



Highway Attachment – South Carolina Highway Patrol Report and DOT Design Plans

Belton, South Carolina

HWY20FH001

(17 pages)

ORIGINAL

FATAL

SOUTH CAROLINA DPS/OHS & DMV USE ONLY		Page # 1	SOUTH CAROLINA TRAFFIC COLLISION REPORT FORM TR-310 (Rev. 04/2016)		# Of Units 02	Amended - Attach Copy of Original Report Corrected	Notified 1 5 3 6	Arrived 1 6 0 2
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Date 12-17-2019	Time of Collision 1 5 3 5	County 04	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- PP 7- Ramp	Collision Location (Rt. # / Name) 76 / BELTON HONEA PATH	0- Main Line 2- Alternate 5- Spur	6- Connection 7- Business 9- Other	Miles: .70	Dir. N (E) S W	In (Near) City or Town of: BELTON
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Lane # / Dir. 1 2	Distance Offset .59	Direction N E S W	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other 7- Ramp	Base Intersection (Rt. # / Name) / BEEKS RD	0- Main Line 2- Alternate 5- Spur	6- Connection 7- Business 9- Other	GPS COORDINATES 00 00' 00.00" DEGREES MINUTES SECONDS		
R.R. Id.	From N E S W	Ramp Only 1- Entrance 2- Exit	To N E S W	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other 7- Ramp	Second Intersection (Rt. # / Name) / STRYKER TR	0- Main Line 2- Alternate 5- Spur	6- Connection 7- Business 9- Other	Latitude 34 30 21.42	Longitude 82 28 15.60

R-866903	Driver/Pedestrian's Full Name RAMSEY TAYLOR BROOKE	R-866942	Driver/Pedestrian's Full Name DEPETRILLO SHERRI T
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Unit # 01	Sex F	Race W	Street	Unit # 02	Sex F	Race W	Street
#Occ 8	Birth Date	City, State, & Zip ANDERSON SC 29621		#Occ 1	Birth Date	City, State, & Zip BELTON SC 29627	

State SC	Driver's License #	Class D	Insurance Company: AMERICAN SOUTHERN	State SC	Driver's License #	Class D	Insurance Company: PROGRESSIVE
Year 2 0 0 9	Body BU	Vehicle Make FORD	VIN # 1FDDEE35L99DA23497	Year 2 0 1 5	Body SU	Vehicle Make CHEV	VIN # 2GNALBEK5F6

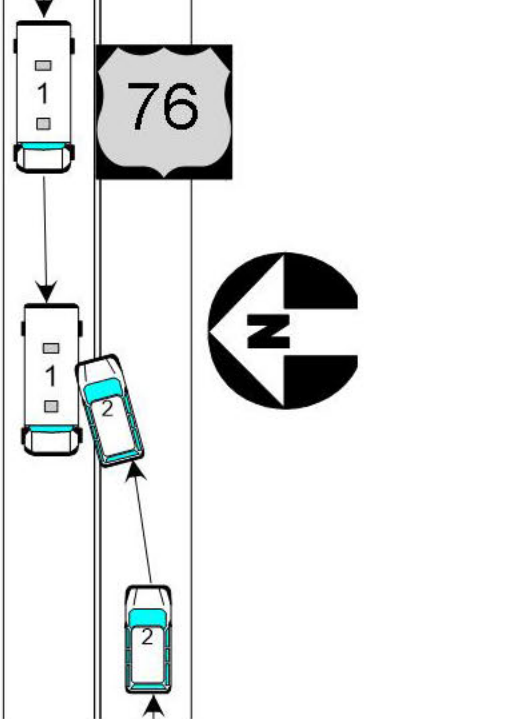
State SC	Year P	License Plate # RG1203	Owner's D.L. # NONE	State SC	Year 2 0 2 0	License Plate #	Owner's D.L. #
Home Telephone	Owner's Full Name ANDERSON COUNTY DISABILITIES			Home Telephone	Owner's Full Name DEPETRILLO SHERRI T		

Bus. Telephone	Street 212 MCGEE RD	Contributed To Collision Yes (No)	City, State, & Zip ANDERSON SC 29625	Bus. Telephone	Street	Contributed To Collision (Yes) No	City, State, & Zip BELTON SC 29627
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Estimated Speed 47	Speed Limit 45	C.D.L. Req: Yes (No)	T/B S Req: Yes (No)	Alc/Drg info (see back): Yes (No)	Towed By (Yes) No STANDRIDGE (OR)	Estimated Speed 55	Speed Limit 45	C.D.L. Req: Yes (No)	T/B S Req: Yes (No)	Alc/Drg info (see back): Yes (No)	Towed By (Yes) No GAMBRELLS (OR)
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State	Year	License Plate #	Owner's D.L. #
Home Telephone	Owner's Full Name		
Bus. Telephone	Street		
Contributed To Collision Yes No	City, State, & Zip		
Year	Body	Vehicle Make	VIN #

Dir. of Travel: Unit 1: N S E (W) Unit 2: N S (E) W Unit 3: N S E W



Unit 1 Dam.	Unit 2 Dam.	Unit 3 Dam.	Prop. Dam. 1	Prop. Dam. 2
\$ 15000	\$ 18000	\$	\$	\$

Property Owner/Witness: HAWKINS EUGENE H	Property Owner/Witness: ROBERTS EMILY E				
Address WARESHO BELTON					
State SC	Zip 29642	Phone	State SC	Zip 29627	Phone

Photo: Describe What Happened (Refer to Units by Number)
(Y) N

UNIT #1 WAS TRAVELING WEST ON U.S.76. UNIT #2 WAS TRAVELING EAST ON U.S.76. UNIT #2 DROVE LEFT OF CENTER AND STRUCK UNIT #1 ON THE DRIVER'S SIDE.

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.

Investigating Officer's Name ASHLEY - A T	Rank L/CPL	SCCA # 2081-7837	Jurisdiction Code H P 0 3	Review Date	Reviewer's Name	Rank	Internal Agency Code 19GV234191
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Table with columns: Unit#, Date of Birth, Sex, Race, Injury, Seat, R/S, A.B.D., Eject, LAI, Tran, Name, Street Address, Zip Code. Rows include RAMSEY TAYLOR BROO, DEPETRILL SHERRI T, BURDETTE CATHY LORRA, MCMAHAN KAREN LEE, HAYNIE AUSTIN TYLER, BUCKHEIST JENNIFER, LECROY KEVIN.

Form sections: Race (AP-Asian/Pacific Islander, W-White, etc.), Injury Status (0-No Apparent Injury, 1-Possible injury, etc.), Seating Loc. (01-02-03, 04-05-06, 07-08-09), Air Bag Deployment / Switch, Head Injury (1-Not Ejected, 2-Part. Ejected, etc.), Location After Impact (1-Not Trapped, 2-Extricated, etc.), Transported to Medical Facility (1-Yes, 2-No, 3-Unknown), Restraint/Safety Device (00-None Used, 21-Child Safety Seat, etc.).

Form sections: Non-Collision (01-Cargo/Equip Loss or Shift, 05-Fire/Explosion, etc.), Collision: Not Fixed (20-Animal, 21-Animal, etc.), Collision: Fixed Object (40-Bridge Overhead Structure, 41-Bridge Parapet End, etc.), 27-Pedestrian (27- Pedestrian), 47- Embankment (47- Embankment), 55- Mail Box (55- Mail Box), 68- Other (68- Other).

Form sections: Manner of Collision (Struck Veh.) (00-Not Coll. w/ Motor Veh., 10-Rear End, etc.), 1st / Most Deformed Area (diagram with numbered points 1-17), 1st Deformed (diagram with numbered points 1-10, 12, 13, 33-35, 53-55, 57-58, 71, 74, 77, 80), 93-99 (93-99).

Form sections: Vehicle Type (01-Automobile, 16-Mini Van, 38-Animal Drawn Veh, etc.), Vehicle Use Code (04-Ambulance, 08-Farm Use, 12-Fire Fighting, etc.), Vehicle Attachment (1-None, 5-Farm Trailer, 9-Petroleum Tanker, etc.), Alcohol / Drug Test Given (A1-A3), Test Type (A1-A3), Drug Results (D1-D3), Extent of Deformity (D1-D3).

Form sections: Action Prior to Impact (01-Backing, 08-Parked, 21-Approaching/Leaving Vehicle, etc.), Vehicle (08-Parked, 09-Slowing or Stopped in traffic, etc.), (Non-Motorist) (21-Approaching/Leaving Vehicle, 22-Entering/Crossing Location, etc.), Trafficway (A1-A3), Road Character (1-13), Road Surface Condition (1-3), Traffic Control (01-Stop and Go Light, 21-Officer or Flagman, etc.), 1st Harmful Event Loc. (a) (1-Gore, 2-Island, 3-Median, etc.), 1st Harmful Event Loc. (b) (1-Y, 2-N, 9-U).

Form sections: Weather Condition (1-Clear, 2-Rain, 3-Cloudy, 6-Fog, Smog, Smoke, 9-Unknown, etc.), Light Condition (3-Dusk, 6-Dark, 1-Daylight, 4-Dark, 7-Dark, etc.), 02-Flashing Traffic Signal (02-Flashing Traffic Signal, 11-RR, 12-RR, 13-RR, etc.), 31-Pavement Markings (only) (31-Pavement Markings, 41-Stop Sign, 42-School Zone Sign, etc.), School Bus Involved (1-Yes, 2-No, 3-Unknown), Work Zone Location (1-Yes, 2-No), Work Zone Type (1-Shoulder/Median Work, 3-Intermittent/Moving Work, etc.), Workers Present (1-Yes, 2-No).

Form sections: Weather Condition (3-Cloudy, 6-Fog, Smog, Smoke, 9-Unknown, etc.), Light Condition (3-Dusk, 6-Dark, 1-Daylight, 4-Dark, 7-Dark, etc.), 02-Flashing Traffic Signal (02-Flashing Traffic Signal, 11-RR, 12-RR, 13-RR, etc.), 31-Pavement Markings (only) (31-Pavement Markings, 41-Stop Sign, 42-School Zone Sign, etc.), School Bus Involved (1-Yes, 2-No, 3-Unknown), Work Zone Location (1-Yes, 2-No), Work Zone Type (1-Shoulder/Median Work, 3-Intermittent/Moving Work, etc.), Workers Present (1-Yes, 2-No).

