



State of Illinois Department of the Lottery



Vehicle Policy and Manual

Effective July 2025

Version 2.0

*State of Illinois
Department of the Lottery*

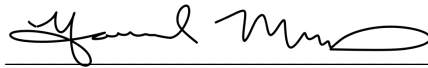
VEHICLE POLICY AND MANUAL

Effective July 2025

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APPROVAL SHEET

Director:



Date: 06-16-2025

Chief of Staff:

Scott Gillard Digitally signed by Scott Gillard
Date: 2025.06.02 09:34:31 -05'00'

Date: _____

General Counsel:

Cornell Wilson III Digitally signed by Cornell Wilson III
Date: 2025.06.16 14:42:18 -05'00'

Date: _____

Chief Operations & Technology Officer:



Date: 5-30-2025

Chief Transformation Officer:



Date: 5-30-2025

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POLICY STATEMENT

The Illinois Department of Lottery will manage its vehicle fleet in accordance with all rules and regulations set forth in 44 Ill. Admin. Code 5040.100 et seq., rules established by Central Management Services Division of Vehicles and specific Department rules and regulations as defined by this policy as set forth.

PURPOSE

To define clear and concise policy, rules, and procedures to enable the effective management of the Department's vehicle fleet.

SCOPE

This policy applies to all persons who operate state-owned vehicles managed by the Department.

DEFINITIONS

The terms and definitions listed below are meaningful for this policy.

RESPONSIBILITY

1.1 Department

In accordance with the relevant state statutory and regulatory requirements as well as Department policies and procedure; The Illinois Department of Lottery (the "Department") will provide the most cost-efficient and safe transportation for its employees. The vehicles will be either individually assigned or identified as pool vehicles.

1.2 Director

All assignment of vehicles to personnel will be with the approval of the Director or his/her designee. Any exceptions to this policy must be approved by the Director or his/her designee in writing.

1.3 Supervisor

The Supervisor ensures his/her staff who operate Department vehicles submit required documentation and reports in a timely manner. The Supervisor is responsible for helping to ensure enforcement of the Department's vehicle policy with his/her staff including, but not limited to, the use, operation, and maintenance of vehicles.

1.4 Vehicle Coordinator

The Vehicle Coordinator is responsible for the management of the Department's state-owned vehicles consistent with applicable laws and rules, and the maintenance of this policy under which those vehicles

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are used. This responsibility includes vehicle assignments to Lottery personnel and maintaining the fleet at its safest and optimal condition to carry out the Department's mission. The Vehicle Coordinator is also the primary contact in all matters relating to vehicles.

1.5 Local Office Designee

The Local Office Designee assists drivers with the completion of vehicle logs and submission of gas receipts, ensuring the proper administration of pool vehicles within his/her designated area of responsibility. The Local Office Designee submits monthly cost reports for pool vehicles assigned to the region, answers questions concerning vehicle use, makes reservations for pool vehicle use, secures vehicle keys, and coordinates the maintenance of pool vehicles.

1.6 Driver

Any Lottery employee or authorized person who operates a state-owned vehicle. Drivers must familiarize themselves with and comply with the policy and procedures in this manual, any rules, and regulations in support thereof, and vehicle directives of the Department of Central Management Services (DCMS), Division of Vehicles. The Lottery Vehicle Coordinator and/or designee will distribute additional directives to Lottery drivers as necessary.

POLICY

1.7 I. STATE VEHICLE USE REQUIREMENTS

A state-owned vehicle, while in the custody of a Lottery employee (or other authorized user) must continually be accounted for in accordance with established state policies and procedures. Drivers are responsible for protecting all state property, including state vehicles entrusted or assigned to them. Drivers must provide certification they maintain a valid driver's license, endorsement for appropriate vehicle type, and proof of basic liability insurance coverage. Drivers must notify the Department Vehicle Coordinator and their Supervisor immediately if their driving privileges are revoked or suspended. (625 ILCS 5/7-601) A Drivers' authorization to use the vehicle will be rescinded upon (1) the revocation or suspension of the license required to operate the vehicle; or (2) the cancellation or termination for any reason of the automobile liability insurance required. Disciplinary action and possible criminal prosecution can result from an employee's failure to follow this policy.

A. AUTHORIZED USE

Pursuant to Illinois Joint Committee on Administrative Rules (JCAR) Administrative Code Section 5040.350 (a), State-owned vehicles shall only be used for official state business and in the best interest of the state.

Authorized uses include:

- Travel between places of state business, places of temporary lodging, places to obtain meals, and/or other locations necessary to perform official duties.
- Travel to/from places to obtain emergency medical assistance or supplies.
- Transport of other state officers or employees who are on official state business, consultants or contractors working on behalf of the state; commercial firm representatives working with the state; and others authorized in writing by the Director or his/her designee.

