



Human Performance Attachment – SUV Driver’s 2007 DMV License Renewal Form

Belton, South Carolina

HWY20FH001

(17 pages)



Henry McMaster
Governor

Kevin A. Shwedo
Executive Director

State of South Carolina
Department of Motor Vehicles

February 28, 2020

David Rayburn, Senior Accident Investigator
NTSB, Office of Highway Safety
490 L'Enfant Plaza East, SW
Washington, DC 20594

Re: Sherri T. DePetrillo
Case No.: HWY20FH001

Dear Mr. Rayburn:

Pursuant to your Subpoena issued December 23, 2019, please find enclosed the responsive documents.

If you have any questions you may contact our office at [REDACTED]

Sincerely,

[REDACTED]

Natasha D. Thomas, Paralegal
Office of General Counsel

Enclosure

STATE OF SOUTH CAROLINA

COUNTY OF ANDERSON

State of South Carolina,

-vs-

Sherri T. DePetrillo,

Defendant.

Indictment No.: HWY20FH001

AFFIDAVIT OF AUTHENTICITY

I, **Natasha Thomas**, the undersigned, hereby certify: that I am a custodian of records for the South Carolina Department of Motor Vehicles; that the attached copy of the records of **Defendant Sherri T. DePetrillo** are a true and exact copy of the official records maintained by the South Carolina Department of Motor Vehicles; that these records contain matters observed or recorded pursuant to a duty imposed by law; that these records are kept in the course of the regularly conducted activity of South Carolina Department of Motor Vehicles; that these records constitute written records that it is the regular practice of the South Carolina Department of Motor Vehicles to prepare and maintain; and that these records reflect documentation similar to that which is routinely maintained by South Carolina Department of Motor Vehicles on all persons.

Further, S.C. Code §56-1-800 states:

In all proceedings held under the provisions of this article, photostatic, optical disk, or other copies of the reports filed with the Department of Motor Vehicles, including official reports received from directors of the motor vehicle divisions, court officials, or other agencies of other states charged with the duty of keeping records of offenses against the traffic laws of such states and reports of courts martial or United States Commissioners, are deemed to be true copies, when such copies are duly certified by the director or his designee as true copies of the original on file therewith, and as such shall be deemed prima facie evidence of the information contained on such reports for the purpose of showing any conviction.

Pursuant to S.C. Code §56-1-800, it is my understanding the attached documents may be entered into evidence without testimony.

Date: 28-Feb-2020

[Redacted Signature]

Signature

Natasha Thomas

Printed Name

STATE OF SOUTH CAROLINA

COUNTY OF Richland

SWORN TO AND SUBSCRIBED BEFORE ME

this 28th day of February, 2020

[Redacted Name]
NOTARY PUBLIC FOR SOUTH CAROLINA

My Commission Expires: 5/28/2024



South Carolina Department of Public Safety

APPLICATION FOR SC CREDENTIAL

Form 447
(Rev.11/01)

BEGINNER PERMIT/DRIVER LICENSE/IDENTIFICATION CARD NUMBER [REDACTED]

CUSTOMER NUMBER [REDACTED]

I AM APPLYING FOR A (check any that apply):

Beginner's Permit
 Driver's License
 Commercial Beginner's Permit
 Commercial Driver's License
 Identification Card
 Moped

LAST NAME DEPETRILLO **FIRST NAME** SUERRI **MIDDLE NAME** THOMPSON **SUFFIX** [REDACTED]

RESIDENCE ADDRESS (Cannot be a P.O. Box)

[REDACTED] City or Town BELTON State SC Zip Code 29627 County ANDERSON

SPECIAL MAILING ADDRESS - Optional (To have your mail sent to an address different from residence address)

[REDACTED] City or Town [REDACTED] State [REDACTED] Zip Code [REDACTED] County [REDACTED]

Do you want to delete a current special mailing address now on file? Yes

TEMPORARY MAILING ADDRESS - Optional (To have your mail sent to an address for a limited time period) **Expiration Date**

[REDACTED] City or Town [REDACTED] State [REDACTED] Zip Code [REDACTED] County [REDACTED]

Do you want to delete a current temporary mailing address now on file? Yes

SOCIAL SECURITY NUMBER * (SSN) [REDACTED] **SEX** Male Female **DATE OF BIRTH** Month [REDACTED] Day [REDACTED] Year [REDACTED] **HEIGHT** Feet 5 Inches 4 **WEIGHT** 175 **RACE** W

*You must provide your social security number as required by SC Code section 56-1-90 and 14-7-130 in identifying you and preparing jury lists. The Driver's Privacy Protection Act of 1994 (DPPA), 18 U.S.C. Section 2721-2725, and Section 56-3-545 of the South Carolina Code of Laws restricts the disclosure of personal information contained in our records.

MOTOR VOTER

Yes. Complete Voter Registration Application No. I decline the DMV Voter Registration Application.

ORGAN DONOR AND GIFT OF LIFE

Yes, I want to be an organ donor. Please see brochure for organ donor card.

Yes, I wish to donate \$1.00 or more to the Gift of Life. Amount of donation \$ _____ .00

ALL OF THE FOLLOWING QUESTIONS MUST BE ANSWERED

Yes No

- Are you a resident of South Carolina? Section 23-3-460 of the SC Code of Laws states that a person who has been convicted, anywhere of an offense listed in 23-3-430 must register with the county sheriff within 10 days of establishing residency in South Carolina. A copy of the Sex Offender Registry Law is available upon request.
- Are you a citizen of the United States?
- Do you now have or have you ever had a South Carolina beginner's permit or driver's license? If yes, give the number and name, if different from number and name given on this application _____
- Do you have or have you had a learner's permit or driver's license from another state or country? If yes, list information from last time issued State/Country _____ license number _____ and issue date _____
- Is your driver's license or privilege to drive suspended, cancelled, revoked or disqualified in any state? If yes, Where _____ When last? _____
- Have you recently surrendered your license or beginner's permit in court, or to a law enforcement officer? If yes, When _____
- Do you have any mental or physical condition that may prevent you from safely operating a motor vehicle? Restated to be a true and correct copy of the document on file with the South Carolina Department of Motor Vehicles.
- In the last three years, have you experienced a loss of consciousness, muscular control or seizure?
- In the last six months, have you had a heart attack, heart surgery, or pacemaker implantation?
- Have you had a stroke and not recovered sufficiently to safely operate a motor vehicle?
- Are you a habitual user of alcohol or any other drug to a degree which prevents you from _____
- Do you have a permanent medical condition and wish to have a medical symbol enforcement and emergency personnel of this condition? _____ law

Please list condition: _____

Driver Services, Director

FOR COMMERCIAL DRIVER'S LICENSE ONLY

- Yes No 13. Are you subject to any disqualification listed in 383.51 of the Federal Motor Carrier Regulations?
- Yes No 14. Is the vehicle being operated on the road test representative of the class for which you are applying and intend to operate?
- Yes No 15. Do you currently hold a valid D.O.T. Medical Certificate for a class A,B,C,E, or F license? If Yes, give expiration date _____
This medical certificate must be updated every 2 years.
- Yes No 16. Are you a medically exempt government employee? If yes, give name of agency _____

INSURANCE INFORMATION (Check and complete the statement that applies to you.)

