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.

Date of collision  Day of Week  Time am pm
County collision occurred  ON what street did it occur:

AT what intersection did it occur, if applicable (street name):

IN what city or town did it occur:

Type of Vehicle (circle one): 01- Auto 02- Bicycle 03- Sta. Wagon 04- Panel-Pickup 05- TR. Tractor 06- Other Truck 07- Farm 08- Comm. Bus 09- School Bus 10- Other Bus 11- Motorcycle 12- Other: (Description)

Damage to property other than vehicle (for example: fence, guardrail, mailbox, building, etc.)

Name of owner Street City State Zip Code

FR-309a
COMPLETE REVERSE SIDE ALSO

☐ Check here if a Form SR-23, Fleet policy of 25 or more vehicles is on file with the Department covering your vehicle.
☐ Check here if a certificate of self-insurance has been issued by the department covering your vehicle and indicate the certificate number________________________
☐ Check here if liability insurance was not in effect for your vehicle to comply with South Carolina Statutory Requirements.

TO THE VEHICLE OWNER:
You are hereby required to return this form to the Department of Motor Vehicles, Financial Responsibility, P.O. Box 1498 Blythewood, SC 29016-0040 with the below portion completed by an authorized agent or representative of your insurance company showing that on the date and time stated above when the motor vehicle was being operated, that it was an insured motor vehicle. If the Department does not receive this form within 15 days from the date of the accident, the owner’s registration and/or driving privileges in this state could be suspended.

TO BE COMPLETED BY INSURANCE AGENCY, BROKER, OR OTHER INSURANCE COMPANY REPRESENTATIVE
I hereby affirm that to the best of my knowledge the policy described below was in effect covering the vehicle listed on the date and time as mentioned. (Failure to complete all information below will result in refusal of this form)

Name of Insurance Company  Policy Number

FROM: ____________________________  TO:  ________________________________ ____________________________

Policy Holder

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 to the above mentioned insurance company as I have listed herein.

Signature of Authorized Representative  Title  Phone Number  NAIC Code Number

*If insurance agent or broker indicate corresponding company code number assigned by the South Carolina Department of Insurance, indicate whether agent, broker, etc.)

Return this form to: S.C. Department of Motor Vehicles, Form FR-309, Financial Responsibility, Box 1498, Blythewood, SC 29016-0040
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**NARRATIVE**

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

__________________________________________________________________________

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**THE PERSON MAKING THIS REPORT MUST SIGN HERE**

X

Signature | Address | Date
---|---|---

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