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- Transport of materials, equipment, supplies, tools, parcels, luggage, or other items necessary or required to perform official duties.
- Operation of a state vehicle by a state contractor when required to meet the needs of a state contract and when authorized in writing by the Director or his/her designee.
- Operation of a state vehicle when in a travel-related assignment (including but not limited to, pick-up and return of vehicle and necessary commuting).
- Any other use when for public purposes and in the best interests of the state and authorized in writing by the Director or his/her designee.

For use of state vehicle outside of business hours, Director or his/her designee or Supervisor approval is required. Contact the Vehicle Coordinator for further instruction.

B. UNAUTHORIZED USE

Unauthorized use of state-owned vehicle includes, but is not limited to:

- Transportation for shopping, meals, entertainment, recreation, or vacation purposes unrelated to the performance of the official state business.
- Transport of any person for any purpose unrelated to official state business.
- Operation of a vehicle beyond the vehicle's rated capability.
- Transport of materials, equipment, supplies, tools, parcels, luggage, or other items unrelated to the performance of official state business.
- Transport of hazardous or dangerous materials such as acids, explosives, weapons, ammunition, or highly flammable materials unless authorized in writing by the Director or his/her designee or in an emergency.
- Transport of items or equipment which may constitute an obstruction of safe driving or hazard to pedestrians or other vehicles.
- Any use in violation of applicable statute, rule, or executive order. (JCAR Section 5040.350 (b))

Notably, any employee or official using a state vehicle in a manner contrary to the rules set forth in this section shall be personally responsible for and assume the risk of:

- Personal injury to such employee and to third parties; and
- Damage to the property of the employee, the state, and third parties. (JCAR Section 5040.350 (c))

Drivers in violation of this section are subject to:

- The Director or his/her designee instituting corrective action, which may include discipline, up to and including discharge, and shall require and verify the driver has paid the state for each mile or fractional mile of unauthorized use. (Payment to the state shall be equal to the amount reimbursed to the state employees for the use of personal vehicles (See Ill. Adm. Code 3000.300(f)(2)).

C. SUPERVISORY REQUIREMENTS

All Supervisory personnel are responsible for taking reasonable action to verify that drivers are properly authorized to operate the vehicles and have a valid driver license, permit, privilege, or endorsement appropriate for the type of vehicle they are required to operate. Supervisory personnel are also responsible for helping to ensure their staff are adhering to the Department Vehicle Policy.

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D. DRIVER REQUIREMENTS

In accordance with this policy, drivers are responsible for adhering to the following requirements:

Proper Vehicle Operation

- Possess and maintain a valid driver's license.
- Maintain sufficient personal insurance to satisfy the requirements of the state in which their vehicle is registered.
- Ensure that vehicles are used for official and authorized trips only.
- Absolutely "No Smoking" is allowed in state vehicles. Pursuant to the Smoke Free Illinois Act, smoking is "banned" in public places and workplaces, including but not limited to offices and "governmental vehicles". (Section 410 ILCS 82/1)
- "No Texting is permissible while operating state vehicles. Pursuant to 625 ILCS 5/12-610.2, a person may not operate a motor vehicle on a roadway while using an electronic communication device, which includes but is not limited to a hand-held wireless telephone, hand-held personal digital assistant, or a portable or mobile computer, but not included is a global positioning system or navigation system or a device that is physically or electronically integrated into the motor vehicle. The phone cannot be used in your hands at all unless one of the following exceptions applies: using the cell phone to call for emergency assistance; using the cell phone in "hands-free" mode or with the use of a headset; using the cell phone while parked on the shoulder of a roadway; using the cell phone on the roadway if the normal flow of traffic has stopped or obstructed and you have your vehicle in park or neutral; or using a cell phone which has a single button to start or stop a call. Beginning July 1, 2019, texting while driving constitutes a moving violation under Illinois law, which are assigned points and count toward a license suspension. It is still illegal, however, for anyone to use an electronic communication device while driving in a designated school zone; within a construction zone; or, within 500 feet of an emergency scene. (625 ILCS 5/12-610.1(e))
- Employees are solely responsible for keeping their vehicles clean. At the conclusion of a trip or shift, employees should remove trash and personal items and, if returning a pool vehicle; fill the fuel tank if less than three-quarters full.
- Consumption, possession, or otherwise under the influence of alcohol and illegal drugs while operating a vehicle is prohibited. Illinois has very stringent DUI laws, as well as an [Implied Consent Law](#). (625 ILCS 5/11-501 and 5/11-501.1)
- With the exception of sworn peace officers, transport of a weapon of any type in a state owned or leased vehicle, or in a rented vehicle is prohibited.

