Driver/Pedestrian's Full Name (PARKEE)												
Unit # 1	Sex F	Race W	Street 188 JEFFERS CIR			Unit # 2	Sex	Race	Street							
Birth Date 07261943		City, State, & Zip ELGIN SC 29045				Birth Date		City, State, & Zip								
State SC		Insurance Company NATIONWIDE				State		Driver's License #		Insurance Company GEICO						
Year 2001	Body SW	Vehicle Make CHRY	VIN # 2C8BP54L5R168413		Year 1999	Body 4S	Vehicle Make BUICK	VIN # 264WB52K6X1476263								
State SC	Year 2010	License Plate # DTC649	Ov		State SC	Year 2010	License Plate # W42510	Owner's D.L. #								
Home Telephone 8433572883		Owner's Full Name COMER, BRENDA / C.				Home Telephone 8436518873		Owner's Full Name BLAKE, PATRICIA / A.								
Bus. Telephone		Street 188 JEFFERS CIR				Bus. Telephone		Street 4322 LOTUS CT #B								
Contributed To Collision Yes		City, State, & Zip ELGIN SC 29045				Contributed To Collision No		City, State, & Zip MURRELLS INLET SC 29576								
Estimated Speed 3	Speed Limit MP	C.D.L. Req: Yes (No)	T/B S Req: Yes (No)	Alc/Drg info (see back): Yes (No)		Estimated Speed 0	Speed Limit MP	C.D.L. Req: Yes (No)	T/B S Req: Yes (No)	Alc/Drg info (see back): Yes (No)						
Z-056442 Driver/Pedestrian's Full Name		State		Year		License Plate #		Owner's D.L. #								
Unit # UA	Sex	Race	Street			Home Telephone		Owner's Full Name								
Birth Date		City, State, & Zip				Bus. Telephone		Street								
State		Driver's License #		Insurance Company		Contributed To Collision Yes		City, State, & Zip								
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)							
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								
\$ 500		\$ 500		\$ NIA		\$ NIA		\$ NIA								
Property Owner/Witness NIA						Property Owner/Witness NIA										
Address						Address										
State		Zip		Phone		State		Zip		Phone						
Photo: Describe What Happened (Refer to Units by Number)																
Y UNIT #1 WAS BACKING OUT OF A PARKING SPACE. UNIT #2 WAS PARKED IN A PARKING SPACE TO THE REAR OF UNIT #1. UNIT #1 BACKED UP AND INTO UNIT #2. UNIT #1 DRIVER STATED SHE WAS TRYING NOT TO HIT PEDESTRIANS THAT WERE WALKING BEHIND HER.																
PRIVATE PROPERTY NO DIAGRAM																
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 OWENS, MCLAREN			Rank ORC		Badges # 8075/312		Code SC060600		Date 11-16-09		Reviewer's Name Bertay, J		Rank SPT		Internal Agency Code 01-09-106279	