- Under penalties of perjury, I declare that I am insured with the following insurance company and will maintain liability insurance throughout the issuance period.
COMPANY NAME NATIONWIDE POLICY NUMBER [REDACTED] AGENT [REDACTED]
- No motor vehicle required to be registered in South Carolina is owned by me or any relative residing in my household.

CONSENT FOR MINOR (Must be completed for all applicants under the age of 18) I am a parent or guardian of the unemancipated minor applicant or if the minor applicant is emancipated, I am a responsible adult. I consent to the issuance of a beginner's permit and/or driver's license. I accept responsibility for the actions of the minor applicant as outlined in Section 56-1-110 of the South Carolina Code of Laws. To be released from this responsibility before the applicant reaches age 18, I understand that I must submit a written request for release to the Division of Motor Vehicles to have this application and the applicant's beginner's permit or driver's license cancelled.

Emancipated minors must submit one of the following as proof of emancipation: Court Order Certificate of Marriage Active Military Orders
Only original or certified copies will be accepted.

Relationship to Minor Applicant _____ Date _____
Printed Name _____ Signature _____

CERTIFY under penalty of perjury that all information and statements made in this application are true and correct. Also, I CERTIFY that I do not have a valid driver's license other than shown in questions #3 and #4 and that my privilege to operate a motor vehicle is not now or subject to be suspended, cancelled, revoked or disqualified at the time of this application.

Printed Name SHERRI T. DE PETRILLO Signature [REDACTED]
Date 8-27-02

- Original Duplicate Route Restricted Provisional Exchanging Out-of-State Permit or License for a SC Permit or License
 Renewal Reissue Temporary Alcohol Modified

CLASS: A* B* C* D E* F* G (Moped) M (Motorcycle) State _____ Number _____
CDL: Airbrakes Yes No
*NOTE: CLASSES A, B, C, E, F REQUIRE A VALID MEDICAL EXAMINER CERTIFICATION.

RESTRICTIONS: _____ ENDORSEMENTS: _____

IDENTIFICATION SUBMITTED: Birth Certificate Passport
 Visa Other

TESTS:
Knowledge
Date _____ Passed Failed Comments _____
Date _____ Passed Failed Comments _____
Date _____ Passed Failed Comments _____

Skills
Date _____ Passed Failed Comments _____
Date _____ Passed Failed Comments _____
Date _____ Passed Failed Comments _____

Hearing Deaf Poor Good

Missing Extremities No Yes

Vision
Right With Glasses 20/____ Left 20/____ Both 20/____
Without Glasses 20/40 20/40 20/40

Certified to be a true and correct copy of the original document on file with the South Carolina Department of Motor Vehicles

Office Code 0064F Employee Initials TS Employee Signature [REDACTED] Director



South Carolina Department of Motor Vehicles

Application for S.C. Credential

Form **447**
(Rev. 10/06)

BEGINNER PERMIT/DRIVER LICENSE/IDENTIFICATION CARD NUMBER
CUSTOMER NUMBER

I AM APPLYING FOR A (check any that apply):

Beginner's Permit
 Driver's License
 Commercial Beginner's Permit
 Commercial Driver's License
 Identification Card
 Moped

LAST NAME
FIRST NAME
MIDDLE NAME
SUFFIX

RESIDENCE ADDRESS (Must be your current address of residence and cannot be a P.O. Box)

City or Town
 State
 Zip Code
 County

I understand the Department will send mail to the residence address above unless I have specified a special or temporary mailing address below.

SPECIAL MAILING ADDRESS - Optional (To have your mail sent to an address different from residence address)

City or Town
 State
 Zip Code
 County

Do you want to delete a current special mailing address now on file? Yes

TEMPORARY MAILING ADDRESS - Optional (To have your mail sent to an address for a limited time period)

City or Town
 State
 Zip Code
 County
Expiration Date

Do you want to delete a current temporary mailing address now on file? Yes

SOCIAL SECURITY NUMBER * (SSN)

SEX
 Male
 Female

DATE OF BIRTH

Month
 Day
 Year

HEIGHT

Feet
 Inches

WEIGHT

RACE

* Your Social Security number is required for the purposes of identifying you and preparing jury lists pursuant to South Carolina Code of Laws Sections 56-1-90 and 14-7-130. The Driver's Privacy Protection Act of 1994 (DPPA), 18 U.S.C. Section 2721, 2725, the Family Privacy Protection Act of 2002 (FPPA), 38-2-10 et seq., and Section 56-3-545 of the S.C. Code restrict the disclosure of personal information contained in our records.

MOTOR VOTER (check one box)

Yes, I wish to complete a DMV Voter Registration Application.
 *Must be a United States Citizen and meet age requirements to complete a DMV Voter Registration Application.
 No, I am not eligible to vote
 No, I have already registered to vote.
 No, I decline the DMV Voter Registration Application.