Proper Vehicle Maintenance and Upkeep

- Maintain vehicles in a safe operating condition and regularly clean and vacuum vehicle.
- Carefully secure any cargo and keep any state-owned equipment out of plain sight to discourage theft.
- Purchase fuel, oil, and repair maintenance services in accordance with this policy and the rules (See Section IV – Vehicle Repair, Maintenance and Fuel Purchasing)
Employees are required to use E85 (85% ethanol) when operating flexible fueled vehicles and bio-diesel when operating diesel powered vehicles, wherever practical. Gasohol, shall, however, be used where available.
- Ensure all oil changes, tire rotations, and annual inspections are completed on time.

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- Verify all receipts for credit card purchases of fuel, oil, repairs, or other related items are accurate and entered into the Fleet Management System. Submit the Automotive Cost Report (ACR) timely. (Group Exhibit B).

Proper Vehicle Accident and Violation Reporting

- Immediately, or no later than “24 hours after”, employees must report any involvement in accidents to the appropriate authorities, his/her supervisor, and the Vehicle Coordinator (Group Exhibit A – Accident Reporting).
- Comply with instructions concerning notification and repairs in the event of a breakdown or damage which prevents further operation of the vehicle.
- Accept responsibility for paying traffic violations and fines incurred during operation of a state-owned or leased vehicle.
- Provide copies of any violation citations* received while operating a vehicle to the Vehicle Coordinator within five working days of receipt.
- Any employee who receives a summons or complaint resulting from an automobile accident while driving a State vehicle must appear in court when required and notify his/her supervisor upon receipt of the summons. The driver must also notify Legal Services. Legal Services will notify CMS Risk Management Division and the Attorney General, who may represent the employee in any lawsuit resulting from negligent operation of a motor vehicle while in the scope of his/her employment. If a state employee has three “at-fault” accidents over a three-year period while conducting State business, the employee is considered a high-risk driver. If a high-risk driver has one more at-fault accident in the following year, the State may elect to no longer insure that employee under the State’s self-insurance plan.

1.8 II. INDIVIDUALLY ASSIGNED VEHICLES AND IRS REGULATIONS

Per JCAR Section 5040.340, any vehicle individually assigned to an employee must be approved in writing by the head of the agency to which the vehicle is assigned. Vehicles assigned to employees are individually assigned vehicles once the employee has complied with the auto insurance liability certification requirements of Section 7-601 of the Illinois Vehicle Code (625 ILCS 5/7-601).

The drive from the employee’s home to their working headquarters or work location is commuting mileage and the drive from their working headquarters or work location to home is commuting mileage. Employees must record all days the state vehicle is driven for commuting purposes. No employee shall be assigned to a state vehicle solely for the purpose of commuting. Any employee, who at the end of a 12-month period, exceeds more than 30% of the vehicle’s total mileage as commuting mileage must submit a justification to the Director or his/her designee for review.

Vehicles approved as “take home” vehicles may not be used for personal. All driver requirements within this policy must be followed and any driver in violation of these rules is subject to corrective action.

Federal Income Tax regulations require the Department of the Lottery to appropriately charge employees for fringe benefits related to the use of employer owned vehicles. The definitions and specific Federal income tax regulations are (hereafter “Treasury regulations”) § 1.274-6T(a)(2) and § 1.274-6T(a) (3). Treasury regulation § 1.274- 6T(a)(2) applies to pool car vehicles and prohibits all personal use of those vehicles other than de minimis (bare minimum) personal use. Treasury regulation § 1.274- 6T(a)(3)

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applies to individually assigned vehicles and prohibits all personal use of those vehicles other than commuting and de minimis personal use. Per Treasury regulation § 1.61-21(f)(3) assigned drivers will be charged \$1.50 per commute during a work day (\$3.00 for a round-trip) when their vehicle is used regardless of work location or headquarters. The applicable commuting taxable fringe benefit, required by Federal tax law, will be included by the agency in each affected employee's gross income at least annually, but as frequently as each pay period and will be included as part of each employee's yearly W-2. Drivers who fail to report commuting trips properly, as required by the Office of the Comptroller, can result in having additional amounts withheld from their income. This taxable fringe benefit and the \$1.50 per commute gross income do not apply to qualified non-personal use vehicles as defined in Treasury regulation § 1.274-5T(k).

1.9 III. MILEAGE REPORTING

Any person who drives a state vehicle, whether personally assigned or pooled, must record the mileage of daily use. Mileage of the trip(s) must be documented from beginning to end. Mileage for individually assigned vehicles should be recorded on the monthly ACR along with the corresponding copies of receipts and submitted to the FMS via <http://webapps.illinois.gov/rev/fms> no later than 10 days from the beginning of the month. For full instructions on how to submit monthly cost reports, refer to Group Exhibit B: Fleet Management System's Automotive Cost Report (ACR) /Vehicle Mileage Log Instructions for Operators and Preparers. Office employees who use pool vehicles must record their mileage on the mileage log maintained in the vehicle.

