**SOUTH CAROLINA TRAFFIC COLLISION REPORT FORM**

**TR-310 (Rev. 01/2001)**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>County</th>
<th>1- Interstate</th>
<th>4- Secondary</th>
<th>2- US Primary</th>
<th>5- County</th>
<th>3- SC Primary</th>
<th>Collision Location (Rt. # / Name)</th>
<th>0-Main</th>
<th>6-Connection</th>
<th>2-Alternate</th>
<th>7-Business</th>
<th>5-Spur</th>
<th>9-Other</th>
<th>Miles:</th>
<th>Dir:</th>
<th>In / Near City or Town of:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Lane # / Dir.</th>
<th>Distance Offset</th>
<th>Direction</th>
<th># Of</th>
<th>N</th>
<th>E</th>
<th>S</th>
<th>W</th>
<th>1- Interstate</th>
<th>4- Secondary</th>
<th>2- US Primary</th>
<th>5- County</th>
<th>3- SC Primary</th>
<th>6- Other</th>
<th>Base Intersection (Rt. # / Name)</th>
<th>0-Main</th>
<th>6-Connection</th>
<th>2-Alternate</th>
<th>7-Business</th>
<th>5-Spur</th>
<th>9-Other</th>
<th>ASRU code</th>
<th>MP/Grid</th>
<th>Latitude</th>
<th>Longitude</th>
</tr>
</thead>
</table>

| R.R. Id. | From Ramp Only | To Ramp Only | 1- Interstate | 4- Secondary | 2- US Primary | 5- County | 3- SC Primary | 6- Other | Toward From | Second Intersection (Rt. # / Name) | 0-Main | 6-Connection | 2-Alternate | 7-Business | 5-Spur | 9-Other | Latitude | Longitude |
|-----------|---------------|-------------|---------------|-------------|-------------|----------|-------------|----------|-----------|----------------------------------|-------|-------------|-----------|-----------|-------|--------|---------|-------|-----------|-----------|

### N-279001

**Driver/Pedestrian’s Full Name**

- **Unit #:**
- **Sex:**
- **Race:**
- **Street/R.F.D.:**
- **Birth Date:**
- **City, State, & Zip:**
- **State:**
- **Driver’s License #:**
- **Insurance Company:**
- **Year:**
- **Body:**
- **Vehicle Make:**
- **VIN #:**
- **License Plate #:**
- **Owner’s D.L. #:**
- **Home Telephone:**
- **Owner’s Full Name:**
- **Bus. Telephone:**
- **Street/R.F.D.:**
- **Contributed To Collision:**
- **Yes:**
- **No:**

### N-279002

**Driver/Pedestrian’s Full Name**

- **Unit #:**
- **Sex:**
- **Race:**
- **Street/R.F.D.:**
- **Birth Date:**
- **City, State, & Zip:**
- **State:**
- **Driver’s License #:**
- **Insurance Company:**
- **Year:**
- **Body:**
- **Vehicle Make:**
- **VIN #:**
- **License Plate #:**
- **Owner’s D.L. #:**
- **Home Telephone:**
- **Owner’s Full Name:**
- **Bus. Telephone:**
- **Street/R.F.D.:**
- **Contributed To Collision:**
- **Yes:**
- **No:**

### N-279003

**Driver/Pedestrian’s Full Name**

- **Unit #:**
- **Sex:**
- **Race:**
- **Street/R.F.D.:**
- **Birth Date:**
- **City, State, & Zip:**
- **State:**
- **Driver’s License #:**
- **Insurance Company:**
- **Year:**
- **Body:**
- **Vehicle Make:**
- **VIN #:**
- **Contributed To Collision:**
- **Yes:**
- **No:**

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**NOTICE:**

The TR-310 is for statistical reporting purposes only and is a reflection of the officer's best knowledge, opinion, and belief covering the collision but no warrant is made as to the factual accuracy thereof.

**Property Owner/Witness:**

- **Address:**
- **State:**
- **Zip:**
- **Phone:**

**Describe What Happened (Refer to Units by Number):**

Y N
**Sequence of Events**

<table>
<thead>
<tr>
<th>Event</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1st Defomed</td>
</tr>
<tr>
<td>2</td>
<td>2nd Defomed</td>
</tr>
<tr>
<td>3</td>
<td>3rd Defomed</td>
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**Mail Orig. TR-310 to Office of Financial Responsibility, PO Box 1498, Columbia, SC 29216**