ORGAN AND TISSUE DONATION (optional)

Yes, I want to be an organ and tissue donor. (A symbol will be added to your credential if you choose to be an organ donor.)
 Yes, I wish to donate \$1.00 or more to Donate Life South Carolina. Amount of donation \$



ALL OF THE FOLLOWING QUESTIONS MUST BE ANSWERED

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | 1. Are you a resident of South Carolina? |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | 2. Are you a citizen of the United States? |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | 3. Do you now have or have you ever had a South Carolina beginner's permit or driver's license? If yes, give the number and name if different from number and name given on this application |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | 4. Do you have or have you had a learner's permit or driver's license from another state or country? If yes, list information from last time issued State/Country _____ license number _____ and issue date _____ |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | 5. Is your driver's license or privilege to drive suspended, cancelled, revoked or disqualified in any state? If yes, where? _____ When last? _____ |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | 6. Have you recently surrendered your license or beginner's permit in court or to a law enforcement officer? If yes, when? _____ Reason _____ |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | 7. In the past 12 months, have you experienced a loss of consciousness, muscular control or seizure? |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | 8. a) In the past six months, have you experienced a heart attack or heart surgery? |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | b) Has your doctor recommended you not drive or placed restrictions on your driving at this time? If the answer to "b" is yes, what are the restrictions? _____ |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | 9. Have you had a stroke and not recovered sufficiently to safely operate a motor vehicle at this time? |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | 10. Are you a habitual user of alcohol or any other drug to a degree which prevents you from safely operating a motor vehicle at this time? |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | 11. Do you have any mental or physical condition preventing you from safely operating a motor vehicle? If yes, please list condition(s): _____ |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | 12. Has your doctor recommended you not drive or placed restrictions on your driving at this time? If yes, what are the restrictions? _____ |

Certified to be a true and correct copy of the original document on file with the South Carolina Department of Motor Vehicles

NOTE: Section 23-3-460 of the S.C. Code of Laws states that a person who has been convicted anywhere of an offense listed in 23-3-430 must re-establish residency in South Carolina. A copy of the Sex Offender Registry Law is available upon request.

FOR COMMERCIAL DRIVER'S LICENSE ONLY

- Yes No 13. Have you read and do you understand and meet the qualification requirements under Federal Rule 49 CFR, Part 391 of the Federal Motor Carrier Safety Administration rules to operate a commercial vehicle?
- Yes No 14. Are you subject to any disqualification listed in 383.51 of the Federal Motor Carrier Regulations?
- Yes No 15. Is the vehicle being operated on the road test representative of the class for which you are applying and intend to operate?
- Yes No 16. Do you have a valid D.O.T. medical examiner certificate for a Class A,B,C,E, or F license? Expiration Date _____
You must show the medical certificate as evidence and it must be updated every two years.
- Yes No 17. Are you a medically exempt government employee? If yes, give name of agency _____

Any falsification of information on this application may result in a 60-day disqualification of your CDL and/or result in criminal prosecution under state and federal law.

INSURANCE INFORMATION (Check and complete the statement that applies to you.)

- Under penalties of perjury, I declare that I am insured with the following insurance company and will maintain liability insurance throughout the issuance period.
AGENT NAME _____ COMPANY NAME Nationwide
- No motor vehicle required to be registered in South Carolina is owned by me or any relative residing in my household.

CONSENT FOR MINOR (Must be completed for all unemancipated applicants under the age of 18) I am a parent or guardian of the unemancipated minor applicant. (If guardian, please provide documentation.) (Responsible adult must complete Form 447-CM)

Emancipated minors must submit one of the following as proof of emancipation: Court Order Certificate of Marriage Active Military Orders
*Only the original or certified copies will be accepted.

I consent to the issuance of a beginner's permit and/or driver's license. I accept responsibility for the actions of the minor applicant as outlined in Section 56-1-110 of the South Carolina Code of Laws. To be released from this responsibility before the applicant reaches age 18, I understand that I must submit a written request for release to the Department of Motor Vehicles to have this application and the applicant's beginner's permit or driver's license cancelled.

Relationship to Minor Applicant _____ Date _____
Printed Name _____ Signature _____

I CERTIFY under penalty of perjury that all information and statements made in this application are true and correct as of the date of this application. I also CERTIFY that I do not have a valid driver's license other than the one(s) reported in questions #3 and #4 and that my privilege to operate a motor vehicle is not now or subject to be suspended, cancelled, revoked or disqualified at the time of this application.

I understand that I am receiving a S.C. credential based on the information provided on this application, and that SCDMV will verify all information. I also understand that if my privilege to drive is ever suspended, cancelled or revoked in South Carolina or any other state, my S.C. license will be revoked until I have met all reinstatement requirements in South Carolina and any other states.

Printed Name _____ Signature _____
Date 8/27/07 SHERRI T. DePetrillo _____

FOR OFFICE USE ONLY

- Original Duplicate Route Restricted Provisional Exchanging Out-of-State Permit or License for a SC Permit or License
 Renewal Reissue Temporary Alcohol Modified State _____ Number _____

CLASS: A* B* C* D E* F* G (Moped) M (Motorcycle)

CDL: Airbrakes Yes No

*NOTE: CLASSES A, B, C, E, F REQUIRE A VALID MEDICAL EXAMINER CERTIFICATION.

RESTRICTIONS: _____ ENDORSEMENTS: _____

IDENTIFICATION SUBMITTED: Birth Certificate Passport/Visa

SSN _____ Proof of Residency _____

TESTS:	Date	Result	Comments
Knowledge	_____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed	_____
	_____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed	_____
	_____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed	_____
Skills	_____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed	_____
	_____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed	_____
	_____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed	_____

Hearing Deaf Poor Good

Missing Extremities No Yes

Vision Right _____ Left _____
With Glasses _____
_____ 40

Certified to be a true and correct copy of the original document on file with the South Carolina Department of Motor Vehicles

Office Number _____ Employee Signature _____ Date _____



South Carolina Department of Motor Vehicles
Application for a Non-Commercial Credential (Class D, E, F, G, M, or an ID)
 Commercial Applicants must complete Form 447-CDL for Class A, B, or C Licenses or Permits

447-NC
(Rev. 12/15)

I AM APPLYING FOR A (check any that apply): Beginner's Permit Identification Card Driver's License Moped

IF RENEWING BY MAIL: You may be eligible to renew by mail if you are 65 years old or older and did not renew your driver's license by mail or online the previous renewal period. Licenses issued to international customers cannot be renewed by mail. If mailing application, be sure to include payment (no cash). See our website for driver license fees (www.scdmvonline.com) or call (803) 896-5000.