When an employee's individually assigned vehicle is not operable due to maintenance, repairs, accidents, etc., pool vehicles are available for use. Similarly, office employees conducting official state business also have access to pool vehicles. Use of pool vehicles are subject to availability. When a pool vehicle is not available, a rental car should be considered before using a personal vehicle. See Section VI: Pool Vehicle Procedures.

1.10 IV. VEHICLE REPAIR, MAINTENANCE AND FUEL PURCHASING

A. REPAIRS AND MAINTENANCE

Automatic service reminders for annual inspections, oil changes, and tire rotations for all state-owned vehicles are maintained and updated on a real-time basis in FMS. Operators of assigned vehicles and preparers are provided their first service reminder (for annual services only) 21 days or 500 miles from the due dates; and (for oil changes and tire rotations) 14 days or 500 miles from the due dates. A second service reminder for all services is sent to the assigned drivers and/or preparers seven days or 250 miles from the due dates. And finally, daily service reminders are sent to drivers and/or preparers once the service becomes past due and these daily past due reminder messages continue until the services are completed and entered into FMS.

If repairs or maintenance are needed during regular business hours (weekdays 7:30 a.m. to 4:00 p.m.), **drivers should contact the Vehicle Coordinator and inform his/her immediate supervisor before contacting the nearest state garage.** If there is a State-owned garage is within a reasonable distance, the operator should make purchases at this source. State-owned garage locations can be found on Illinois Department of Central Management Services website at <https://cms.illinois.gov/agency/vehicles/fuel-garagelocations.html> Under no circumstances should any employee attempt to repair the vehicle. **(Group Exhibit C – State Garage Listing, Map, and Contact List)**

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During non-business hours, if emergency mechanical assistance is required and the driver is able to locate a vendor and verify they are one of the DCMS Division of Vehicles Sublet Vendors, the employee may request an estimate for repairs. The state garage will also verify the vendor is approved to do the work before a purchase order is issued on the estimate. Pursuant to JCAR Section 5040.540 Credit Card, emergency towing and/or emergency tire repair are approved purchases. Contact your supervisor or vehicle coordinator with all relevant information if any emergency repairs or maintenance was necessary.

Bill payment shall be processed as follows:

- Driver contacts the nearest state garage the next business day and is given a purchase order (PO) for the repair.
- Charge services to the state credit card (see credit card section).
- Driver can pay out-of-pocket and be reimbursed as travel expense if approved by the vehicle coordinator.
- Division of Vehicles will provide an approval stamp on the reimbursement voucher to expedite processing.

If assistance is needed to obtain a vendor to perform emergency repairs or other vehicle assistance after business hours, call (217) 782-7860.

All repair work should be completed to the satisfaction of the driver. If the driver is not satisfied with the work performed by a State Garage, he/she should contact the shop supervisor.

B. FUEL, OIL AND OTHER PURCHASES

As stated in JCAR Section 5040.550 Gasoline Purchases, the following is required for all fuel purchases:

- Unleaded gasoline (with ethanol blended in, often called Gasohol) shall, however, be used where available.
- Employees are required to use E-85 (85% ethanol) when operating flexible fueled vehicles and bio-diesel when operating diesel powered vehicles, whenever practical. Use a self-service island unless the Driver is physically unable to operate a self-service pump.
- It is the driver's responsibility to verify that the service station accepts state credit cards before pumping fuel.

C. RECORDS AND REPORTS

- **Accurate Information:**
Assigned vehicle operators and preparers must accurately record all required vehicle information into FMS in a timely manner.
- **Receipts for Purchases and Repairs:**
Vehicle operators must retain all vehicle-related receipts from State Garages or private vendors. Vehicle operators must ensure receipts are legible and accurately filled out, including the **Driver's name, license plate number/equipment number, and odometer reading**. Operators of pool cars should turn in receipts upon trip completion to the pool coordinator. All receipts must be uploaded into FMS by the end of the month to submit the monthly cost report (**Group Exhibit B**).
- **Vehicle Cost Reports and Vehicle Logs:**

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Automotive Cost Reports (ACRs), receipts, work orders, and vehicle logs must be entered and uploaded into FMS no later than the eleventh day of the following month, with the exception being for CMS work orders which have not been generated by the State Garage. These CMS work orders shall be entered and uploaded into FMS within two days from the time they become available. For every Lottery Department vehicle, ACRs must show all relevant expenditures for the immediate past month. Any accident repairs, body damage repairs, and maintenance must be included on these monthly reports with all supporting bills and receipts uploaded into FMS.

