

Mail FR-10 to: SC Department of Motor Vehicles Office of Financial Responsibility (803) 896-5000 PO Box 1498, Blythewood, SC 29016-0050				SOUTH CAROLINA DEPARTMENT OF MOTOR VEHICLES FR-10 (REV. 02/2019) NOTICE OF REQUIREMENT				Submit Electronically: Agents or Company Representatives can submit your Insurance Information at WWW.SC-ALIR.COM																							
Date	Time	County	1 - Interstate 4 - Secondary 2 - US Primary 5 - County 3 - SC Primary 6 - PP		Collision Location (Rt. # / Name)		Main Line 6 - Connection 2 - Alternate 7 - Business 5 - Spur		Miles:	Dir. N E S W	In Near City or Town of:																				
10-12-2022	2 3 5 0	40			277 / BULL ST						COLUMBIA																				
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.																														
GG-948261				Driver/Pedestrian's Full Name JONES HASAHN SHARIF				GG-948268				Driver/Pedestrian's Full Name MILTON JASON CLARK																			
Unit #	Sex	Race	Street				Unit #	Sex	Race	Street																					
01			208 OAKLEY DR				02			21 OLDE SPRINGS CT																					
#Occ	Birth Date		City, State, & Zip				#Occ	Birth Date		City, State, & Zip																					
2			COLUMBIA SC 292234523				1			COLUMBIA SC 292236024																					
State	Driver's License #				Insurance Company:				State	Driver's License #				Insurance Company:																	
SC	103017560 D				ALLSTATE				SC	103917526 D				UNINSURED																	
Year	Body	Vehicle Make		VIN #		Year	Body	Vehicle Make		VIN #		Year	Body	Vehicle Make		VIN #															
2 0 1 6	4S	NISS		1N4AL3AP4GC114168		2 0 1 7	4S	BMW		WBA8B9C30HK885823		2 0 1 7	4S	BMW		WBA8B9C30HK885823															
State	Year	License Plate #		Owner's D.L. #		State	Year	License Plate #		Owner's D.L. #		State	Year	License Plate #		Owner's D.L. #															
SC	2 0 2 3	RGX231		101837722		SC	2 0 2 4	W1112PE		103917526		SC	2 0 2 4	W1112PE		103917526															
Home Telephone		Owner's Full Name																													
		TAYLOR COURTNEY FRANSHEY																													
Bus. Telephone		Street																													
		350 POWELL RD APT 323																													
Contributed To Collision		City, State, & Zip																													
Yes No		COLUMBIA SC 29203																													
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				City, State, & Zip																		
Year	Body	Vehicle Make		VIN #		Accident Insurance Information for Unit # 02				Accident Insurance Information for Unit # 01																					
All Units Insurance Information (to be completed by Investigating Officer)																															
Company Name Area Code/Phone Number																															
ALLSTATE (8 0 0) 2 5 5 7 8 2 8																															
Agency Name Policy Number																															
835405623																															
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.																															
Form FR-10 Not Issued: Section 56-10-520																															
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 #: .																															
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:																															
Check here if liability insurance was not in effect to comply with South Carolina statutory requirements																															
Signature Date																															
For operating or allowing the operation of an uninsured vehicle																															
Summons Number: Signature																															
Investigating Officer's Name				Rank				SCCJA #				Code				Date				Reviewer's Name				Rank				Internal Agency Code			
T BRYANT				MPO				3788-5249				4 0 0 1																220025298			