Form sections: Contributing Factors (01-Disregarded Signs, Signal, Etc., 02-Distracted/Inattention, etc.), Driver (01-Disregarded Signs, Signal, Etc., 02-Distracted/Inattention, etc.), Roadway (30-Debris, 31-Non-highway Work, 32-Obstruction in Roadway, etc.), Non-Motorist (50-Inattentive, 51-Lying &/or Illegally in Roadway, etc.), Environmental (60-Animal in Road, 61-Glare, 62-Obstruction, etc.), Vehicle Defect (70-Brakes, 71-Steering, 72-Power Plant, etc.).

Date	Time	County	1 - Interstate 2 - US Primary 3 - SC Primary	4 - Secondary 5 - County 6 - PP	Collision Location (Rt. # / Name)	0 - Main Line 6 - Connection 2 - Alternate 7 - Business 5 - Spur	Miles:	Dir.	In (Near) City or Town of:
12-17-2019	1 5 3 5	04			576 / BELTON HONEA PATH		.70	N E S W	BELTON

To Vehicle Owner/Operator: **Failure to return this form to the Department of Motor Vehicles within 15 days from the date of the collision could result in the suspension of your driver license and registration privileges pursuant to South Carolina Code of Laws 56-9-351 and 56-10-530.**

R-866903	Driver/Pedestrian's Full Name RAMSEY TAYLOR BROOKE	R-866942	Driver/Pedestrian's Full Name DEPETRILLO SHERRI T
Unit # 01	Sex [Redacted]	Race [Redacted]	Street [Redacted]
#Occ 8	Birth Date [Redacted]	City, State, & Zip ANDERSON SC 29621	
State SC	Driver's License # [Redacted]	Insurance Company: D AMERICAN SOUTHERN	
Year 2009	Body BU	Vehicle Make FORD	V N # 1FDEE35L99DA23497
State SC	Year P	License Plate # RG1203	Owner's D.L. # NONE
Home Telephone [Redacted]	Owner's Full Name ANDERSON COUNTY DISABILITIES	Home Telephone [Redacted]	Owner's Full Name DEPETRILLO SHERRI T
Bus. Telephone [Redacted]	Street 212 MCGEE RD	Bus. Telephone [Redacted]	Street [Redacted]
Contributed To Collision Yes <input type="radio"/> No <input checked="" type="radio"/>	City, State, & Zip ANDERSON SC 29625	Contributed To Collision Yes <input checked="" type="radio"/> No <input type="radio"/>	City, State, & Zip BELTON SC 29627

Unit #	Sex	Race	Street	Home Telephone	Owner's Full Name
#Occ	Birth Date	City, State, & Zip	Bus. Telephone	Street	
State	Driver's License #	Insurance Company:	Contributed To Collision Yes <input type="radio"/> No <input type="radio"/>	City, State, & Zip	
Year	Body	Vehicle Make	Accident Insurance Information for Unit # 02		
			Company Name PROGRESSIVE	Area Code/Phone Number ()	

All Units Insurance Information (to be completed by Investigating Officer)			
Company Name AMERICAN SOUTHERN	Area Code/Phone Number ()	Company Name	Area Code/Phone Number ()
Agency Name	Policy Number	Agency Name	Policy Number

Automobile Liability Insurance Information

Notice of Requirement Accepted Signature _____ Y N Refused to Affix Signature?
Y N Vehicle Subject to Registration in SC?

To Be Completed Below or Entered at WWW.SC-ALIR.COM By Insurance Company representative. This form should not be mailed to DMV if insurance information has been submitted electronically

Reference to Unit #: _____, I here by affirm that to the best of my knowledge the vehicle described above was insured by the below stated Insurance company on the date of the collision.

Insurance Company	Policy #:	Signature	Title
Beginning Date:	Ending Date:	Policy Holder:	NAIC# (Assigned by S.C. Dept. of Ins.)
			Bus. Telephone ()

Notice: If liability insurance was not in effect for your vehicle involved in the collision, the Department of Motor Vehicles could suspend your driver license and registration privileges pursuant to South Carolina Code of Laws 56-9-351 and 56-10-530.

If any of the below are applicable, Disregard the above portion.

<input type="checkbox"/> Check here if a Form SR-23, Fleet policy of 25 or more vehicles is on file with the Department of Motor Vehicles covering the vehicle <input type="checkbox"/> Check here if a certificate of self-insurance has been issued by the Department of Motor Vehicles covering the vehicle and indicate the certificate number: SI - _____ <input type="checkbox"/> Check here if liability insurance was not in effect to comply with South Carolina statutory requirements	Form FR-10 Not Issued: Section 56-10-520 No FR-10 Issued to Operator/ Owner of Unit #: _____ Summons Issued to: For operating or allowing the operation of an uninsured vehicle Summons Number: Signature Date
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Investigating Officer's Name ASHLEY - A T	Rank LCPL	SCCJA # 2081-7837	Code H P 0 3	Date	Reviewer's Name	Rank	Internal Agency Code 19GV234191
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ORIGINAL

FATAL

SOUTH CAROLINA DPS/OHS & DMV USE ONLY				Page # 2 Of: 2		SOUTH CAROLINA TRAFFIC COLLISION REPORT FORM TR-310 (Rev. 04/2016)				# Of Units 02		Amended - Attach Copy of Original Report Corrected		Notified 1 5 3 6		Arrived 1 6 0 2							
Date 12-17-2019		Time of Collision 1 5 3 5		County 04		Collision Location (Rt. # / Name) 76 / BELTON HONEA PATH				Miles: .70		Dir. N E S W		In (Near) City or Town of: BELTON									
Lane # / Dir. 1 2		Distance Offset .59		Direction N E S W		Base Intersection (Rt. # / Name) / BEEKS RD				GPS COORDINATES 00 00' 00.00"		DEGREES MINUTES SECONDS											
R.R. Id.		From N E S W		Ramp Only 1- Entrance 2- Exit		To N E S W		Second Intersection (Rt. # / Name) / STRYKER TR				Main Line 2-Alternate 5-Spur		6-Connection 7-Business 9-Other		Latitude 34 30 21.42		Longitude 82 28 15.60					
Driver/Pedestrian's Full Name										Driver/Pedestrian's Full Name													
Unit #		Sex		Race		Street				Unit #		Sex		Race		Street							
#Occ		Birth Date		City, State, & Zip				#Occ		Birth Date		City, State, & Zip											
State		Driver's License #		Class		Insurance Company:				State		Driver's License #		Class		Insurance Company:							
Year		Body		Vehicle Make		VIN #				Year		Body		Vehicle Make		VIN #							
State		Year		License Plate #		Owner's D.L. #				State		Year		License Plate #		Owner's D.L. #							
Home Telephone ()		Owner's Full Name				Home Telephone ()		Owner's Full Name															
Bus. Telephone ()		Street				Bus. Telephone ()		Street															
Contributed To Collision Yes No		City, State, & Zip				Contributed To Collision Yes No		City, State, & Zip															
Estimated Speed		Speed Limit		C.D.L. Req: Yes No		T/B S Req: Yes No		Alc/Drg info (see back): Yes No				Estimated Speed		Speed Limit		C.D.L. Req: Yes No		T/B S Req: Yes No		Alc/Drg info (see back): Yes No			
Statute #		Statute #		Towed By Yes No				Statute #		Statute #		Towed By Yes No											
Driver/Pedestrian's Full Name										State		Year		License Plate #		Owner's D.L. #							
Unit #		Sex		Race		Street				Home Telephone ()		Owner's Full Name											
#Occ		Birth Date		City, State, & Zip				Bus. Telephone ()		Street													
State		Driver's License #		Class		Insurance Company:				Contributed To Collision Yes No		City, State, & Zip											
Year		Body		Vehicle Make		VIN #				Estimated Speed		Speed Limit		C.D.L. Req: Yes No		T/B S Req: Yes No		Alc/Drg info (see back): Yes No					
Statute #		Statute #		Towed By Yes No				Statute #		Statute #		Towed By Yes No											
Dir. of Travel:		Unit 1: N S E W		Unit 2: N S E W		Unit 3: N S E W				Unit 1 Dam.		Unit 2 Dam.		Unit 3 Dam.		Prop. Dam. 1		Prop. Dam. 2					
\$		\$		\$		\$		\$		Property Owner/Witness:		Property Owner/Witness:											
Address		Address				State		Zip:		Phone		State		Zip:		Phone							
Photo:		Describe What Happened (Refer to Units by Number)				<input checked="" type="radio"/> Y		<input type="radio"/> N															

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.

Investigating Officer's Name ASHLEY - A T		Rank L/CPL		SCCA # 2081-7837		Jurisdiction Code H P 0 3		Review Date		Reviewer's Name		Rank		Internal Agency Code 19GV234191	
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Table with columns: Unit#, Date of Birth, Sex, Race, Injury, Seat, R/S, A.B.D., Eject, LAI, Tran, Name, Street Address, Zip Code. Rows include VAUGHN JIMMY and VICKERY CHRIS.

Form sections: Race (AP-Asian/Pacific Islander, W-White, etc.), Injury Status (0-No Apparent Injury, 1-Possible Injury, etc.), Seating Loc. (01-02-03, 04-05-06, 07-08-09), Restraint/Safety Device (00-None Used, 21-Child Safety Seat, etc.), Air Bag Deployment / Switch (1-Deployed Front, 2-Deployed Side, etc.), Ejection (1-Not Ejected, 2-Part. Ejected, etc.), Head Injury (1-Yes, 2-No), Location After Impact (1-Not Trapped, 2-Extricated, etc.), Transported to Medical Facility (1-Yes, 2-No, 3-Unknown), Pedestrian, Motor/Pedalcycle Only (31-Helmet, 51-Reflective Clothing, etc.), Sequence of Events.

Form sections: Non-Collision (01-Cargo/Equip Loss or Shift, 02-Cross Median/Center, etc.), Collision: Not Fixed (20-Animal, 21-Animal, etc.), Collision: Fixed Object (40-Bridge Overhead Structure, 41-Bridge Parapet End, etc.), 27-Pedestrian (27-Pedestrian, 28-Railway Veh., etc.), 47-Embankment (47-Embankment, 48-Equipment, etc.), 55-Mail Box (55-Mail Box, 56-Median Barrier, etc.), 68-Other (68-Other, 69-Unknown, etc.).

