



Date 10-26-2010	Time 2210	County 26	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County	Collision Location (Rt. # / Name) PRIVATE PROPERTY	0-Main 2-Alternate 5-Spur	6-Connection 7-Business	Miles: Dir.: N E S W	In / Near City or Town of: MYRTLE BEACH
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To Vehicle Owner/Operator: **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.**

V-288709	Driver/Pedestrian's Full Name FLED-SCENE (NMN)	V-288710	Driver/Pedestrian's Full Name
Unit # 1	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 <input checked="" type="radio"/> Yes <input type="radio"/> No	City, State, & Zip	Contributed To Collision <input type="radio"/> Yes <input type="radio"/> No	City, State, & Zip

V-288711	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 <input type="radio"/> Yes <input type="radio"/> No	City, State, & Zip				
Year	Body Vehicle Make VIN #	Accident Insurance Information for Unit #					
All Units Insurance Information (to be completed by Investigating Officer)		Company Name		Area Code/Phone Number ()			
		Agency Name		Policy Number			
		Accident Insurance Information for Unit # 1		Company Name		Area Code/Phone Number ()	
Company Name		Area Code/Phone 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?
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To Be Completed By Insurance Agency, Broker, Or Other Company Representative

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.	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.		
Insurance Company	Policy #:	Signature	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. <input type="checkbox"/> Check here if a certificate of self-insurance has been issued by the Department covering the vehicle and indicated the certificate number: SI - _____ <input type="checkbox"/> Check here if liability insurance was not in effect to comply with South Carolina statutory requirements.	No FR-10 Issued to Operator/Owner of Unit #: _____ Summons Issued to: Summons Number: Signature: _____ For operating or allowing the operation of an uninsured vehicle
Signature	Date

Investigating Officer's Name GAMBONE, JOHN	Rank OIT	Badge # 6032	Code 0260600	Date 10-26-2010	Reviewer's Name TOOLE, SHANNON	Rank CPL	Internal Agency Code 10103016
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