

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.

Date of collision	Day of Week	Time	am pm	County collision occurred	<u>ON</u> what street did it occur:
<u>AT</u> what intersection did it occur, if applicable (street name):				<u>IN</u> what city or town did it occur:	

<b>Your Vehicle</b>	Driver's Full Name			Street			City	State	Zip Code	
	Date of Birth	Sex	Race	Driver's License Number			State	Home Phone	Work Phone	
	Make	VIN		Body	Year	Tag number	State	Legally Parked ? (circle one) Yes / No		
	Owner's Name			Street			City	State	Zip Code	
	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: \$ _____										

<b>Other Vehicle or Pedestrian</b>	Other Driver's or Pedestrian's Full Name			Street			City	State	Zip Code	
	Date of Birth	Sex	Race	Driver's License Number			State	Home Phone	Work Phone	
	Make	VIN		Body	Year	Tag number	State	Legally Parked ? (circle one) Yes / No		
	Owner's Name			Street			City	State	Zip Code	
	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: \$ _____										

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.  
**(If any of the above are applicable, disregard the below portion)**

#### 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

FOR INSURANCE COMPANY REPRESENTATIVE USE ONLY

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<b>CODES</b>	<b>USE APPROPRIATE CODES IN BLOCKS PROVIDED</b>	<table border="1" style="margin: auto;"> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>4</td><td>5</td><td>6</td></tr> <tr><td>7</td><td>8</td><td>9</td></tr> </table>	1	2	3	4	5	6	7	8	9	<b>SEATING</b> M-Motorcycle B- Bicycle O - Other U - Unknown P - Pedestrian	<b>RESTRAINT/SAFETY DEVICE</b> 00 - Not Used 11 - Shoulder Belt Only 12 - Lap Belt Only 13 - Shoulder & Lap Belt 21 - Child Safety Seat 88 - Other	<b>INJURY</b> 0 - No Injury 1 - Possible Injury 2 - Injury/non-life threatening 3 - Injury/life threatening 4 - Death
		1	2	3										
		4	5	6										
7	8	9												

<b>VICTIMS</b>		AGE	SEX	VEHICLE NUMBER	SEATING	SAFETY BELTS	INJURY
	Name						
	Taken To:		Taken By:				
Name							
Taken To:		Taken By:					
Name							
Taken To:		Taken By:					
Name							
Taken To:		Taken By:					
Name							
Taken To:		Taken By:					

<b>WITNESSES</b>	Name	Home Number	Work Number	Cell Number
	Name			
	Name			

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

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

<b>X</b>		
Signature	Address	Date

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