D. CREDIT CARDS

Vehicles have one assigned credit card, the WEX Fuel Card for each automobile owned or leased by State of Illinois is to be used for gas purchases and vehicle maintenance. The Wex Fuel Card is to stay in the vehicle it is assigned to and not kept with the driver. The WEX Fuel Card is to only be used for the vehicle it is assigned to, if the vehicle credit card is lost or damaged, the vehicle operator must immediately notify the appropriate supervisor or vehicle coordinator. **(Group Exhibit C)** The WEX credit card authorizes the purchase of gas, gasohol, motor oil, washing, towing, repair, and tire repair. When purchasing fuel, the card user will be prompted to enter the current mileage of the vehicle and a 6-digit driver ID (PIN#). When applicable show the vendor the agency's tax exemption letter so that tax is removed before the purchase is made. **Using the state vehicle credit card to purchase personal items not directly related to the vehicle is prohibited.**

Of note, WEX Connect is an application which can be downloaded onto any Apple or Android smartphone or tablet for free. It is easy to use and allows drivers to quickly find gas and service stations that accept the WEX Card based upon a user's current location or by entering a zip code. A user can sort by distance, price and fuel type. Drivers can also use their web browsers <http://www.wexinc.com> to access WEX Connect.

1.11 V. VEHICLE ACCIDENT PROCEDURES, INSURANCE COVERAGE, SECURITY AND SAFETY

A. ACCIDENT PROCEDURES

The DCMS, Division of Risk Management's fleet liability insurance policy covers all vehicles operated by the State of Illinois, including those not owned or leased by the state.

The Department of the Lottery must report any accident involving its vehicles to DCMS Division of Risk Management. Therefore, the Driver of a state vehicle (or his/her Supervisor) MUST report an accident immediately, in accordance with the following:

- A. Call 911 to notify Law Enforcement of the accident and request medical assistance for injured person(s), if necessary. Drivers involved in an accident, however, should not provide assistance to the injured person(s).
- B. As soon as possible, and no later than one (1) business day from the time of the accident, the Driver must report an accident and provide notification to his/her Supervisor and the Vehicle Coordinator. If the accident occurs on a weekend or holiday, notification may be sent the next business day.
- C. The Driver must complete and submit the below forms **(Group Exhibit A)** to the Vehicle Coordinator at LOT.Fleet@Illinois.gov within 48 hours of the accident.
 - CMS Auto Liability Claim Intake Form

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- IDL-87 Vehicle Accident Questionnaire
- IL401-1579 Auto Liability Uniform Cover Letter

The reports should include a clear description of the conditions surrounding the accident. As outlined by the state's insurance plan, the Driver risks forfeiture of coverage for failure to properly and timely report a motor vehicle accident within seven (7) days per JCAR Rule 5040.520. Copies of these blank forms should be kept in the vehicle but can also be obtained from the Vehicle Coordinator or the Lottery Intranet Site. If the State driver is incapable of completing the report because of death or disability, the driver's supervisor is required to complete the form. Reporting the accident by telephone does not eliminate the Driver's responsibilities from completing and submitting the CMS Intake Form, IL401-1579, IDL-87 and all other relevant documentation in the time frames previously outlined.

- D. If the accident involved another vehicle and/or took place on public property, the Driver should remain silent on the issue of who is at fault.
- E. Estimates of Repairs – Submit two (2) estimates to the State Garage unless the State Garage provides an estimate. A State Garage estimate, alone, is sufficient. All accident repairs must be approved by the State Garage or Vehicle Coordinator prior to repair.
- F. If a rental vehicle is involved in an accident, complete the SR-1 and advise the rental company's insurance carrier. The Driver should report the accident to the rental company's insurance carrier and the Vehicle Coordinator.
- G. The Driver must contact the DCMS Division of Vehicles (DOV) to report the details of the accident when vehicle is leased and/or rented from the DOV. During regular business hours, call 217-782-2536 ext. 217. After business hours, call 800-782-7860.
- H. The Driver must contact DCMS Risk Management at 800-442-1300 (then press #4) or 217-782-0202 about any accident in which:
 - Any additional information is required regarding proper procedures.
 - There is a serious injury to an occupant of any vehicle involved in the accident.
 - There is substantial property damage to a vehicle other than the state vehicle; or
 - A death occurs as a result of the accident.
- I. The Vehicle Coordinator or his/her designee will process the accident reports in accordance with DCMS Division of Vehicles directives and will maintain an accident file.
- J. The Department reserves the right to notify Lottery Investigations of any accident for evaluation and appropriate action. The Vehicle Coordinator will send a copy of the entire accident file to the Department's Legal Services Division to determine possible liability of the Department.
- K. Do not enter into a settlement or sign a release unless you have received authorization from the Vehicle Coordinator or CMS Risk Management.
- L. If the accident is determined to be the fault of the Department's Driver, the Vehicle Coordinator will make a recommendation concerning the repair to DCMS. If DCMS authorizes the repair, the vehicle will be repaired at the Department's expense. At the time authorization is received, the Vehicle Coordinator will notify the Driver of the authorization of repair and where to have the vehicle repaired.
- M. Insurance carriers should make payment in settlement of claims to the State Garage Revolving Fund. The Department will deposit the check into the appropriate account to offset the repair bill that was paid prior to settlement.