BP/DL/ID NUMBER		CUSTOMER NUMBER	
LAST NAME		FIRST NAME	
MIDDLE NAME		SUFFIX	
RESIDENCE ADDRESS (Must be your current address of residence and cannot be a P.O. Box)			
COUNTY			
CITY or TOWN	STATE	ZIP CODE	PHONE NUMBER
EMAIL ADDRESS			
SOCIAL SECURITY NUMBER* (SSN)		DATE of Birth	HEIGHT
		WEIGHT	RACE
		GENDER	

* Your Social Security number is required for the purposes of identifying you and preparing jury lists pursuant to South Carolina Code of Laws Sections 56-1-90 and 14-7-130. The Driver's Privacy Protection Act of 1994 (DPPA), 18 U.S.C. Section 2721, 2725, the Family Privacy Protection Act of 2002 (FPPA), 30-2-10 et seq., and Section 56-3-545 of the S.C. Code restrict the disclosure of personal information contained in our records.

I understand the Department will send mail to the residence address above unless I have specified a special or temporary mailing address below.

Complete this section if you want to ADD or DELETE a special and/or temporary mailing address to/from your file.

SPECIAL MAILING ADDRESS - Optional (To have your mail sent to an address different from residence address)				COUNTY
CITY or TOWN	STATE	ZIP CODE	Do you want to DELETE a special mailing address now on file? <input type="checkbox"/> Yes	
TEMPORARY MAILING ADDRESS - Optional (To have your mail sent to an address for a limited time period)				EXPIRATION DATE
CITY or TOWN	STATE	ZIP CODE	COUNTY	Do you want to DELETE a temporary mailing address now on file? <input type="checkbox"/> Yes



ORGAN AND TISSUE DONATION

YES, I want to be an organ and tissue donor.
 YES, I wish to donate \$5.00, more or less, to Donate Life SC. Amount of donation \$ _____ .00

ORGAN DONOR STATEMENT - If you marked YES that you want to be an organ and tissue donor upon death, your consent shall serve as a legally binding document as outlined under the South Carolina Uniform Anatomical Gift Act. Except in the case where the donor is under the age of 18, the donation does not require the consent of any other person. For donors under the age of 18, the legal guardian of the donor shall make the final decision regarding the donation.

If you marked "YES," you verify that you have read the organ donor statement and you consent for the SCDMV to send your personal information to the SC Organ and Tissue Donor Registry. A red heart will be printed on the front of your driver's license. If you are currently registered you must check "YES" to have the red heart reprinted on your license.

If you change your decision to consent in the future or wish to be removed from the SC Organ and Tissue Donor Registry, you can go online to www.DonateLifeSC.org or contact Donate Life SC at 1-87-PASS-IT-ON. You may also have your name removed from the registry by visiting any SCDMV office or www.SCDMVonline.com while completing a credential transaction. SCDMV will assess an administrative fee for the change and there may be a 72 hour delay in removing your name from the SC Organ and Tissue Donor Registry.

VOTER REGISTRATION

* Must be a United States Citizen and meet requirements to complete a DMV Voter Registration Application.
 Do you want to register to vote or update your address with the County Registration Board? (check one box)

- Yes, I wish to register to vote or update my voter registration address.
- No, I do not wish to register to vote.
- No, I am not eligible to register to vote.
- No, I am already registered to vote and do not wish to update my voter registration address.

Sex Offender Registry Notice

Section 23-3-460 of the S.C. Code of Laws states that any individual convicted of an offense listed in 23-3-430 must register with the county sheriff within 3 days of establishing residence. A copy of the Sex Offender Registry Law is available upon request (www.scstatehouse.gov/code/t23c003.php).

QUESTIONS 1 through 12 MUST BE ANSWERED FOR PERMITS AND LICENSES (only answer questions 1 - 4 for an identification card)

1. Are you a resident of South Carolina? Yes No
2. Are you a citizen of the United States? Yes No
3. Do you now have or have you ever had a South Carolina identification card, beginner's permit, driver's license, or moped license? If yes, give the number and name if different from number and name given on this application Yes No
4. Do you now have or have you ever had an identification card, beginner's permit, driver's license, or moped license from another state or country? If yes, list information from last time issued. State/Country License Number and Issue Date Yes No
5. Is your beginner's permit, driver's license, moped license, or privilege to drive suspended, cancelled, revoked or disqualified in any state? If yes, where? when last? Yes No
6. Have you recently surrendered your beginner's permit, driver's license, or moped license in court or to a law enforcement officer? If yes, when? Reason Yes No
7. In the past 12 months, have you experienced a loss of consciousness, muscular control or seizure? Yes No
8. a) In the past six months, have you experienced a heart attack or heart surgery? Yes No
 b) Has your doctor recommended you not drive or placed restrictions on your driving at this time? If the answer to "b" is yes, what are the restrictions? Yes No
9. Have you had a stroke and not recovered sufficiently to safely operate a motor vehicle at this time? Yes No
10. Are you a habitual user of alcohol or any other drug to a degree which prevents you from safely operating a motor vehicle at this time? Yes No
11. Do you have any mental or physical condition preventing you from safely operating a motor vehicle at this time? If yes, please list condition(s): Yes No
12. Has your doctor recommended you not drive or placed restrictions on your driving at this time? If yes, what are the restrictions? Yes No

AUTOMOBILE INSURANCE INFORMATION (Check and complete the statement that applies to you.)

Under penalties of perjury, I declare that I am insured with the following insurance company and will maintain liability insurance throughout the insurance period. COMPANY NAME: NATIONWIDE - KENNETH RHADES AGENCY

No motor vehicle required to be registered in South Carolina is owned by me or any relative residing in my household.

CONSENT FOR MINOR - Must be completed for all unemancipated applicants under the age of 18. I am a parent or guardian of the unemancipated minor applicant. (1) If guardian, please provide documentation. (2) Responsible adult must complete Form 447-CM for an Emancipated minor who must also submit one of the following as proof of emancipation: (Only the original or certified copies will be accepted):

Court Order Certificate of Marriage Active Military Orders

I consent to the issuance of a beginner's permit and/or driver's license. I accept responsibility for the actions of the minor applicant as outlined in Section 56-1-110 of the South Carolina Code of Laws. To be released from this responsibility before the applicant reaches age 18, I understand that I must submit a written request for release to the Department of Motor Vehicles to have this application and the applicant's beginner's permit or driver's license cancelled.

