For office use only

Sheet _____ of _____ sheet(s)



South Carolina Department of Motor Vehicles

TRAFFIC COLLISION REPORT Not Investigated by Law Enforcement

FR-309 (Est. 7/05)

According to South Carolina Law 56-5-1270, the driver or owner of a vehicle which is in any manner involved in an accident that is not investigated by law enforcement that results in total property damages of one thousand dollars or more or in death or bodily injury, shall complete and send this form to South Carolina Department of Motor Vehicles, Financial Responsibility, P.O. Box 1498, Blythewood, SC 29016-0040 within 15 days of the collision.

| | of collision Day of | Week Tim | ne | am pm County | collision c | occurred | ON what | street die | d it occur: | | | | |
|-----------------------------|--|---|--|---|---|--|---|--|--|---|---|--|--|
| | hat intersection did | t occur, if ap | oplicable (street | name): | IN | what city or | town did it oo | ccur: | | | | | |
| | Driver's Full Name | | | Street | | | | | City | | State | Zip Code | Circle Point of Areas Damaged |
| iicle | Date of Birth Sex | Race | Driver's License N | umber | State Home Phone | | 1 | W | | Work Phone | | | 8 front 2 |
| Veh | Make VIN | VIN | | | Body Year Tag number St | | | Stat e | Legally Parked ? (circle one) Yes / No | | | | 7 1 3 |
| Your Vehicle | Owner's Name | Owner's Name | | | treet | | | City | State Zip Code | | | | |
| Υ | Type of Vehicle (circle one): 01- Auto 03- Sta. Wagon 05- TR. Tractor 07- Farm 09- School Bus 11- Motorcycle 02- Bicycle 04- Panel-Pickup 06- Other Truck 08- Comm. Bus 10- Other Bus 12- Other: (Description) | | | | | | | | | | Approximate Cost to Repair: \$ | | |
| E | Other Driver's or Pedestrian's Full Name | | | Street | Street | | | | City State | | | Zip Code | Circle Point of Areas Damaged |
| lestria | Date of Birth Sex | Race | Driver's License N | umber | State | Home Phone | | | Work Phone | | | • | |
| or Pe | Make VIN | 1 | | | Body | Year | Tag number | State | Legally Parke | d? (circle on | e) Yes / No | | 7 9 3 |
| Other Vehicle or Pedestrian | Owner's Name | | | | Street City | | | | | State | Zip Code | | |
| Other | Type of Vehicle (circle one): 01- Auto 03- Sta. Wagon 05- TR. Tractor 07- Farm 09- School Bus 11- Motorcycle 02- Bicycle 04- Panel-Pickup 06- Other Truck 08- Comm. Bus 10- Other Bus 12- Other: (Description) | | | | | | | | | Approximate Cost to Repair: \$ | | | |
| | | | | | | | | | | | | | |
| Dama | age to property other | than vehicle | (for example: f | ence, guardra | l, mailbox | x, building, | etc.) | | | | | | |
| Name | e of owner | | | Street | | | | | City | | | State | Zip Code |
| FR-3 | 09A | | | COMI | LETE | E REVE | RSE SID | E AL | SO | | | | |
| Õ | Check here if a For Check here if a cert | | | | | | | | | | ertificat | e number _ | |
| | Check here if liabili | | e was not in eff | fect for your | bove are | o comply w applicable, | rith South Ca disregard th | rolina S e below | tatutory Re | | its. | | |
| with the | ı are hereby requir | ed to return completed being oper | e was not in eff (I this form to the by an authori ated, that it wa | fect for your f any of the a ne Departme zed agent or as an insurec | bove are TO TH nt of Mot represen motor v | applicable, applicable, E VEHICI tor Vehicle tative of y ehicle. If | tith South Ca disregard th E OWNER: s, Financial our insuranc the Departm | Response compa ent does | tatutory Re portion) sibility, P.C any showin | quiremen 0. Box 14 g that on | 98 Blyt the dat | e and time | stated above when |
| with the the | are hereby require the below portion motor vehicle was accident, the owne TO BI | ed to return a completed being oper r's registrati | e was not in eff (I this form to th l by an authori ated, that it wa ion and/or driv TED BY INSU est of my knowl | fect for your f any of the a ne Departme zed agent or as an insurect ing privilego RANCE AG edge the polic | bove are TO TH at of Mot represen motor v es in this ENCY, Bl ey describe | applicable, E VEHICI tor Vehicle tative of y ehicle. If state could ROKER, O ed below w | rith South Ca disregard th LE OWNER: s, Financial our insuranc the Departm be suspende R OTHER I | rolina S e below Respons e compa ent does d. NSURAI vering th | tatutory Re portion) sibility, P.C any showin s not receiv NCE COMI the vehicle lis | Quiremen D. Box 14 g that on e this for PANY RF ted on the | 98 Blyt the date rm with | e and time in 15 days NTATIVE | stated above when from the date of entioned. |
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| CODES | USE APPROPRIATE CODES IN BLOCKS PROVIDED | 1 2 3 4 5 6 7 8 9 | SEATINGRESTRAINT/SAFETY DEVICE00 - Not UsedM-MotorcycleB- Bicycle0 - Other12 - Lap Belt Only0 - Other13 - Shoulder & Lap BeltU - UnknownP - Pedestrian88 - Other | | | EVICE | INJURY 0 – No Injury 1 – Possible Injury 2 – Injury/non-life threatening 3 – Injury/life threatening 4 – Death | | | | |
|---------|--|---|--|-----------|-----|-------------------|---|----|-----------------|--------|--|
| | | | | AGE | SEX | VEHICLE NUMBER | SEATIN | NG | SAFETY BELTS | INJURY | |
| | Name | | | | | | | | | | |
| | Taken To: | Taken To: Taken By: | | | | | | | | | |
| VICTIMS | Name | | | | | | | | | | |
| | Taken To: | | | Taken By: | | | - | | | | |
| | Name | | | | | | | | | | |
| | Taken To: Taken By: | | | | | | | | | | |
| | Name | | | | | | | | | | |
| | Taken To: | | | Taken By: | 1 | 1 | | | 1 | | |
| | Name | | | | | | | | | | |
| | Taken To: | | | Taken By: | | | | | | | |

| SES | Name | Home Number | Work Number | Cell Number |
|------|------|-------------|-------------|-------------|
| INES | Name | Home Number | Work Number | Cell Number |
| IIW | Name | Home Number | Work Number | Cell Number |

Please describe how the collision happened. Include factors that may have contributed to the collision such as road conditions, weather conditions, terrain, etc.

NARRATIVE

THE PERSON MAKING THIS REPORT MUST SIGN HERE

Х

Address

Mail this report to: S.C. Department of Motor Vehicles, FR 309/FR-21, Financial Responsibility, Box 1498, Blythewood, SC 29016-0040