Accident Insurance Procedures Related to Non-State-Owned Vehicles

If an employee has an accident while driving his/her own automobile while on State business, he/she should notify the Vehicle Coordinator and his/her own insurance company. Employees must maintain sufficient insurance to satisfy the requirements of state law where the vehicle is registered.

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B. INSURANCE COVERAGE

The State of Illinois provides liability coverage for drivers and vehicles. This coverage is extended only to drivers utilizing a vehicle in an authorized manner. In the event a driver causes injury or damage to persons or property while using a vehicle or causes a vehicle to be used in an unauthorized manner, the driver may be held personally responsible for such injury or damage. (**Exhibit D- Illinois Insurance Card**).

625 ILCS 5/7-203 requires certain drivers to maintain personal automobile liability insurance coverage extended to the use of state-owned, rented, and leased vehicles when not on official state business.

Any person driving his/her own vehicle, or a privately leased or rented vehicle while on state business, is required to maintain vehicle liability insurance on such private vehicle in an amount equal to at least the minimum amount required by law:

- Not less than \$25,000 because of bodily injury to or death of any one person in any one motor vehicle accident and, subject to said limit for one person,
- Not less than \$50,000 because of bodily injury to or death of 2 or more persons in any one motor vehicle accident, and
- Not less than \$20,000 because of injury to or destruction of property of others in any one motor vehicle accident.

Drivers must complete the Department's "Certification of License and Automotive Liability Coverage" form prior to operating a vehicle and re-certify yearly. (**Exhibit E-Certification Form**).

C. SAFETY AND SECURITY

Drivers are responsible for:

- Ensuring vehicles are in good operating condition.
- Ensuring vehicles are inspected by Department of Vehicles a minimum of once a year. (Annual Vehicle Inspection).
- Performing a visual inspection before operating a vehicle.
- Wearing seat belts as provided in each vehicle and requiring all passengers to wear seat belts, except as otherwise required by law.
- Using reasonable diligence in the proper care, use and operation of vehicles. Drive safely, obey all traffic laws, and practice road courtesy.
- Utilizing a hands-free device when using a mobile phone while operating a state-owned vehicle.

For increased safety and security, Drivers should:

- Lock the doors and take the keys with them when parking.
- Always park in well-lit areas, and be aware of security concerns when parking or garaging a vehicle.
- Have keys in hand when approaching a vehicle.
- Avoid stopping in isolated areas.
- Plan trips in advance.

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- Never carry unauthorized passengers.
- Ensure that vehicles, keys, and vehicle credit cards are properly secured to help prevent damage and/or theft; and
- If possible, store vehicles on state property within a secure area when not in use.

When traveling to unfamiliar locations:

- Leave a detailed itinerary with office/family.
- Carry maps with routes clearly marked.
- Travel only on main roads.
- If a traffic accident occurs while operating a state-owned vehicle and there is suspicious activity, do not get out of the car, but rather motion other parties involved to follow to a safe and well-lit area.

VI. POOL VEHICLES AND RENTALS

A. Lottery Pool Vehicle Procedures:

When an employee is requesting the use of a pool vehicle the following steps must be completed:

Field Personnel (Lottery Sales Representatives and Regional Coordinators)

- 1) In the event of a maintenance or repair issue necessitating the use of a pool vehicle, the employee must notify his/her Supervisor and the Lottery Retail Sales Manager. The Retail Sales Manager will coordinate with the Vehicle Coordinator to determine pool vehicle availability.
- 2) Once availability and location are determined, the employee shall coordinate with the local office designee on reserving and obtaining the pool vehicle. A vehicle reservation log must be maintained by the Local Office Designee to track pool assignments and returns.
- 3) If a vehicle is not immediately available, the employee should work with the Retail Sales Manager and Vehicle Coordinator on alternative solutions. Under no circumstances should an employee use his/her own car. If a vehicle is available, proceed as detailed below.
- 4) Only the Local Office Designee (LOD) or Vehicle Coordinator may assign a pool vehicle to field staff. The Local Office Designee will provide the employee with the keys and instructions for completing the mileage log at time of vehicle pick up. The mileage log is maintained in the vehicle and should be used to track the dates, starting and ending mileage of the vehicle, location and purpose of use, and the employee's name. A WEX credit card is also kept in the vehicle and should be used for gas and maintenance purchases. **(See Section IV, Part C – Credit Cards)**
- 5) Upon return of the vehicle, the employee must complete the mileage log in the car and return all receipts to the LOD. The LOD should maintain the receipts for each pool vehicle. At the beginning of each month, a monthly cost report for each pool vehicle must be submitted by the LOD for the previous month. The report must include the vehicle number and corresponding usage detail from the mileage log for the month and scanned copies of the receipts. **(Group Exhibit B)**

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- 6) The vehicle must be returned to the same location from which it was obtained unless otherwise instructed. The employee is responsible for ensuring the vehicle has a full tank of gas and returns keys to the Local Office Designee or pre-determined location upon return of the vehicle.
- 7) The transfer of a pool vehicle between employees is prohibited. Vehicles must be returned to the LOD before reassignment unless otherwise approved by the Vehicle Coordinator.
- 8) For use of pool vehicle outside of business hours, Director approval is required. Contact the Vehicle Coordinator for further instruction.

