

D.P.S. USE ONLY

Page #

SOUTH CAROLINA TRAFFIC COLLISION REPORT FORM

Of Units

Amended - Attach Copy of Original Report

Notified

Arrived

1

Of 1

TR-310 (Rev. 01/2001)

Corrected

1214

1227

Date	Time	County	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other	Collision Location (Rt. # / Name)	0- Main 2- Alternate 5- Spur	6- Connection 7- Business	Miles:	Dir.:	In / Near City or Town of:
10/26/09	1247	26			5 PRIVATE PROPERTY			N/A	N E S W	MYRTLE BEACH

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	ASRU code	IMPI/Grd
N/A	N/A	N E S W			3348 HUPER ST				
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	Latitude
	N E S W	1- Entrance 2- Exit	N E S W			PARKING LOT			33° 07' 38.1"
									Longitude
									78° 03' 59.9"

Z-054970	Driver/Pedestrian's Full Name	Z-054971	Driver/Pedestrian's Full Name
	CAMP/LEE/J		VEHICLE PARKED

Unit #	Sex	Race	Street	Unit #	Sex	Race	Street
1	M	W	9802 BELFRY CT	2			
	Birth Date		City, State, & Zip		Birth Date		City, State, & Zip
	02/14/1947		MURRELLS INLET, SC 29576				

State	Driver's License #	Insurance Company	State	Driver's License #	Insurance Company		
SC		STATE FARM	SC		STATE FARM		
Year	Body	Vehicle Make	VIN #	Year	Body	Vehicle Make	VIN #
2005	SU	NISS	5N1AR1R475C798486	2009		NISS	1N4AL1D42C176379

State	Year	License Plate #	Owner's D.L. #	State	Year	License Plate #	Owner's D.L. #
SC	2009	DQB497		SC	2011	LYE818	

Home Telephone	Owner's Full Name	Home Telephone	Owner's Full Name
()	CAMP/LEE/J	()	TOMKO/MICHAEL/WAYNE

Bus. Telephone	Street	Bus. Telephone	Street
(843) 665 8701	707 NAVIGATORS DR	(843) 402 8713	3304 PRIDGE DR
Contributed To Collision	City, State, & Zip	Contributed To Collision	City, State, & Zip
(Yes) No	PAWLEYS ISLAND, SC 29585	(No) Yes	MYRTLE BEACH, SC 29568

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
5	N/A	Yes/No	Yes/No	Yes/No	0	N/A	Yes/No	Yes/No	Yes/No

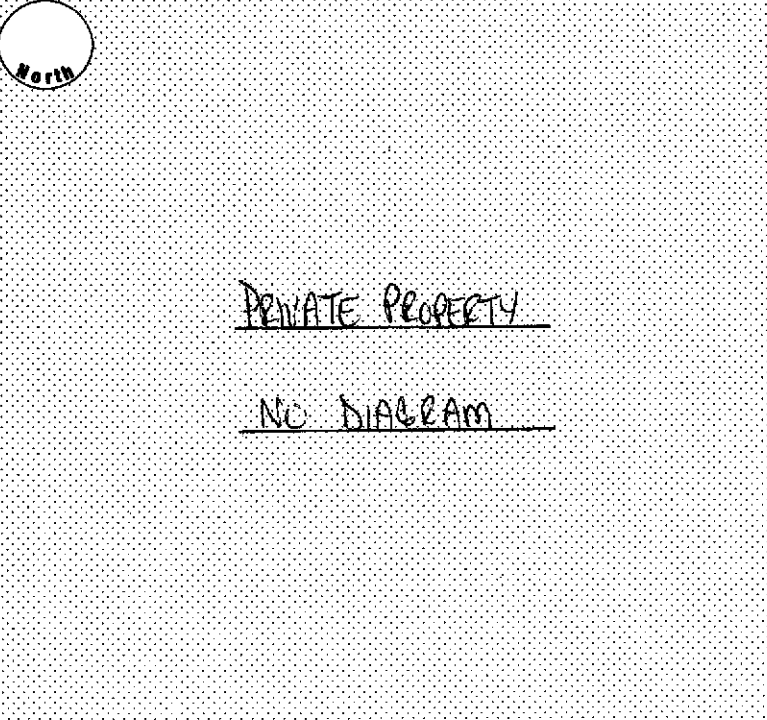
Z-054972	Driver/Pedestrian's Full Name	State	Year	License Plate #	Owner's D.L. #

Unit #	Sex	Race	Street	Home Telephone	Owner's Full Name
N/A				()	
	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 #	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	N/A	N/A	N/A	N/A	N/A
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Unit 1 Dam.	Unit 2 Dam.	Unit 3 Dam.	Prop. Dam. 1	Prop. Dam. 2
\$ 500	\$ 1500	\$ N/A	\$ N/A	\$ N/A

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 # 2 WAS PARKED ON PRIVATE PROPERTY.

UNIT # 1 WAS PARKED IN A PARKING SPACE ON PRIVATE PROPERTY. DRIVER OF UNIT # 1 ADVISED THAT HE WAS BACKING OUT OF A PARKING SPACE WHEN HE STRUCK UNIT # 2.

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	Rank	Badge #	Code	Date	Reviewer's Name	Rank	Internal Agency Code
MOORE, MATHIAS	DEP.	170215	4242	11/02/09	SP	SA	01-09-110891