Form sections: Manner of Collision (Struck Veh.) (00-Not Coll. w/ Motor Veh., 10-Rear End, etc.), 1st / Most Deformed Area (diagram with numbered points 1-17), 1st Deformed (diagram with numbered points 1-80), 21-Pedestrian (21-Pedestrian, 81-None, etc.), 92-Rollover (92-Rollover, 93-Total, etc.), 94-Under Carriage (94-Under Carriage, 98-Other, etc.), 99-Unknown (99-Unknown).

Form sections: Vehicle Type (01-Automobile, 12-Pickup Truck, etc.), Vehicle Use Code (01-Personal, 02-Driver Training, etc.), Vehicle Attachment (1-None, 2-Mobile Home, etc.), Action Prior to Impact (01-Backing, 02-Changing lanes, etc.), Weather Condition (1-Clear, 2-Rain, etc.), Light Condition (1-Daylight, 2-Dawn, etc.), Junction Type (01-Crossover, 02-Driveway, etc.), Roadway (30-Debris, 31-Non-highway Work, etc.), Non-Motorist (50-Inattentive, 51-Lying &/or Illegally in Roadway, etc.), Environmental (60-Animal in Road, 61-Glare, etc.), Vehicle Defect (70-Brakes, 71-Steering, etc.).

Form sections: Alcohol / Drug Test Given (A1, A2, A3), Test Type (A1, A2, A3), Drug Results (D1, D2, D3), Alc Test Results (A1, A2, A3), Road Character (1-Straight - Level, 2-Straight - On grade, etc.), Road Surface Condition (1-Dry, 2-Wet, etc.), Trafficway (1-Two-way, Not Divided, 2-Two-way, Divided, etc.), Traffic Control (01-Stop and Go Light, 02-Flashing Traffic Signal, etc.), School Bus Involved (1-Yes, 2-No), Work Zone Location (1-Shoulder/Median Work, 2-Advanced Warning Area, etc.), Work Zone Type (1-Shoulder/Median Work, 2-Lane Shift/Crossover, etc.), Workers Present (1-Yes, 2-No).

Form sections: Contributing Factors (01-Disregarded Signs, Signal, Etc., 02-Distracted/Inattention, etc.), Driver (01-Disregarded Signs, Signal, Etc., 02-Distracted/Inattention, etc.), Roadway (30-Debris, 31-Non-highway Work, etc.), Non-Motorist (50-Inattentive, 51-Lying &/or Illegally in Roadway, etc.), Environmental (60-Animal in Road, 61-Glare, etc.), Vehicle Defect (70-Brakes, 71-Steering, etc.).

Form sections: Contributing Factors (01-Disregarded Signs, Signal, Etc., 02-Distracted/Inattention, etc.), Driver (01-Disregarded Signs, Signal, Etc., 02-Distracted/Inattention, etc.), Roadway (30-Debris, 31-Non-highway Work, etc.), Non-Motorist (50-Inattentive, 51-Lying &/or Illegally in Roadway, etc.), Environmental (60-Animal in Road, 61-Glare, etc.), Vehicle Defect (70-Brakes, 71-Steering, etc.).

Form sections: Contributing Factors (01-Disregarded Signs, Signal, Etc., 02-Distracted/Inattention, etc.), Driver (01-Disregarded Signs, Signal, Etc., 02-Distracted/Inattention, etc.), Roadway (30-Debris, 31-Non-highway Work, etc.), Non-Motorist (50-Inattentive, 51-Lying &/or Illegally in Roadway, etc.), Environmental (60-Animal in Road, 61-Glare, etc.), Vehicle Defect (70-Brakes, 71-Steering, etc.).

Date: 12-17-2019	Time: 1 5 3 5	County: 04	1 - Interstate 2 - US Primary 3 - SC Primary	4 - Secondary 5 - County 6 - PP	Collision Location (Rt. # / Name): 576 / BELTON HONEA PATH	0 - Main Line 6 - Connection 2 - Alternate 7 - Business 5 - Spur	Miles: .70	Dir: N E S W	In (Near) City or Town of: BELTON
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To Vehicle Owner/Operator Failure to return this form to the Department of Motor Vehicles within 15 days from the date of the collision could result in the suspension of your driver license and registration privileges pursuant to South Carolina Code of Laws 56-9-351 and 56-10-530.

Driver/Pedestrian's Full Name				Driver/Pedestrian's Full Name			
Unit #	Sex	Race	Street	Unit #	Sex	Race	Street
#Occ	Birth Date	City, State, & Zip		#Occ	Birth Date	City, State, & Zip	
State	Driver's License #	Insurance Company:		State	Driver's License #	Insurance Company:	
Year	Body	Vehicle Make	V N #	Year	Body	Vehicle Make	V N #
State	Year	License Plate #	Owner's D.L. #	State	Year	License Plate #	Owner's D.L. #
Home Telephone		Owner's Full Name		Home Telephone		Owner's Full Name	
Bus. Telephone		Street		Bus. Telephone		Street	
Contributed To Collision Yes No		City, State, & Zip		Contributed To Collision Yes No		City, State, & Zip	

Driver/Pedestrian's Full Name				State	Year	License Plate #	Owner's D.L. #
Unit #	Sex	Race	Street	Home Telephone		Owner's Full Name	
#Occ	Birth Date	City, State, & Zip		Bus. Telephone		Street	
State	Driver's License #	Insurance Company:		Contributed To Collision Yes No		City, State, & Zip	
Year	Body	Vehicle Make	V N #	Accident Insurance Information for Unit #			

All Units Insurance Information
(to be completed by Investigating Officer)

Accident Insurance Information for Unit #		Accident Insurance Information for Unit #	
Company Name	Area Code/Phone Number ()	Company Name	Area Code/Phone Number ()
Agency Name	Policy Number	Agency Name	Policy Number

Automobile Liability Insurance Information

Notice of Requirement Accepted <input type="checkbox"/>	Signature	Y N Refused to Affix Signature?
		Y N Vehicle Subject to Registration in SC?

To Be Completed Below or Entered at WWW.SC-ALIR.COM By Insurance Company representative. This form should not be mailed to DMV if insurance information has been submitted electronically		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 into the above mentioned insurance as I have listed herein	
Reference to Unit #: _____, I here by affirm that to the best of my knowledge the vehicle described above was insured by the below stated Insurance company on the date of the collision.		Signature	
Insurance Company	Policy #:	Title	
Beginning Date:	Ending Date:	Policy Holder:	NAIC# (Assigned by S.C. Dept. of Ins.)
		Bus. Telephone ()	

Notice: If liability insurance was not in effect for your vehicle involved in the collision, the Department of Motor Vehicles could suspend your driver license and registration privileges pursuant to South Carolina Code of Laws 56-9-351 and 56-10-530.

If any of the below are applicable, Disregard the above portion.			Form FR-10 Not Issued: Section 56-10-520	
<input type="checkbox"/>	Check here if a Form SR-23, Fleet policy of 25 or more vehicles is on file with the Department of Motor Vehicles covering the vehicle		No FR-10 Issued to Operator/ Owner of Unit #: _____	
<input type="checkbox"/>	Check here if a certificate of self-insurance has been issued by the Department of Motor Vehicles covering the vehicle and indicate the certificate number: SI - _____		Summons Issued to:	
<input type="checkbox"/>	Check here if liability insurance was not in effect to comply with South Carolina statutory requirements		For operating or allowing the operation of an uninsured vehicle	Summons Number:
Signature		Date	Signature	

Investigating Officer's Name	Rank	SCCJA #	Code	Date	Reviewer's Name	Rank	Internal Agency Code
ASHLEY - A T	L/CPL	2081-7837	H P 0 3				19GV234191

SOUTH CAROLINA DPS AND DMV USE ONLY		South Carolina Uniform Traffic Collision Report (For Investigating Officers) Supplemental Bus & Truck Collision Report (Revised 04/2009)		Amended-Attach Copy of Original Report	Corrected
				Page <u>1</u> of <u>1</u> Pages	
Date 12-17-2019	Time 1535	County 04	Route Category 1-Interstate 2-US Primary 3-SC Primary 4-Secondary 5-County 6-PP	Accident Location (Route Number and Name if Any) ON 76 / BELTON HONEA	Auxiliary 0-Mainline 2-Alternate 5-Spur 6-Connection 7-Business 9-Other
IF THIS CRASH INCLUDES:				Access Control	
<p><u>Any</u> truck that has a gross vehicle weight rating (GVWR) of more than 10,000 pounds or a gross combination weight rating (GCWR) of more than 10,000 pounds and is used on public highways,</p> <p style="text-align: center;">OR</p> <p><u>Any</u> motor vehicle with seating to transport nine (9) or more people, including the driver</p> <p style="text-align: center;">OR</p> <p><u>Any</u> motor vehicle (regardless of weight) displaying a hazardous materials placard;</p>				How Many?	2
				1	
				Vehicle Information	
				Gross Vehicle Weight Rating/ Gross Combination Weight Rating 01- Less than or Equal to 10,000 Pounds 02- 10,001-26,000 Pounds 03- More than 26,000 Pounds 99- Unknown/ Hit 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 + people) 04- Single Unit Truck (2axles/6+ tires) 05- Single Unit Truck (3 or more axles) 06- Truck w/ Trailer 07- Truck-Tractor Only (Bobtail) 08- Tractor w/ Semi-Trailer 09- Tractor w/ Double Trailers 10- Tractor w/ Triple Trailers 98- Other/Unable to Classify 99- Unknown/ Hit and Run	
AND RESULTS IN:				Bus Use	
<p><u>Any</u> fatality or fatalities</p> <p style="text-align: center;">OR</p> <p><u>Any</u> person(s) transported for immediate medical services</p> <p style="text-align: center;">OR</p> <p>Number of Vehicles Towed</p> <p><u>Any</u> disabled motor vehicle(s) towed away from the scene</p>				How Many?	03
				2	
				Cargo Body Type	
				01- Not used as a bus 02- School 03- Transit/Commuter/Sch service 04- Intercity 05- Charter/Tour 06- Shuttle/Church 07- Unknown	
				00- Bus (seats for 9-15 people) 01- Bus (seats for 16+ people) 02- Enclosed Box 03- Cargo Tank 04- Flat Bed 05- Dump 06- Concrete Mixer 07- Auto Transporter 08- Garbage/Refuse 09- Grain, Chips, Gravel 10- Pole 11- Intermodal Container 12- Log 13- Veh. Towing Vehicle 97- N/A 98- Other 99- Unknown/Hit & Run	
Complete This Form Only If:				Trailer Length and Width	
One or More Qualifying Vehicle(s) was Involved - AND				Length 00- No Trailer 01- Less than 480 in. (40 ft.) 02- 481 in. - 576 in (48 ft.) 03- 577 in. or more 99- Unknown/ Hit and Run Width 00- No Trailer 01- Less than 60 in. (5 ft.) 02- 61 in. - 84 in. (7 ft.) 03- 85 in. or more 99- Unknown/ Hit and Run	
One or More Qualifying Injuries/Fatalities was Sustained - OR					
One or More Disabled Vehicle(s) was Towed Away From the Scene					
Total Number of Supplemental Forms Required for this Collision :				1	
Unit Number <u>01</u> FR-10 Number <u> </u>				Hazardous Material Involmt	
Carrier Information				Was This Vehicle Carrying Hazardous Materials?	
Name: <u>ANDERSON COUNTY DISABILITIES</u>				1- Yes 2- No 3- Unknown/Hit and Run 2	
Address: <u>212 MCGEE RD</u>				Did the Vehicle Have a Hazardous Material Placard?	
City: <u>ANDERSON</u> State: <u>S</u> <u>C</u> Zip: <u>2</u> <u>9</u> <u>6</u> <u>2</u> <u>5</u>				1-Yes 2- No 3- Unknown/Hit and Run 2	
Business Phone Number: <u> </u>				If "Yes", What Class of Hazardous Material (off placard/shipping papers)?	
Identification Numbers				01- Class 1 (Explosives) 06- Class 6 (Poison/Infectious Substance) 02- Class 2 (Gases) 07- Class 7 (Radioactive) 03- Class 3 (Flammable Liquids) 08- Class 8 (Corrosives) 04- Class 4 (Flammable Solids) 09- Class 9 (Misc. Goods) 05- Class 5 (Oxidizing Substance) 10- No Placard 99- Other/Unknown/Hit and Run If "YES", enter 4 digit HAZMAT ID (Look on placard/shipping papers)	
U.S. DOT <u> </u> None = 0 <u> </u>					
State Number <u> </u> <u>S</u> <u>C</u> (3) Not in Commerce - Other Truck/Bus (4) Not in Commerce - Government (5) Other Operation/Not Specified Carrier? 3					
Carrier Type Is this vehicle a(n) (1) Interstate, (2) Intrastate				Did Hazardous Material Release from this Vehicle?	
Was a Citation Issued to this Vehicle?				1-Yes 2- No 3- Unknown/Hit and Run 2	
Investigator's Name Rank Date				Reviewer's Name Rank	
<u>ASHLEY - A T</u>				<u>L/CPL</u>	