Office Personnel

- 1) The employee will coordinate with the LOD to check availability and to request a Pool Vehicle.
- 2) The employee shall complete the office vehicle reservation form prior to taking the vehicle keys and ensure there is a mileage log in the vehicle. The mileage log is used to track the dates, starting and ending mileage of the vehicle, location and purpose of use, and who drove the vehicle. The vehicle should also have a WEX for gas and maintenance purchases. (See Section IV, Part C – Credit Cards)
- 3) Upon return of the vehicle, the employee must ensure the mileage log is completed and return all gas and maintenance receipts to the LOD. The LOD must retain all receipts for pool vehicle use. At the beginning of each month, a monthly cost report for each pool vehicle must be submitted for the previous month by the LOD. The report must include the vehicle number and corresponding usage detail from the mileage logs for the month and scanned copies of the receipts. (**Group Exhibit B**)
- 4) The vehicle must be returned to the same location from which it was obtained unless otherwise instructed by the Vehicle Coordinator. The employee is responsible for ensuring the vehicle has a full tank of gas (or in the case of an electric car, plugged in to recharge) and return keys to the LOD or a pre-determined location upon return of the vehicle.
- 5) The transfer of a pool vehicle between employees is prohibited. Vehicles must be returned to the LOD before reassignment unless otherwise approved by the Vehicle Coordinator.

B. Rental Car Use:

- 1.) If a pool vehicle is not available, a rental vehicle may be obtained through the Vehicle Coordinator or their designee. Rental cars should only be obtained after the employee has approval from their supervisor. When renting a vehicle, employees shall follow the guidelines set forth in the Governors Travel Control Board “Travel Guide for State Employees.” The lowest cost method of travel must be used.

Illinois Department of the Lottery

Vehicle Policy and Manual

GROUP EXHIBIT A – ACCIDENT FORMS

CMS Intake Form, IDL-87 Vehicle Accident Questionnaire and IL401-1579 Auto Liability Cover Letter

*****All forms are to be filled out in their entirety. You must sign and date the documents on the signature and date lines. Documents missing the signatures and/or dates will not be accepted. Completed forms must be submitted within 48 hours of**

Illinois Department of the Lottery

Vehicle Policy and Manual

accident.***

CMS AUTO LIABILITY CLAIM INTAKE FORM

State Driver's Name: _____

State Driver's Phone: _____

State Driver's Email Address: _____

State Driver's Address: _____

City & State: _____ Zip: _____

Year, Make & Model of Vehicle: _____ Mileage: _____

License Plate #: _____ Equipment #: _____

Date of Accident: _____ Time of Accident: _____

Exact Location: _____

Was State vehicle damaged? Yes No

Was the State Driver ticketed? Yes No

Is the State vehicle drivable? Yes No

Was the State vehicle towed? Yes No

If yes, name of facility where vehicle was taken: _____

Address: _____ City: _____ Phone#: _____

Have pictures of State vehicle been taken? Yes No

Was State Driver injured? Yes No

If yes, describe the cause of damage/injuries and the damage/injuries sustained:

Illinois Department of the Lottery

Vehicle Policy and Manual

Was medical treatment required? Yes No

If yes, name of facility where treatment was received: _____

Address: _____ City: _____ Phone#: _____

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Vehicle Policy and Manual

Other Driver's Name: _____

Other Driver's Phone: _____

Other Driver's Address: _____

City & State: _____ Zip: _____

Year, Make & Model of Vehicle: _____

License Plate #: _____

Name of Insurance Company: _____ Policy#: _____

Was the Other Driver's vehicle damaged? Yes No

Was the Other Driver ticketed? Yes No

Is the Other Driver's vehicle drivable? Yes No

Was the Other Driver's vehicle towed? Yes No

Was Other Driver injured? Yes No

Witnesses: Name: _____ Address: _____

Name: _____ Address: _____

(Please list additional witnesses on a separate page if needed.)

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Vehicle Policy and Manual



Illinois Lottery

Equipment #:

IDL-87 Vehicle Accident Questionnaire

Read this information first.