RELATIONSHIP TO MINOR APPLICANT	PRINTED NAME	SIGNATURE	DATE
FATHER'S NAME (PRINT)	ADDRESS	ID/DL#	PHONE #
MOTHER'S NAME (PRINT)	ADDRESS	ID/DL#	PHONE #

I CERTIFY under penalty of perjury that all information and statements made in this application are true and correct as of the date of this application. I also CERTIFY that I do not have a valid driver's license other than the one(s) reported in questions #3 and #4 above and that my privilege to operate a motor vehicle is not now or subject to be suspended, cancelled, revoked or disqualified at the time of this application. I understand that I am receiving a S.C. credential based on the information provided on this application, and that SCDMV will verify all information. I also understand that if my privilege to drive is ever suspended, cancelled or revoked in South Carolina or any other state, my S.C. license will be revoked until I have met all reinstatement requirements in South Carolina and any other states.

SHERI T. DePETRILLO
 APPLICANT'S PRINTED NAME DATE 7-28-17

FOR DMV OFFICE USE ONLY

Exchanging Out-of-State Permit for a SC Permit or License STATE: _____ OOS BP/DL NO.: _____

TYPE: Duplicate Modified Original Provisional Re-exam Reissue Renewal Route Restricted Temporary Alcohol

CLASS: D E F G (Moped) ID M (Motorcycle) RESTRICTIONS: _____

IDENTIFICATION SUBMITTED: Birth Certificate Passport/Visa SSN Proof of Residency

Knowledge Test

Date: _____ Passed Failed Comments: _____

Date: _____ Passed Failed Comments: _____

Date: _____ Passed Failed Comments: _____

Skills Test

Date: _____ Passed Failed Comments: _____

Date: _____ Passed Failed Comments: _____

Date: _____ Passed Failed Comments: _____

Hearing Impaired: Deaf Poor Good

Missing Extremities: No Yes:

Vision	Right	Left	Both
With corrective lens	20/20	20/	20/
Without corrective lens	20/	20/	20/

Office Number: _____
 Employee Signature: _____

certified to be a true and correct copy of the original and correct on file

Dr

ORIGINAL

D.P.S. USE ONLY
98076746 0717 1998

SOUTH CAROLINA
UNIFORM TRAFFIC COLLISION REPORT
DEPARTMENT OF PUBLIC SAFETY
FORM TR-310 (REV. 2/84)

Amended - Attach Copy of Original Report
Corrected
Page 1 of 3
3 of Units

Date	Time	County	1 - Interstate 2 - US Primary 3 - SC Primary	4 - Secondary 5 - County 6 - Other	COLLISION LOCATION Route Number and Name if any ON South Main St. Hyatt Ave	<input checked="" type="radio"/> Non-Lane <input type="radio"/> Lane	AUXILIARY 5 - Spur 6 - Connection 7 - Business	8 - Bypass 9 - Other
06-16-98	17:45	04	<input checked="" type="radio"/> Interstate <input type="radio"/> US Primary <input type="radio"/> SC Primary	<input checked="" type="radio"/> Secondary <input type="radio"/> County <input type="radio"/> Other	FROM McGee Way 5-4-398	<input checked="" type="radio"/> Non-Lane <input type="radio"/> Lane	AUXILIARY 5 - Spur 6 - Connection 7 - Business	8 - Bypass 9 - Other
Distance Offset 0	Direction N E <input checked="" type="radio"/> W	1 - Interstate 2 - US Primary 3 - SC Primary	4 - Secondary 5 - County 6 - Other	SECOND INTERSECTION Route Number and Name if any TOWARD Campbell St. 314-397	<input checked="" type="radio"/> Non-Lane <input type="radio"/> Lane	AUXILIARY 5 - Spur 6 - Connection 7 - Business	8 - Bypass 9 - Other	
Time Police Arrived 17:45	Time Police Departed 17:46	City or Town Belton	Or If Outside	Miles N E <input checked="" type="radio"/> W	D.P.S. USE ONLY Grid 2593			

Unit #	Sex	Age	Driver or Pedestrian Full Name	Street or R.F.D.
1	M	W	Crystal Crain Celena	[REDACTED]
2	M	W	James Homer Booth	[REDACTED]
3	M	W	[REDACTED]	[REDACTED]
County	City or Town	County	City or Town	
Anderson S.C.	Belton S.C.	Anderson S.C.	Belton S.C.	
Year	Class	Year	Class	
1993	2Dr	1993	4Dr	
Make & Vehicle Identification Number	Make & Vehicle Identification Number	Make & Vehicle Identification Number	Make & Vehicle Identification Number	
SC 1999	Niss IN4E632H9PC	SC 2000	ZINC TLNLMRWIPIY	
Home Telephone #	Driver's Full Name	Home Telephone #	Driver's Full Name	
[REDACTED]	Jarnell, Nancy C	[REDACTED]	James H. Booth	
Business Telephone #	Address	Business Telephone #	Address	
[REDACTED]	Belton S.C. 29627	[REDACTED]	Belton S.C. 29627	

Motor Vehicle	Speed Limit	COMMERCIAL VEHICLE	1 - YES <input type="radio"/> NO <input checked="" type="radio"/>	Motor Vehicle	Speed Limit	COMMERCIAL VEHICLE	1 - YES <input type="radio"/> NO <input checked="" type="radio"/>
[REDACTED]	35	[REDACTED]	21	[REDACTED]	35	[REDACTED]	[REDACTED]
Not Occupants	Vehicle Towed by	Summons Number	Violation Codes	Not Occupants	Vehicle Towed by	Summons Number	Violation Codes
1	Clamps	[REDACTED]	[REDACTED]	1	[REDACTED]	[REDACTED]	[REDACTED]
H-1050297	[REDACTED]	[REDACTED]	[REDACTED]	H-1050298	[REDACTED]	[REDACTED]	[REDACTED]

Direction of Travel	Describe What Happened (Refer to Units by Number)
Unit #1 N E <input checked="" type="radio"/> W Unit #2 N E <input checked="" type="radio"/> W	Unit #3 was attempting to make a left turn on to McDuffie from S. Main. When Unit #1 struck Unit #2 in the rear, and Unit #2 struck Unit #3 in the rear.

SPECIAL USE ONLY	INTERNAL AGENCY CODE	Damage to Property Other Than Vehicle	Estimated Amt of Damage to Unit 1 \$ 2,000.00	Estimated Amt of Damage to Unit 2 \$ 1,000.00
Witness Full Name	Address	Phone	Age	Sex
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

OCCUPANTS	1	F	W	[REDACTED]	1143	1120	NAME	ADDRESS	ZIP
	2	M	W	[REDACTED]	1122	1120	NAME	ADDRESS	ZIP
	3	F	W	[REDACTED]	1122	1120	NAME	ADDRESS	ZIP
							NAME	ADDRESS	ZIP
							NAME	ADDRESS	ZIP
							NAME	ADDRESS	ZIP

W. Lowe
PEC
84 Stockholms 745 NY
DMS

Certified to be a true and correct copy of the original document on file with the South Carolina Department of Motor Vehicles.