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INDEX OF SHEETS

SHEET No. 1	TITLE SHEET
" "	2-9A TYPICAL SECTION
" "	3 INTERSECTION STD.
" "	4 SUPERELEVATION STD.
" "	5 TRAFFIC CONTROL DEVICE
" "	6-19 PLANS
" "	20 CULVERT STD.
" "	20A-20E CROSS SECTIONS

SOUTH CAROLINA
STATE HIGHWAY DEPARTMENT
COLUMBIA

PLAN AND PROFILE OF PROPOSED
STATE HIGHWAY

ST. PROJ. No. F-569

FILE No. 4.569

US. RT. No. 76 & 178

ANDERSON COUNTY

FROM BELTON TO HONEA PATH

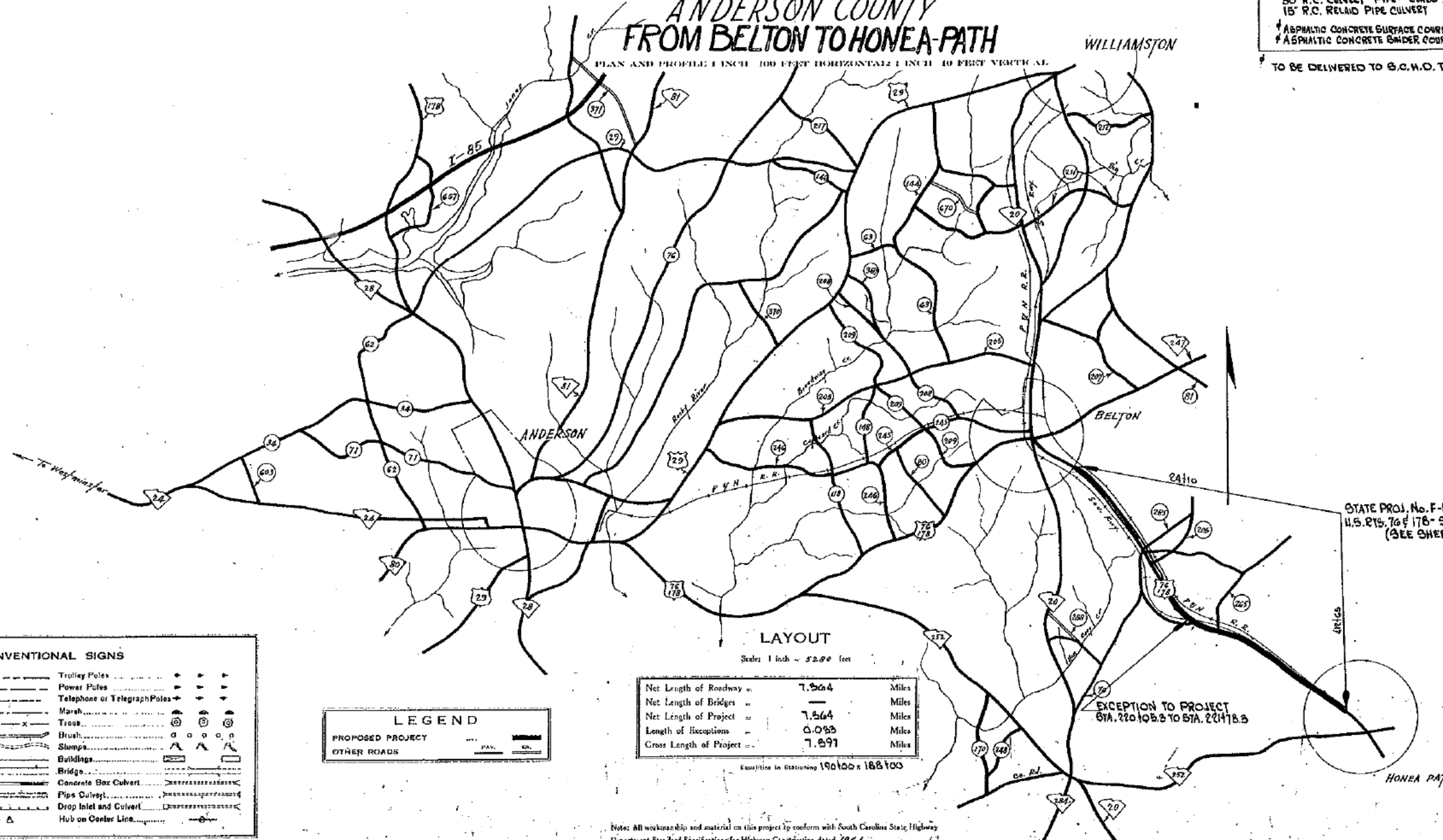
PLAN AND PROFILE 1 INCH = 100 FEET HORIZONTAL 1 INCH = 10 FEET VERTICAL

FED. ROAD DIST. NO.	STATE	COUNTY	PROJECT NO.	FILE NO.	ROUTE NO.	SHEET NO.	TOTAL SHEETS
3	S. C.	Anderson	4.569	F-569	76 & 178	1	20

SUMMARY OF ESTIMATED QUANTITIES

CLEARING AND GRUBBING OF BORROW AND MATERIAL PITS	6	ACRES
UNCLASSIFIED EXCAVATION	25,000	C.Y.
OVERHAUL	87,852	C.Y.M.
EARTH TYPE BASE COURSE (GROUND SURFACE MATERIAL) WITH PRIME	1,665	C.Y.
SELECTED MATERIAL FOR SHOULDERS	7,800	C.Y.
GRAVELLING, MIXING, ETC.	7,482	M.S.Y.
ASPHALTIC CONCRETE SURFACE COURSE - TYPE No. 1 OR 2	8,276	TONS
ASPHALTIC CONCRETE BINDER COURSE - TYPE No. 2	13,805	TONS
ASPHALT CEMENT IN PAVING MIXTURE	1,242	TONS
CONCRETE FOR STRUCTURES - CLASS 'A'	26	C.Y.
REINFORCING STEEL FOR STRUCTURES	3,856	LBS.
15" R.C. CULVERT PIPE - CLASS III	492	L.F.
18" R.C. CULVERT PIPE - CLASS III	276	L.F.
24" R.C. CULVERT PIPE - CLASS III	64	L.F.
30" R.C. CULVERT PIPE - CLASS III	78	L.F.
15" R.C. RELAND PIPE CULVERT	632	L.F.
ASPHALTIC CONCRETE SURFACE COURSE - TYPE No. 1 OR 2	500	TONS
ASPHALTIC CONCRETE BINDER COURSE - TYPE No. 2	500	TONS

TO BE DELIVERED TO S.C.H.D. TRUCKS AT PLANT SITE



LAYOUT

Scale: 1 inch = 100 feet

Net Length of Roadway	7.564	Miles
Net Length of Bridges	—	Miles
Net Length of Project	7.564	Miles
Length of Exceptions	0.083	Miles
Gross Length of Project	7.647	Miles

Stationing in Stationing 190100 x 188100

Note: All workmanship and material on this project to conform with South Carolina State Highway Department Standard Specifications for Highway Construction dated 1964

CONVENTIONAL SIGNS

State Line	Trolley Poles
County Line	Power Poles
City or Town Limits	Telephone or Telegraph Poles
Property Line	Marsh
Fence	Trees
Retaining Wall	Brush
Existing Road	Slumps
and R.O.W. Lines of	Buildings
Proposed Road	Bridges
Railroad	Concrete Box Culvert
Level or Embankment	Pipe Culvert
Guard Rail	Drop Inlet and Culvert
Point of Intersection (P.I.)	Hub on Center Line

LEGEND

PROPOSED PROJECT	PAV.	GR.
OTHER ROADS		

STATE PROJ. No. F-569, FILE No. 4.569
U.S. RTs. 76 & 178 - STA. 24110 TO STA. 412165
(SEE SHEETS 6 THRU 19)

