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
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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:			-				
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	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