ORIGINAL

D.P.S. USE ONLY

98076746 0717 1998

SOUTH CAROLINA UNIFORM TRAFFIC COLLISION REPORT DEPARTMENT OF PUBLIC SAFETY FORM TR-616 (REV. 5/86)

Amended - Attach Copy of Original Report

Corrected

Page 2 of 2 Pages

2 of Units

0:1

Date 06-16-98	Time 17:45	County 04	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other	COLLISION LOCATION Route Number and Name if any ON <i>South Main St</i> <i>High 10118</i> MADE INTERSECTION FROM <i>McGee Way</i> 5-4-398 SECOND INTERSECTION Route Number and Name if any TOWARD <i>Campbell St</i> 5-4-397	<input checked="" type="checkbox"/> Main Line Alternate	1- Bypass 2- Spur 3- Connection 4- Business	<input checked="" type="checkbox"/>
Lane 1- Entrance 2- Exit	Lane/Ramp Travel Direction N E <input checked="" type="radio"/> W	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other	<input checked="" type="checkbox"/> Main Line Alternate		1- Bypass 2- Spur 3- Connection 4- Business	<input checked="" type="checkbox"/>	
Distance Officer 0	Direction N E <input checked="" type="radio"/> W	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other	<input checked="" type="checkbox"/> Main Line Alternate		1- Bypass 2- Spur 3- Connection 4- Business	<input checked="" type="checkbox"/>	

City or Town *Belton* Or if Outside Miles N E W

Driver or Pedestrian Full Name <i>Sherril T. Depetrillo</i>	Street or RFD	City, State & Zip <i>Belton S.C. 29627</i>
Driver License Number <i>1994 UTL</i>	Make & Vehicle Identification Number <i>Ford FEMCU22X2RU</i>	License Plate Number <i>H-105029</i>
Owner's Full Name <i>Sherril T. Depetrillo</i>	Street or RFD	City, State & Zip <i>Belton S.C. 29627</i>

Speed Limit 35	COMMERCIAL VEHICLE 1- YES 2- NO	Contrib to Acc. Yes No	Estimated Speed	Speed Limit	COMMERCIAL VEHICLE 1- YES 2- NO
-------------------	------------------------------------	---------------------------	-----------------	-------------	------------------------------------

Direction of Travel
Unit 1 N E W
Unit 2 N E S W

Describe What Happened (Refer to Units by Number)

NORTH

NOTICE - THE UNIFORM TRAFFIC COLLISION REPORT IS FOR STATISTICAL REPORTING PURPOSES ONLY AND REFLECTS TO OFFICERS BEST KNOWLEDGE, OBSERVATION, AND BELIEF COVERING THE COLLISION BUT NO WARRANTY IS MADE AS TO THE FACTUAL ACCURACY THEREOF.

SPECIAL USE ONLY INTERNAL AGENCY CODE

Damage to Property Other Than Vehicle
Estimated Amt. of Damage to Unit 1 *\$ 6000.00*
Estimated Amt. of Damage to Unit 2

Witness Full Name Address Phone Zip Age Sex

Property Owner Name Address Phone Zip

OCCUPANTS

NAME	ADDRESS	ZIP
NAME	ADDRESS	ZIP
NAME	ADDRESS	ZIP
NAME	ADDRESS	ZIP
NAME	ADDRESS	ZIP
NAME	ADDRESS	ZIP
NAME	ADDRESS	ZIP
NAME	ADDRESS	ZIP

Investigator's Name *M. Lowe* PFC

Certified to be a true and correct copy of the original document on file with the South Carolina Department of Public Safety

ORIGINAL
DPS USE ONLY

SOUTH CAROLINA
UNIFORM TRAFFIC COLLISION REPORT
DEPARTMENT OF PUBLIC SAFETY
FORM TR-310 (REV. 6/95)

Amended Attach Copy
of Original Report

Corrected

Page 1 of 1 Page

5

99022769 0310

1995

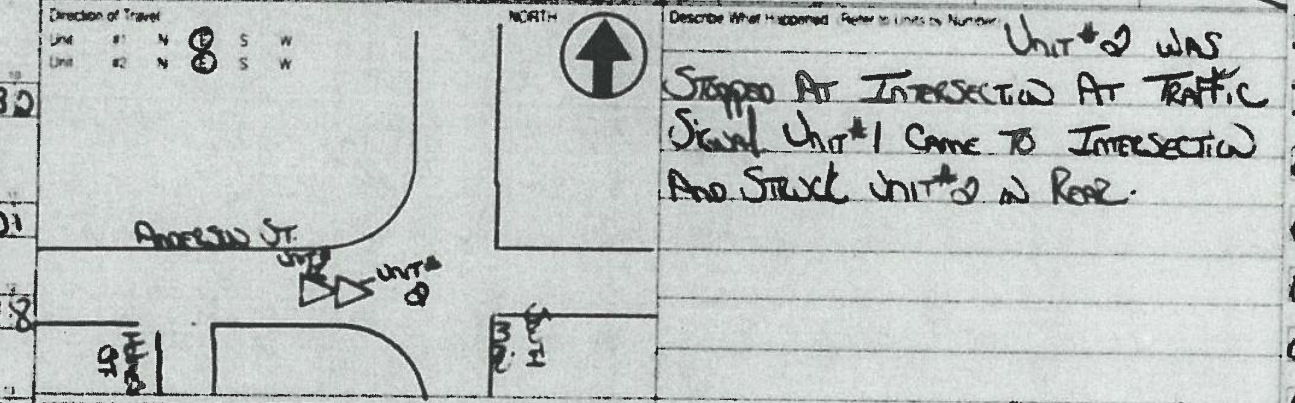
01

Date 01/23/99	Time 2006	County 04	1 Interstate 2 US Primary 3 SC Primary	4 Secondary 5 County 6 Other	COLLISION LOCATION Route Number and Name ON US 76 ANDREWS ST BASE INTERSECTION Route Number and Name if any	AUXILIARY 1. Turn 2. Connection 3. Business
Lane 1	Ramp 1 Entrance Exit	Lane Range N E W	1 Interstate 2 US Primary 3 SC Primary	4 Secondary 5 County 6 Other	FROM HOLMES STREET SECOND INTERSECTION Route Number and Name if any	AUXILIARY 1. Turn 2. Connection 3. Business
Distance (Ase) 2 FEET	Direction N E W	1 Interstate 2 US Primary 3 SC Primary	4 Secondary 5 County 6 Other	TOWARD SOUTH MAIN	AUXILIARY 1. Turn 2. Connection 3. Business	