APPROVED: _____
STATE HIGHWAY ENGINEER DATE

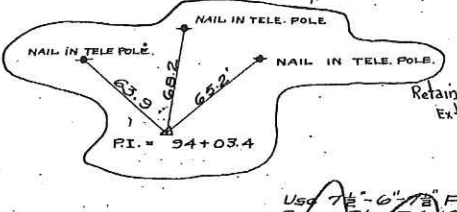
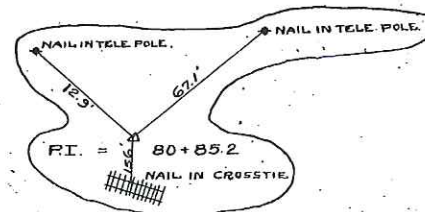
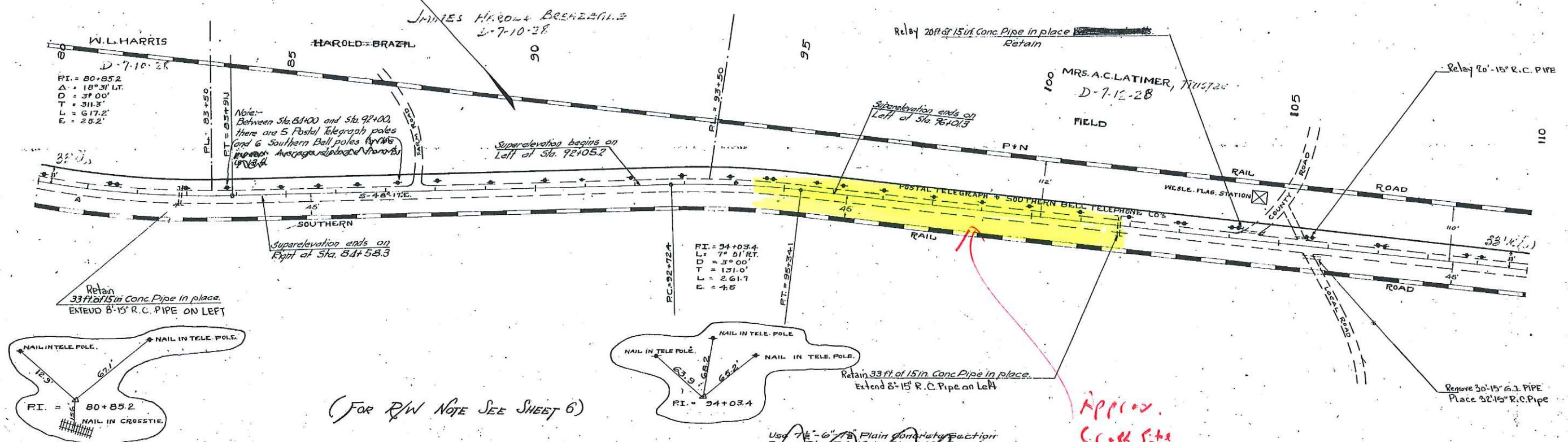
DEPARTMENT OF COMMERCE
BUREAU OF PUBLIC ROADS

RECOMMENDED FOR APPROVAL:
DISTRICT ENGINEER DATE

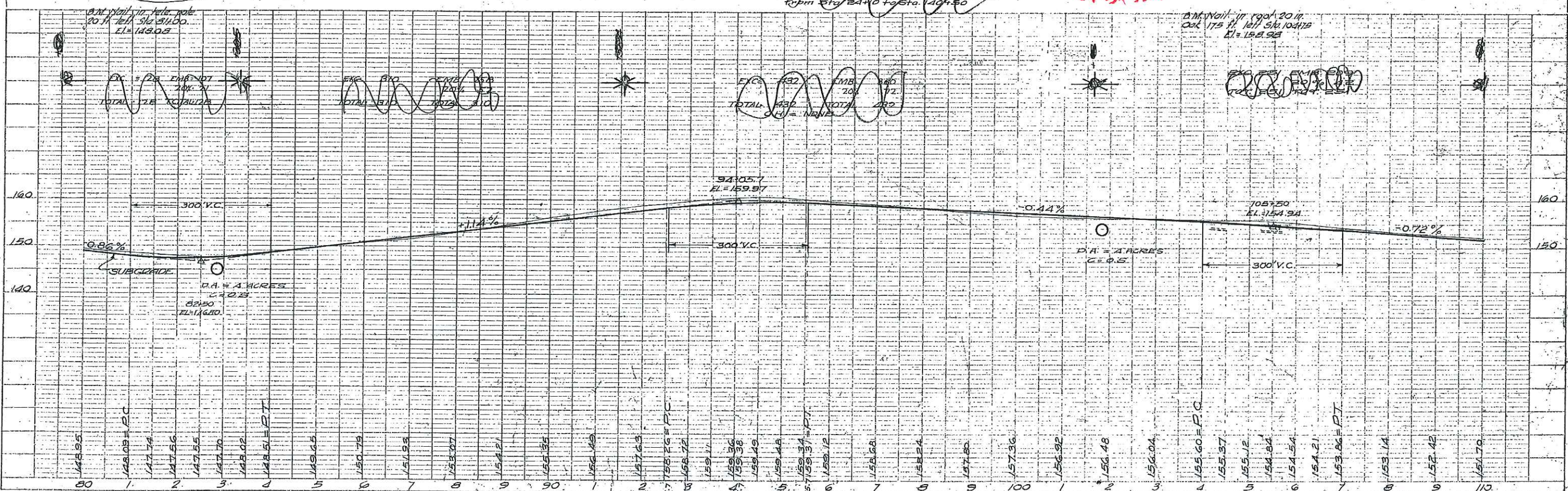
APPROVED: _____
DIVISION ENGINEER DATE

PROJ. NO.	STATE	COUNTY	REEL AND PROJ. NO.	SOUTH. NO.	SHEET NO.	TOTAL SHEETS
8	S.C.	ANDERSON	P-569	76118	8	20

FILE NO. 4.569



(FOR R/W NOTE SEE SHEET 6)

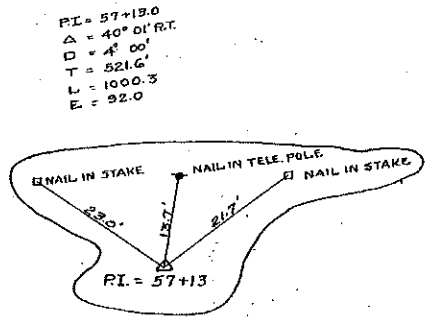
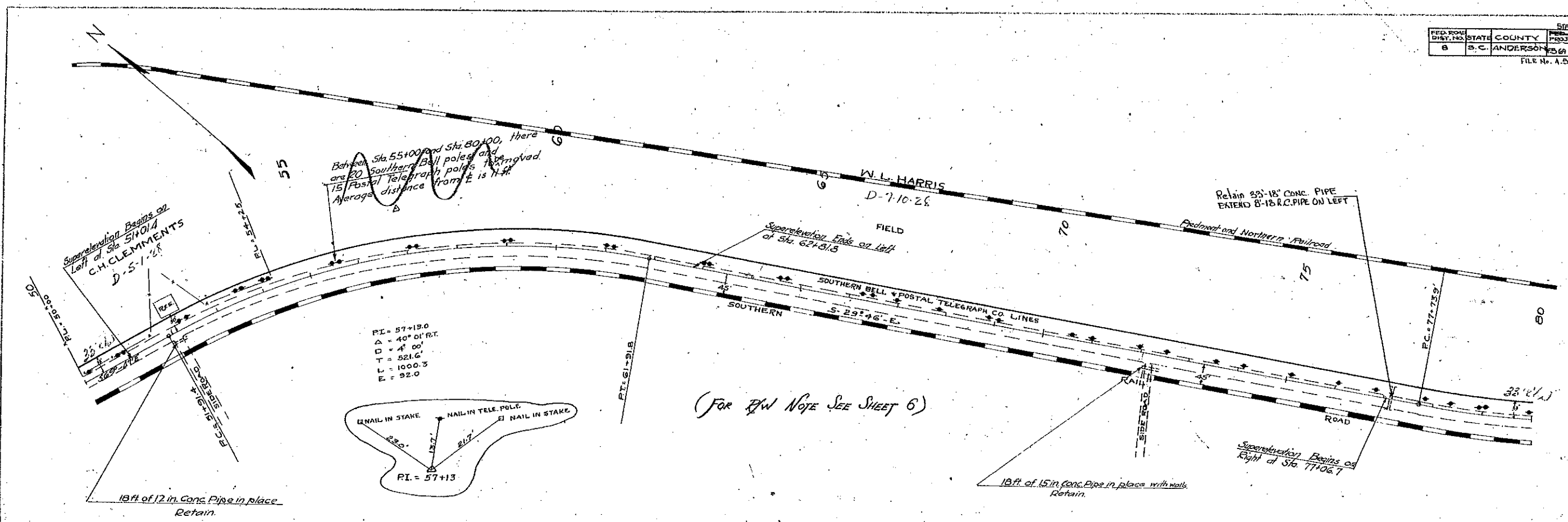


NOTES:
 1. ALL DIMENSIONS TO CENTERLINE UNLESS OTHERWISE NOTED.
 2. ALL CURVES TO BE LOCATED BY THE METHOD OF SIGHTING.
 3. ALL GRADES TO BE CHECKED BY LEVELING.
 4. ALL ELEVATIONS TO BE CHECKED BY LEVELING.
 5. ALL DISTANCES TO BE CHECKED BY TAPING.
 6. ALL ANGLES TO BE CHECKED BY THEODOLITE.
 7. ALL WORK TO BE DONE IN ACCORDANCE WITH THE STANDARD SPECIFICATIONS FOR HIGHWAY CONSTRUCTION.

