

D.P.S. USE ONLY		Page # 1	SOUTH CAROLINA TRAFFIC COLLISION REPORT FORM TR-310 (Rev. 01/2001)				# Of Units 2	Amended - Attach Copy of Original Report Corrected	Notified 0813	Arrived 0911
Date 1100 2009	Time 0843	County 06	1- Interstate 4- Secondary 2- US Primary 5- County 3- SC Primary		Collision Location (Rt. # / Name) 5- PRIVATE PROPERTY		0-Main 6-Connection 2-Alternate 7-Business 5-Spur	Miles: Dir. N E S W	In / Near City or Town of: MYRTLE BEACH	
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		Base Intersection (Rt. # / Name) 8400 COSTA VERDE DR		0-Main 6-Connection 2-Alternate 7-Business 5-Spur 9-Other	
RR. Id. N/A		From N E S W	Ramp Only N E S W		To N E S W		1- Interstate 4- Secondary 2- US Primary 5- County 3- SC Primary 6- Other		Second Intersection (Rt. # / Name) PARKING LOT	
Z-055276 Driver/Pedestrian's Full Name (UNIT #1) HED SCENE					Z-055277 Driver/Pedestrian's Full Name (LEGALLY PARKED/UNOCCUPIED)					
Unit #	Sex	Race	Street		Unit #	Sex	Race	Street		
Birth Date		City, State, & Zip			Birth Date		City, State, & Zip			
State	Driver's License #		Insurance Company			State	Driver's License #		Insurance Company USA	
Year	Body	Vehicle Make	VIN #		Year	Body	Vehicle Make	VIN # 1FMEU53K7UA32057		
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			Bus. Telephone		Street			
Contributed To Collision		City, State, & Zip			Contributed To Collision		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	Estimated Speed	Speed Limit	C.D.L. Req. Yes/No	T/B S Req. Yes/No	Alc/Drg info (see back): Yes/No	
8	NP	N/A	N/A	N/A	8	NP	N/A	N/A	N/A	
Z-055278 Driver/Pedestrian's Full Name					State Year License Plate # Owner's D.L. #					
Unit #	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		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		Summons #	Code	Summons #	Code	
Unit 1 Dam.		Unit 2 Dam.		Unit 3 Dam.		Prop. Dam. 1		Prop. Dam. 2		
\$ UNK		\$ 600-		\$ N/A		\$ N/A		\$ N/A		
Property Owner/Witness N/A					Property Owner/Witness N/A					
Address					Address					
State Zip		Phone			State Zip		Phone			
Photo:	Describe What Happened (Refer to Units by Number)									
Y	Unit #2 LEGALLY PARKED AT INCIDENT LOCATION. OWNER OF UNIT #2 STATES THAT AN UNKNOW VEHICLE (UNIT #1) DID STRIKE HIS VEHICLE WHILE IT WAS PARKED. UNIT #2 SUSTAINED DAMAGE TO THE REAR BUMPER AND LEFT (DRIVER'S SIDE) REAR. NO INFORMATION (REGISTRATION OR DESCRIPTION) FOR UNIT #1.									
<p>North</p> <p>* PRIVATE PROPERTY *</p> <p>* NO DIAGRAM *</p>										
<p>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.</p>										
Investigating Officer's Name	Rank	Badge #	Code	Date	Reviewer's Name	Rank	Internal Agency Code			
PAUL A. HERRICK	PK	010357	200600	11-9-09	TOULASO	COL.	01-09-113151			