Time Police Arrived 2007 2007
City **Beta** Or if Outside **Beta** Miles N E W
D.P.S. USE ONLY
MID **3331**

Unit # 1	Sex F	Race B	Driver or Pedestrian Full Name EDWARDS, Yolanda Estene	Unit # 2	Sex F	Race W	Driver or Pedestrian Full Name DEPETRILLO, Steven T.
Residence County ANDREWS	City Holmes Pt. Jc.	State SC	Zip 29654	Residence County ANDREWS	City Beta	State SC	Zip 29607
Year 1997	Body 4dr	Make CHEV	Model 161 JET	Year 1994	Body SUV	Make FORD	Model 1FMCW00XW5
State SC	Year 2000	License Plate Number [REDACTED]	Owner's Full Name YOLANDA EDWARDS	State SC	Year 2000	License Plate Number [REDACTED]	Owner's Full Name STEVEN DEPETRILLO
Home Telephone # N/A	Cellular # [REDACTED]	Residence County ANDREWS	City Holmes Pt. Jc.	Home Telephone # [REDACTED]	Cellular # N/A	Residence County ANDREWS	City Beta

Occupants 1	Vehicle Towed by N/A	Commercial Vehicle 1-YES 2-NO 94	Damage to Property Other Than Vehicle [REDACTED]	Occupants 4	Vehicle Towed by N/A	Commercial Vehicle 1-YES 2-NO 35	Damage to Property Other Than Vehicle [REDACTED]
J-655473		94		J-655474			



NOTICE - THE UNIFORM TRAFFIC COLLISION REPORT IS FOR STATISTICAL REPORTING PURPOSES ONLY AND REFLECTS TO OFFICER'S BEST KNOWLEDGE, OPINION AND BELIEF COVERING THE COLLISION BUT NO WARRANTY IS MADE AS TO THE FACTUAL ACCURACY THEREOF.

Unit #1 was found to be at fault

Witness Full Name ROSTER JA	Address [REDACTED]	City [REDACTED]	State SC	Zip 29040	Phone [REDACTED]
Property Owner Name [REDACTED]	Address [REDACTED]	City [REDACTED]	State SC	Zip [REDACTED]	Phone [REDACTED]

Occupants:

1	F	B	[REDACTED]	11	70	0	0	2	0
2	F	W	[REDACTED]	11	70	0	0	0	0
3	F	W	[REDACTED]	13	70	0	0	2	0
4	F	W	[REDACTED]	21	70	0	0	2	0
5	F	W	[REDACTED]	23	70	0	0	2	0

Director: **[REDACTED]**

Certified to be a true and correct copy of the original document on file with the South Carolina Department of Transportation

SOUTH CAROLINA DEPARTMENT OF PUBLIC SAFETY
NOTICE OF REQUIREMENT

99-22769

Date	Time	County	1 - Interstate	4 - Secondary	ACCIDENT LOCATION	MILITARY
01/23/99	2006	04	2 - US Primary	5 - County	Route Number and Name if any	0 Main Line
			3 - SC Primary	6 - Other	Andrew St	5 Spur
						6 Corner/Inter
						7 Business

TO VEHICLE OPERATOR / OWNER:
FAILURE TO COMPLY SHALL RESULT IN APPROPRIATE ACTION UNDER SECTION 56-10-270 OF THE 1976 CODE OF LAWS OF S.C. AS AMENDED. IF VEHICLE SUBJECT TO REGISTRATION IN SOUTH CAROLINA AND UPON CONVICTION THEREOF, THE DEPARTMENT MUST SUSPEND YOUR DRIVING AND/OR REGISTRATION PRIVILEGES FOR A PERIOD OF THIRTY DAYS AFTER WHICH YOU WILL BE REQUIRED TO FILE PROOF OF FUTURE FINANCIAL RESPONSIBILITY BEFORE REINSTATEMENT.

Line #	Class	Owner or Pedestrian Full Name	Plate #	Class	Driver or Pedestrian Full Name
1	P 8	Yolanda Edwards		P 8	DePetrillo, Shou T
		Address: Andrew St, Polk Pk, SC 29654			Address: Delta, SC 29627
		1997 Ford	1G1JF5042W1	1994 Sub	Make & Vehicle Registration Number
		SC 2000		SC 2000	License Plate Number
		Yolanda Edwards			Driver's Full Name
		Address: Andrew St, Polk Pk, SC 29654			Address: Delta, SC 29627

NOTICE OF REQUIREMENT ACCEPTED

Operator / owner refused to affix signature No Yes
 Vehicle subject to registration in SC? No Yes

J.A. Foster
OFFICER

BADGE # [redacted] JURISDICTION CODE **SC010000**

- 1 - CITY POLICE 2 - SHERIFF'S DEPT. 3 - COUNTY POLICE 4 - HIGHWAY PATROL 5 - OTHER

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 was in effect covering the vehicle

on the date and time as mentioned.

Name of Insurance Company: **State Farm Insurance**
 From: **11-30-98** to **5-30-99**

Policy Number: [redacted]
 Policyholder: **Louvenia Edwards**

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 implied to the above

Signature: [redacted] Title: **Agent**
 Department of Insurance: [redacted]

Return to: **FORM FR-10 FINANCIAL RESPONSIBILITY SOUTH CAROLINA DEPARTMENT OF PUBLIC SAFETY P.O. BOX 1488 COLUMBIA, SOUTH CAROLINA 29216-0488**

- IF ANY OF THE BELOW ARE APPLICABLE, DISREGARD THE ABOVE PORTION**
- Check here if a Form SR-22, Fleet Policy of 20 or more vehicles is on file with the Department covering the vehicle.
 - Check here if a certificate of self-insurance has been issued by the Department covering the vehicle and indicate the certificate number: [redacted]
 - Check here if liability insurance was not available to comply with South Carolina statutory requirements.