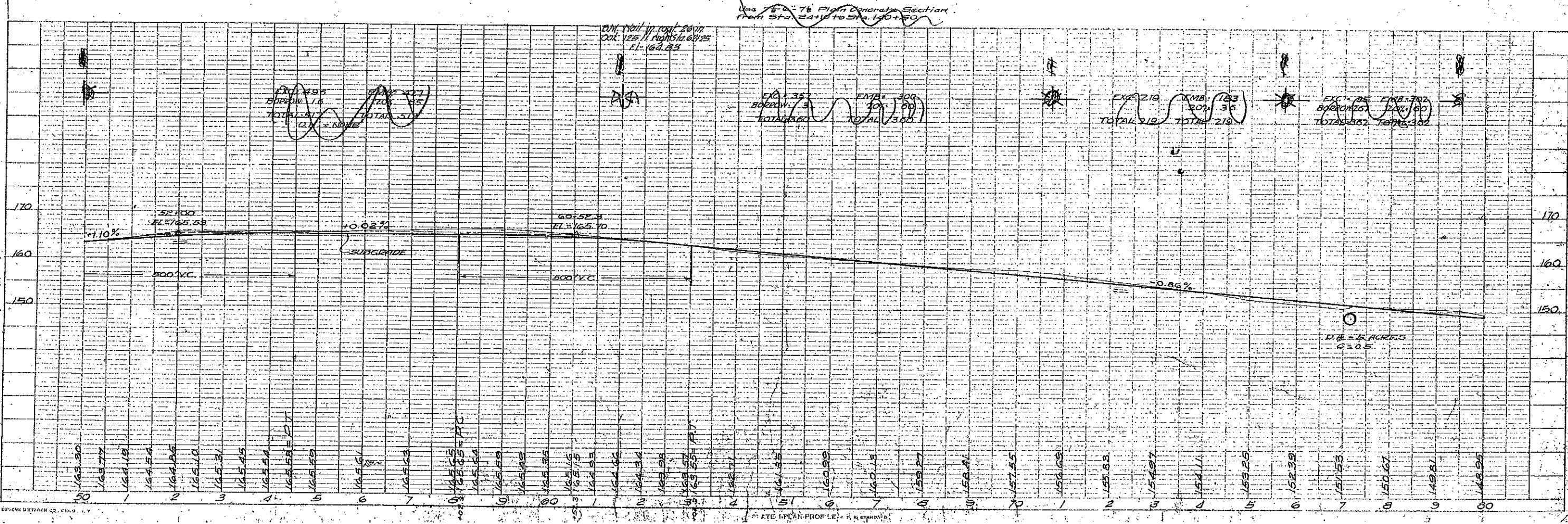
PROFILE: CURVE DATA, GRADES, ELEVATIONS, DISTANCES, ANGLES, DIMENSIONS, WORK TO BE DONE IN ACCORDANCE WITH THE STANDARD SPECIFICATIONS FOR HIGHWAY CONSTRUCTION.

FED. ROAD DIST. NO.	STATE	COUNTY	ROUTE NO.	SHEET NO.	TOTAL SHEETS
8	S.C.	ANDERSON	74118	7	20

FILE No. A.569



(FOR RW NOTE SEE SHEET 6)



PROFILE
 1. ROADWAY
 2. SIDEWALK
 3. SHOULDER
 4. DRAINAGE
 5. UTILITY
 6. FENCE
 7. EROSION CONTROL
 8. OTHER

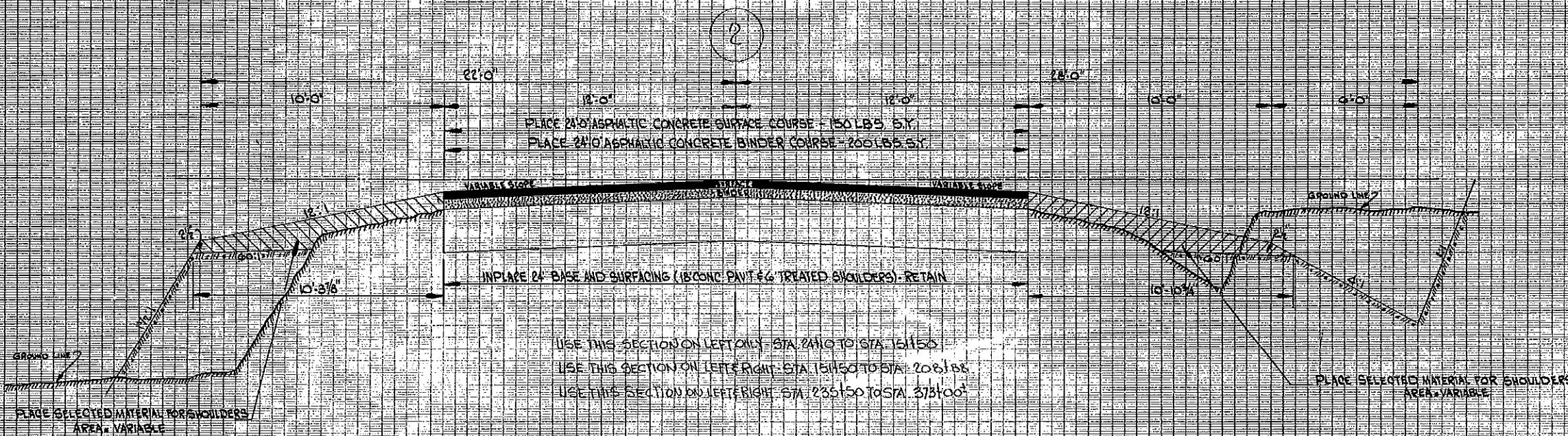
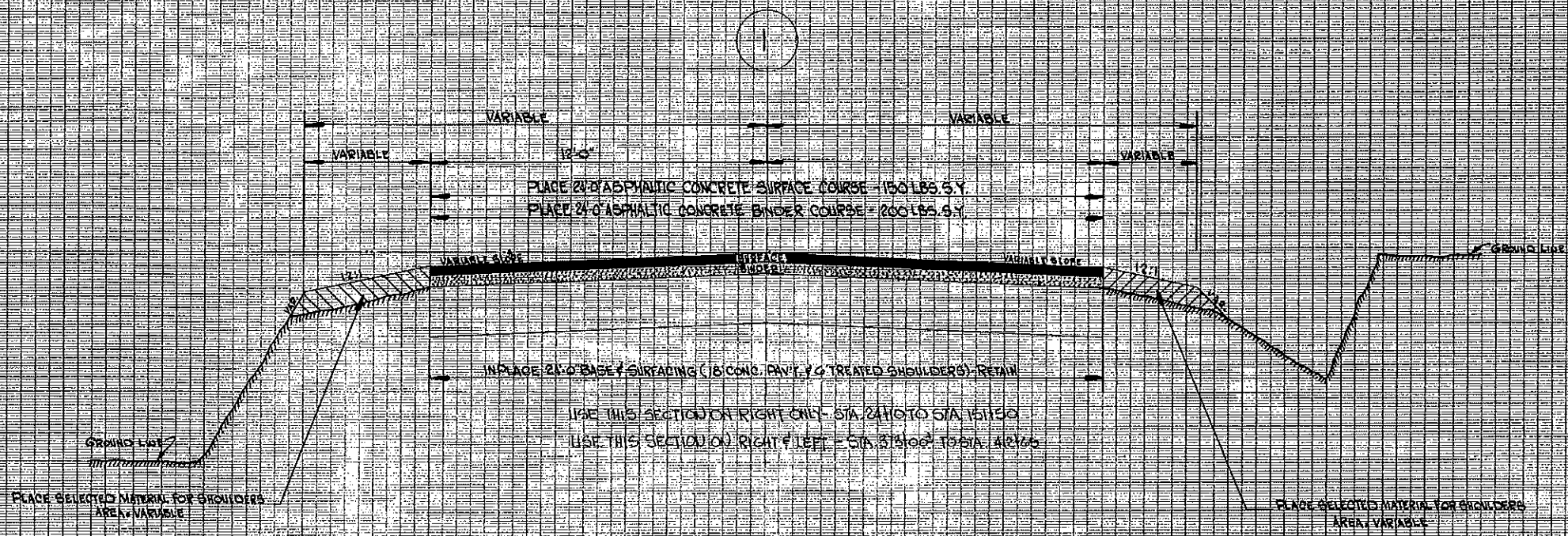
PROFILE
 1. ROADWAY
 2. SIDEWALK
 3. SHOULDER
 4. DRAINAGE
 5. UTILITY
 6. FENCE
 7. EROSION CONTROL
 8. OTHER

CROSS SECTIONS

Scale 1 inch = 5 feet

FED. ROAD DIST. NO.	STATE	COUNTY	FILE SHEET NO.	STATE PROJECT NO.	ROUTE NO.	SHEET NO.	TOTAL SHEETS
3	S.C.	PROSSER	A-569	F-569	70110	2	20

20 10 0 10 20 25 20 10 0 10 20 25 20 10



Ground Surface Plotted by _____
 " " Checked by _____
 Template Sections Plotted by _____
 " " Checked by _____
 Area by _____
 " " Checked by _____
 Template Sections Revised by _____
 " " Checked by _____
 Final Area by _____
 " " Checked by _____
 Quantities Transferred and Inked by _____

20 10 0 10 20 25 20 10 0 10 20 25 20 10

INDEX OF SHEETS

- SHEET No. 1 TITLE PAGE
- " 2 TYPICAL CROSS SECTION OF IMPROVEMENT
- " 3 ENDWALLS FOR PIPE CULVERTS
- " 4 STANDARD OF GUARD RAIL
- " 5 TYPICAL CROSS SECTION OF SUPER-ELEVATION
- " 6 FEDERAL AID MARKERS
- 7-21 PLAN AND PROFILE STA. 24+10 TO STA. 464+85
- 22 4'x4' REINFC. CONC. BOX CULVERT STA. 189+84
- 23-62 CROSS SECTIONS STA. 24+10 TO STA. 464+85
- 22A 4'x6'x28' R.C. CATTLE PENS STA. 201+00

STATE OF SOUTH CAROLINA
STATE HIGHWAY DEPARTMENT

PLAN AND PROFILE OF PROPOSED STATE HIGHWAY

FEDERAL AID PROJECT
No. 88 REOP.

ROUTE NO.

ANDERSON COUNTY

BELTON TO HONEA PATH

SCALE: PLAN AND PROFILE, 1 INCH = 100 FEET HORIZONTAL; 1 INCH = 10 FEET VERTICAL.