**Event 1: Pedestrian**

- 27-Pedestrian
- 26-Railway Veh
- 25-Train

**Event 2: Vehicle**

- 18-Vehicle
- 17-Tree

**Event 3: Other**

- 14-Object

**Manner of Collision (Vehicle)**

- 30-Other
- 29-Unknown

**Vehicle Type**

- Full Size Van
- Pedicab
- School Bus

**Special Use Only**

- Under-Compartment
- Over-Intrusion
- Over-MV in Transport
- Under-Unknown

**Seating Loc**

- 20-Pedestrian
- 21-Railway Veh
- 22-Train

**Street Address**

- 74-1st Ave
- 73-2nd Ave
- 72-3rd Ave

**Non-Collision**

- Equipment Failure

**Collision**

- No Fixing

**Restraint/Device**

- None Used

**Race**

- Caucasian
- Asian/Pacific Islander

**Street Name**

- Washington St

**Weather Condition**

- Cloudy

**Light Condition**

- Dark (Street Lamp Not Lit)

**Junction Type**

- Five-More Points

**Contributing Factors**

- Made an Improper Turn

**Roadway**

- Non-Motorist

**Environmental**

- Obstruction

**Vehicle Defect**

- Brakes
- Windows/Shield

**Driver**

- Medical Related

**Rescue**

- EMS 2

**Sequence of Events**

- 01: Head On
- 02: Side Impact

**Event Location**

- 01: Head On
- 02: Side Impact

**Road Surface Condition**

- Wet

**Traffic Control**

- Flashing Traffic Signal

**Road Character**

- Occomber Emergency Vehicle

**Roadway**

- 41-Stop Sign

**Secondary Event**

- 02: Two-Way, Divided
- 03: Two-Way, Undivided
- 04: One-Way
- 05: Other

**Event Location**

- 01: Head On
- 02: Side Impact

**Special Use Only**

- Under-Compartment
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- Under-Unknown

**Collision**

- Fixed

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### Screen Information

**Number of Qualifying Vehicles Involved**
- A Truck Having a GVWR of 10,001 lbs. or More For the Power Unit
- A Vehicle with a Hazardous Materials Placard
- A Bus That is Designed or Used to Carry 16 or More Persons, Including the Driver
- A Motor Vehicle Engaged in Interstate Commerce that is Designed or Used to Carry 9-15 Persons, Including the Driver, for Compensation

**Access Control**
- 1. No Access Control
- 2. Full Access Control
- 3. Partial Access Control

**Vehicle Information**

**Gross Vehicle Weight Rating**
- Weight Rating of the Power Unit of the Truck
  - 01= Less Than or Equal to 10,000 Pounds
  - 02= 10,001-26,000 Pounds
  - 03= More Than 26,000 Pounds
  - 99= Unknown/Hi and Run

**Vehicle Configuration**
- 00- Passenger Car (only w/ HAZMAT placard)
- 01- Light Truck (only w/ HAZMAT placard)
- 02- Bus (seats for 9-15 people)
- 03- Bus (seats for 16 or more people)
- 04- Single Unit Truck (2 axles/6+ Tires)
- 05- Single Unit Truck (3 or more axles)
- 06- Truck w/ Trailer
- 07- Truck-Tractor Only

**Cargo Body Type**
- 00- Bus (seats for 9-15 people)
- 01- Bus (seats for 16 or more people)
- 02- Enclosed Box
- 03- Cargo Tank
- 04- Flat Bed
- 05- Dump
- 06- Concrete Mixer
- 07- Auto Transport
- 08- Garbage/Refuse

**Trailer Length and Width**

**Length**
- 00- No Trailer
- 01- Less than 480 in. (40 ft)
- 02- 481 in. - 576 in. (49 ft)
- 03- 577 in. or more
- 99- Unknown/Hi and Run

**Width**
- 00- No Trailer
- 01- Less than 80 in. (6 ft)
- 02- 81 in. - 84 in. (7 ft)
- 03- 85 in. or more
- 99- Unknown/Hi and Run

### Hazardous Material Involvement

**Was This Vehicle Carrying Hazardous Materials?**
- 1= Yes
- 2= No
- 3= Unknown/Hi and Run

**Did the Vehicle Have a Hazardous Material Placard?**
- 1= Yes
- 2= No
- 3= Unknown/Hi and Run

**If "Yes", What Class of Hazardous Material (from placard/shipping papers)?**
- 01- Class 1 (Explosives)
- 02- Class 2 (Gases)
- 03- Class 3 (Flammable Liquids)
- 04- Class 4 (Flammable Solids)
- 05- Class 5 (Oxidizing Substance)
- 06- Class 6 (Poison/Infectious Substance)
- 07- Class 7 (Radioactive)
- 08- Class 8 (Corrosives)
- 99- Other/Unknown/Hi and Run

**Was Hazardous Material Released From This Vehicle's Cargo?**
- 1= Yes
- 2= No
- 3= Unknown/Hi and Run

### Notification of Release

- Investigator's Name
- Rank
- Date
- Reviewer's Name
- Date