FORM FR-10 NOT BOUND SECTION 56-10-270

[redacted]

COMPANY ADDRESS



South Carolina Department of Public Safety
 Division of Motor Vehicles



BELTON POLICE DEPT
 PO BX 828
 BELTON SC 29627

RE: Driver SHERRI T DEPETRILLO
 Owner SHERRI OR RICHARD DEPETRILLO
 Accident Case No 99-22769
 Date of Accident JANUARY 23 1999
 Date Vehicle Operated
 FR-10 Audit No [REDACTED]

According to our records, Form FR-10 was provided regarding the vehicle that was operated on the date indicated above. Verification of liability insurance coverage has not been received. We ask that you determine if appropriate action should be initiated against the person for operating an uninsured motor vehicle or allowing the operation of an uninsured motor vehicle.

Please return a copy of this correspondence to the Financial Responsibility Office with your reply noted below.

Is this vehicle subject to registration in S.C.? Yes No

Law Enforcement Reply

LG
 Action Initiated
 Summons No. _____ Issued To _____
 Offense Operating an uninsured motor vehicle
 Allowing the operation of an uninsured motor vehicle

No Action Initiated
 Reason Insurance was in effect. Failed to take FR-10 to agent
Verified info w/ agent.

***If unable to locate, please state why (i.e. moved, insufficient address, etc.) _____

Liability insurance was in effect on the date and time of operation (attach any supporting documents.)

Name of Insurance Company (not agency) Nationwide
 Policy Number [REDACTED] Policy Holder _____
 Policy Dates From Aug 30 19 98 To Feb 28 19 99
 Agency Agent's Name K. Rhodes Jr.
 Verified By Agent _____
 Insurance Company Representative Christy Saylor

Correspondence Documents attached
 Officer Robert Anderson (Capt) Date _____
 Enforcement Agency Belton PD

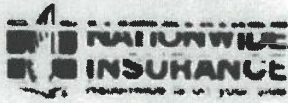
Certified to be a true and correct copy of the original document on file with the South Carolina Department of Motor Vehicles.

NOTE: Please call (803) 251-2969 if you have any questions.

FR 222
 (Rev. 1/96)

[REDACTED]

Driver Services Director



SOUTH CAROLINA INSURANCE IDENTIFICATION CARD

Please detach your identification card on the dotted line.

If you lose your card or have any questions about its use, contact your Nationwide agent.

00116 3
03 30-16-00 06

0 1 2 3 4 5 6 7 8 9

**SOUTH CAROLINA
INSURANCE IDENTIFICATION CARD**

Company Number: 23787
NATIONWIDE MUTUAL INSURANCE COMPANY
4401 CREEDMOOR ROAD
HALEIGH, NC 27512-1003

Policy Number	Effective Date	Expiration Date
21 00 0 00000	02 01 1999	01 01 2000

**RICHARD F & SHERRI T
DEPETRILLO
142 HAVENWOOD DR
BELTON, SC
29627-8153**

Year	Make/Model	Vehicle Identification Number
1983	CHEV STD PICK	1GCCS14R8P [REDACTED]

For assistance about this insurance, call your Nationwide agent, K RHODES, JR. [REDACTED]
To report a claim, from anywhere in the country, just call TOLL FREE 1-800-641-2000

CUT HERE

**SOUTH CAROLINA
INSURANCE IDENTIFICATION CARD**

Company Number: 23787
NATIONWIDE MUTUAL INSURANCE COMPANY
4401 CREEDMOOR ROAD
HALEIGH, NC 27512-1003

Policy Number	Effective Date	Expiration Date
21 00 0 00000	02 01 1999	01 01 2000

**RICHARD F & SHERRI T
DEPETRILLO
142 HAVENWOOD DR
BELTON, SC
29627-8153**

Year	Make/Model	Vehicle Identification Number
1984	FORD EXPLORER	1FMCU22ZGR [REDACTED]

For assistance about this insurance, call your Nationwide agent, K RHODES, JR. [REDACTED]
To report a claim, from anywhere in the country, just call TOLL FREE 1-800-641-2000

CUT HERE

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IMPORTANT NOTICE

This insurance identification (ID) Card shows that a liability insurance policy has been issued which satisfied the financial responsibility requirements of the law. This card is not to be used as evidence of insurance coverage. In the event of an accident your card may be used to exchange information with other drivers.

This card is not to be used as evidence of insurance coverage. In the event of an accident your card may be used to exchange information with other drivers.

[REDACTED]
Driver Services, Director

CENTURY II AUTO POLICY DECLARATIONS

2. 1994 FORD EXPLORER
 Coversages
 COMPREHENSIVE
 WITH FULL GLASS
 PROPERTY DAMAGE LIABILITY
 BODILY INJURY LIABILITY
 UNINSURED MOTORISTS
 -BODILY INJURY
 -PROPERTY DAMAGE
 UNDERINSURED MOTORISTS
 -BODILY INJURY
 -PROPERTY DAMAGE
 LOSS OF USE BROAD FORM
 TOWING AND LABOR
 30 REINSURING FACILITY EQUIPMENT

ID #1FMCU22X2RUE [REDACTED]
 Limits (M) (R) (H) (W)
 ACTUAL CASH VALUE LESS \$ 500
 \$ 22,200
 \$ 70.00
 \$ 22.00
 \$ 71.10
 \$ 9.10
 \$ 2.10
 \$ 10.00
 \$ 10.00
 \$ 5.40
 \$ 2.00
 \$ 22.20
 TOTAL \$ 254.10

DRIVERS
 SURETY GENERALIA

DRIVER LICENSE NUMBER:
 [REDACTED]

REGISTRATION STATE FEDERAL

LICEN EXPIRES ON NOV 30, 2001

VEHICLE CLASSIFICATIONS

1994 FORD EXPLORER
 GENERAL CLASS PASSENGER
 USE OF VEHICLE DRIVE TO WORK
 RATED DRIVER MALE MARRIED
 ADDED DISCOUNTS HOME & CAR
 RATING MAROLD 010 010

Policy Form & Endorsements: AUTO 01001 10000

Other Use: 11/2 02, 1000 FROM: 000 CITY: ANDERSON S 0.00

Issued by: NATIONWIDE MUTUAL INSURANCE COMPANY Home Office - Columbus, Ohio
 Countersigned at: COLUMBUS, OHIO By: KENNETH A. HAYES, JR.



Certified to be a true, and correct copy of the original document on file with the South Carolina Department of Motor Vehicles.

[REDACTED]
 Driver Services, Director