FED. ROAD DIST. NO.	STATE	COUNTY	PROJ. NO.	ROUTE NO.	SHEET NO.	TOTAL SHEETS
8	S.C.	ANDERSON	88-REOP	20	1	62

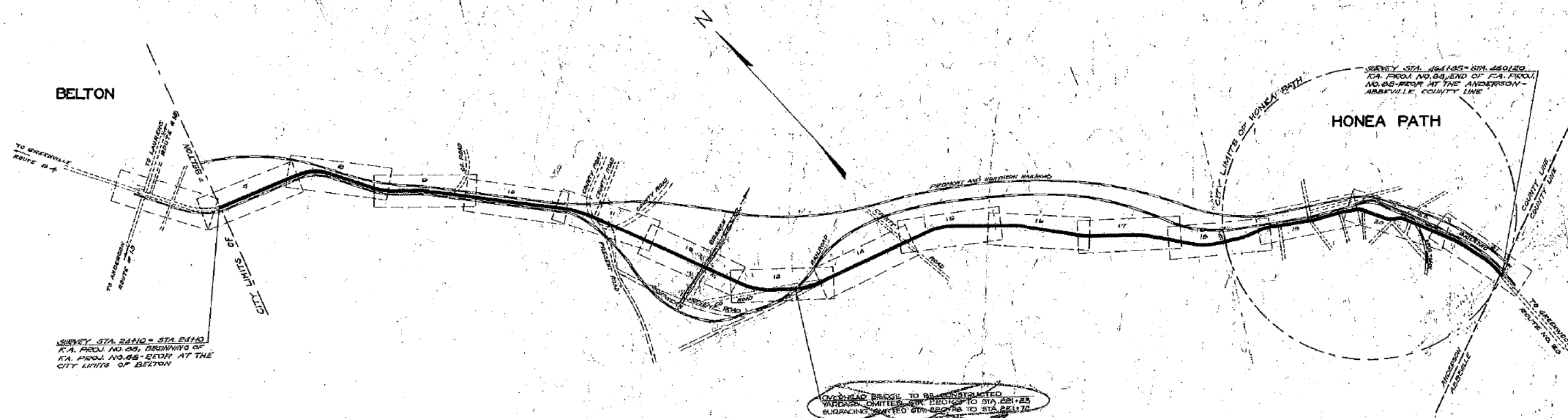
SUMMARY OF ESTIMATED QUANTITIES

STATION	SHEET NO.	ITEM	ESTIMATE QUANTITY			ESTIMATE PRICE	TOTAL QUANTITY	ESTIMATE PRICE
			CLASS	CLASS	CLASS			
189+84	3	ENDWALLS FOR PIPE CULVERTS	20.7	115	2380.50	20.7	2380.50	
201+00	13-22A	4'x6'x28' R.C. CATTLE PENS	21.5	174.00	3750.00	21.5	3750.00	
TOTALS			42.2	389.5	6130.50	42.2	6130.50	

Changed from 24" Pipe to a Cattle Pen during construction C.S.H.

* This includes 35 cu yds of Ditch Excavation, but does not include yardage for Overhead Bridge from Sta. 201+00 to Sta. 234+00

See letter 11-3-28, S.H.E. to W.D.E. for authority of increase of 15" final pipe



CONVENTIONAL SIGNS

State Line	Trolley Poles	Power Poles	Telephone or Telegraph Poles	Marsh	Trees	Brush	Stumps	Buildings	Bridge	Concrete Box Culvert	Pipe Culvert	Drop Inlet and Outlet	Hub on Center Line
County Line	Property Line	Fence	Retaining Wall	Existing Road	E and R.O.W. Lines of	Proposed Road	Railroad	Levee or Embankment	Guard Rail	Point of Intersection (P.I.)			

LEGEND

PROPOSED PROJECT	—
OTHER ROADS	---

LAYOUT
Scale: 1" = 100'

Gross Length of Project	= 3.384 Miles
Exceptions	= 0.0 Miles
Net Length of Project	= 3.384 Miles

Note: All workmanship and material on this project to conform with South Carolina State Highway Department Specifications, District and Bond; for Roads and Culverts, revised May 1st, 1921 and for Bridges, revised Dec. 1st, 1921, as amended and approved by the U.S. Secretary of Agriculture.

APPROVED _____ DATE _____

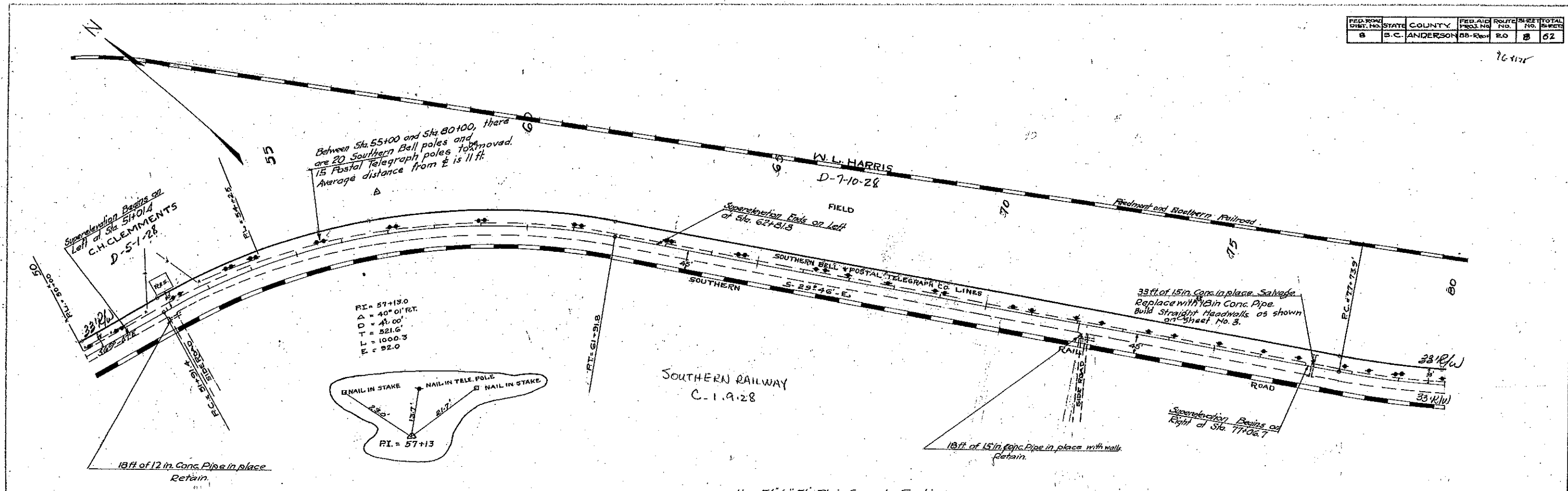
RECOMMENDED FOR APPROVAL _____ DATE _____

RECOMMENDED FOR APPROVAL _____ DATE _____

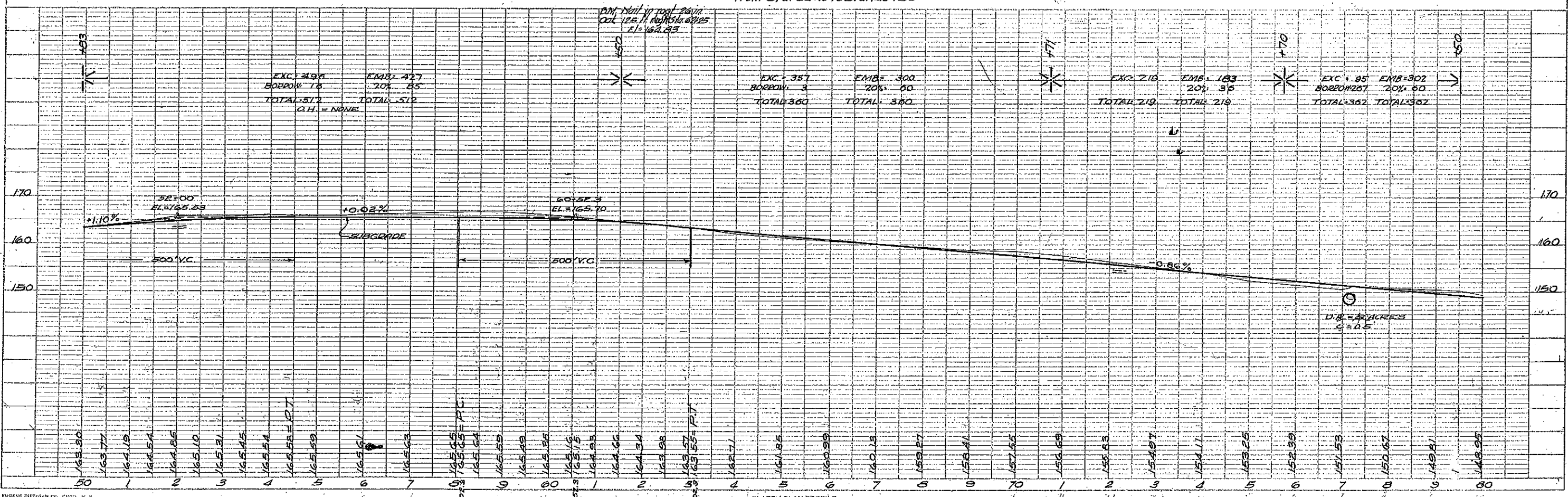
APPROVAL _____ DATE _____

FIELD NO.	STATE	COUNTY	PROJ. NO.	ROUTE NO.	SHEET NO.	TOTAL SHEETS
8	S.C.	ANDERSON	08-10-28	E.O.	8	62

76-117

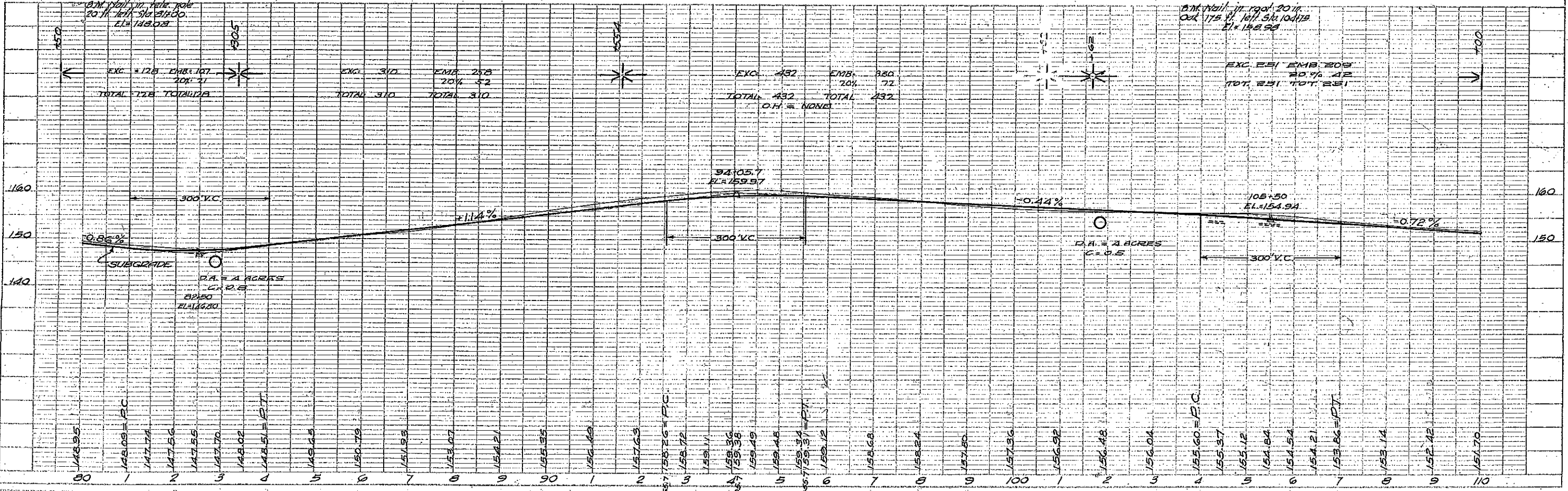
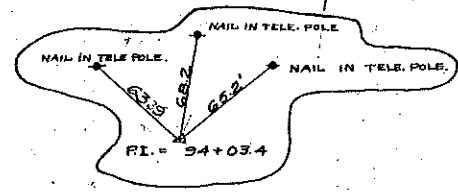
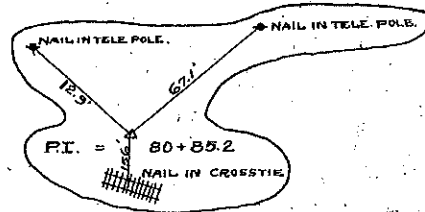
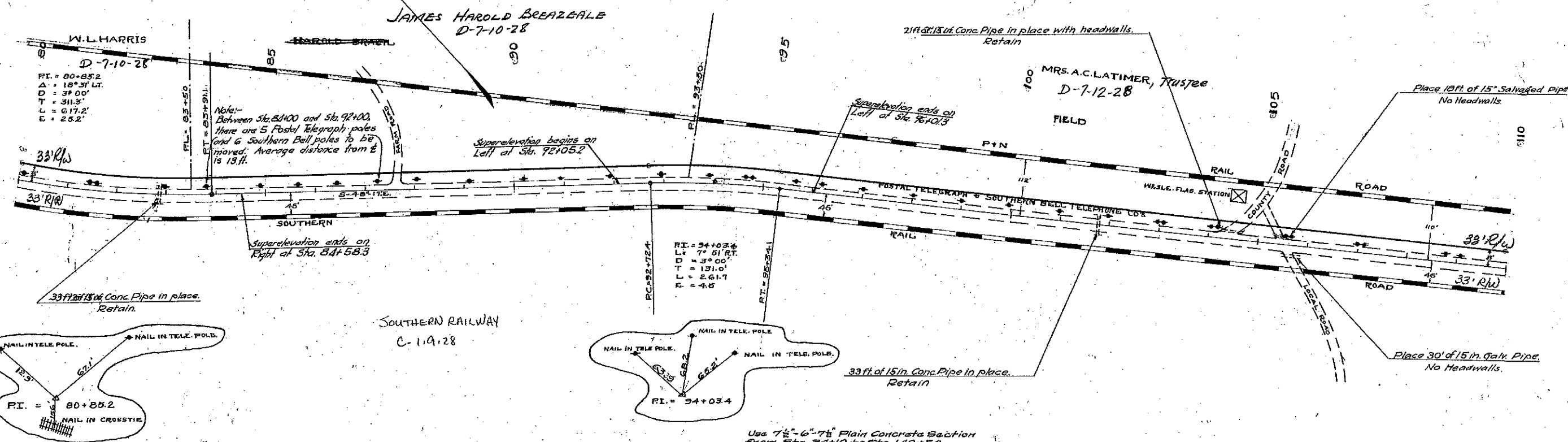


APPROVED: [Signature]
 ENGINEER: [Signature]
 DATE: [Date]



PROFILE
 APPROVED: [Signature]
 ENGINEER: [Signature]
 DATE: [Date]

FED. ROAD DIST. NO.	STATE	COUNTY	FED. AID PROJ. NO.	ROUTE NO.	SHEET NO.	TOTAL SHEETS
8	S.C.	ANDERSON	68-REOP	E20	9	62



CHECKED BY: [Signature]
 DATE: [Date]
 DRAWN BY: [Signature]
 DATE: [Date]

PROJECT: [Project Name]
 SHEET NO.: [Sheet No.]
 TOTAL SHEETS: [Total Sheets]

FED. ROAD DIST. NO.	STATE	COUNTY	FED. AID PROJ. NO.	ROUTE NO.	SHEET NO.	TOTAL SHEETS
5	S.C.	ANDERSON	2344	20	2	GE

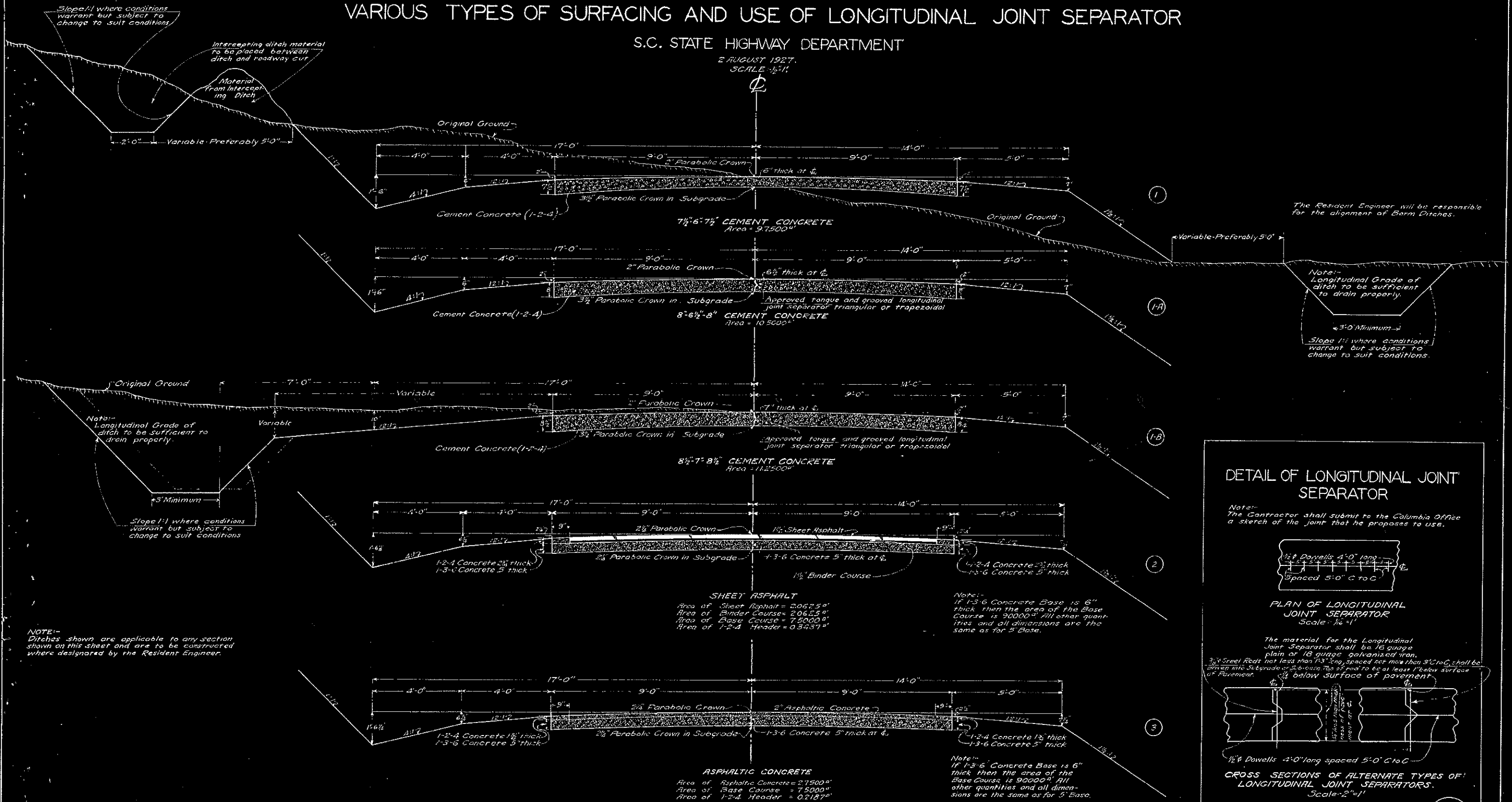
TYPICAL SECTIONS

SHOWING

VARIOUS TYPES OF SURFACING AND USE OF LONGITUDINAL JOINT SEPARATOR

S.C. STATE HIGHWAY DEPARTMENT

2 AUGUST 1927.
SCALE - 1/2" = 1'



The Resident Engineer will be responsible for the alignment of Barm Ditches.

Note: Longitudinal Grade of ditch to be sufficient to drain properly.

Note: Slope 1:1 where conditions warrant but subject to change to suit conditions.

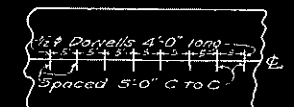
Note: Longitudinal Grade of ditch to be sufficient to drain properly.

Note: Slope 1:1 where conditions warrant but subject to change to suit conditions.

NOTE: Ditches shown are applicable to any section shown on this sheet and are to be constructed where designated by the Resident Engineer.

DETAIL OF LONGITUDINAL JOINT SEPARATOR

Note: The Contractor shall submit to the Columbia Office a sketch of the joint that he proposes to use.



PLAN OF LONGITUDINAL JOINT SEPARATOR
Scale - 1/8" = 1'

The material for the Longitudinal Joint Separator shall be 16 gauge plain or 18 gauge galvanized iron. 3/8" Steel Rods not less than 1'3" long spaced not more than 3' C to C shall be driven into Subgrade or Sub-base top of road to be at least 1" below surface of Pavement.



CROSS SECTIONS OF ALTERNATE TYPES OF LONGITUDINAL JOINT SEPARATORS.
Scale - 2" = 1'

Drawn By B.R.R.
Checked By R.H.H.

Drawing 7-35