If you are involved in an accident while driving on official state business, follow these steps:

- 1 Obtain Form SR-1, Illinois Motorist Report, from the Illinois Department of Transportation.
- 2 Complete this Lottery form (IDL-87).
- 3 Prepare a brief narrative, in your own words, of the facts concerning the accident and attach it to this form.
- 4 Mail original Form SR-1 to:

Illinois Department of Transportation
Accident Records Section
3215 Executive Drive
Springfield, IL 62766-0001

Mail a photocopy of all accident reports, including Forms SR-1 and IDL-87, **within 48 work hours** to:

Illinois Lottery
Facilities & Asset Management, MC 3-990
101 West Jefferson
Springfield, IL 62702

Note: If the accident occurs in your privately owned vehicle, notify your insurance company as you would for any other accident.

Note: For out-of-state accidents, check with the local authorities. A form similar to Form SR-1 may be required by IDOT.

Complete the following questions.

- 1 Did the accident involve a state owned vehicle? Yes _____ No _____
If yes, equipment # _____ and plate # _____
If no, please specify who owns the vehicle: Name: _____
Address: _____
- 2 What State work was taking place at the time of the accident? _____

- 3 Where were you working before the accident? _____

- 4 Where were you going at the time of the accident? _____

- 5 Was anyone else in the auto? Yes _____ No _____
If yes, who was in the vehicle? Name: _____
Address: _____
- 6 What were the circumstances of the accident? _____

- 7 Did you receive a traffic citation? Yes _____ No _____
If yes, what law was broken? _____
- 8 Did other party receive a traffic citation? Yes _____ No _____
If yes, what law was broken? _____

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9 How fast were you traveling? _____
What were the road conditions? _____

10 Do you have personal insurance? Yes _____ No _____
If yes, with what company? _____
In what amounts? _____

11 Were there any injuries? Yes _____ No _____
If yes, to what extent? _____

12 Was there any property damage? Yes _____ No _____
If yes, please explain? _____

13 Are you aware of any controversy or allegations related to the accident of which management should be aware that might warrant further investigation into the accident? Yes _____ No _____
If yes, please explain? _____

14 Do you feel further investigation is warranted? Yes _____ No _____

15 Were you wearing a seat belt at the time of the accident? Yes _____ No _____

16 Did you report the accident on Form SR-1/SR-21 and submit it to the Illinois Department of Transportation? Yes _____ No _____

17 Did you send a copy of the Form SR-1/SR-21 to the Fleet Management Section? Yes _____ No _____

18 Were there any witnesses? Yes _____ No _____
If yes, who witnessed it?

Name: _____

Address: _____

Print employee's name: _____

Employee's SSN: _____ Work Phone: _____

Employee's signature: _____ Date: _____

Print supervisor's name: _____ Division: _____

Supervisor's signature: _____ Date: _____

DO NOT ALTER THE FORMAT OF THIS DOCUMENT

AUTO LIABILITY UNIFORM COVER LETTER

TO: RISK MANAGEMENT/AUTO LIABILITY, 201 East Madison, Ste. 3C, Springfield, IL 62794

FROM: NAME: _____ **AGENCY:** _____ **PHONE:** _____

DATE: _____

RE: INITIAL REPORT OF VEHICLE ACCIDENT * DENOTES CMS USE ONLY

CLAIM CANNOT BE CONSIDERED AS RECEIVED WITHOUT THIS REQUIRED INFORMATION

STATE DRIVER'S SOCIAL SECURITY #: _____ AGENCY/DIV CODE (FIVE DIGIT #): _____
STATE DRIVER'S NAME: _____ DEPT FILE NO: _____
STATE DRIVER'S HOME ADDRESS: _____ WORK PHONE: _____
STATE DRIVER'S CITY: _____ STATE: _____ ZIP: _____
ACCIDENT DATE: _____ *DATE RECEIVED BY CMS _____

WAS STATE DRIVER IN THE COURSE OF EMPLOYMENT: yes no
LICENSE # ON VEHICLE _____
DOES CLAIM INVOLVE: Property damage: y / n Bodily injury: y / n Wrongful death: y / n DUI: y / n
ACCIDENT STATE: _____ CITY: _____
STREET 1: _____ STREET 2: _____
WAS STATE DRIVER TICKETED: yes no (if yes - describe) _____
IS VEHICLE OWNED BY: STATE /EMPLOYEE /RENTAL CO /OTHER: (circle one)
DESCRIBE WHAT HAPPENED: _____

OTHER OWNER/DRIVER INFORMATION

DRIVER'S NAME _____ HOME PHONE: _____
STREET: _____ WORK PHONE: _____
CITY: _____ STATE: _____ ZIP: _____
OWNER (IF OTHER THAN DRIVER): _____ HOME PHONE: _____
STREET: _____ WORK PHONE: _____
CITY: _____ STATE: _____ ZIP: _____

AUTO: YR: _____ MAKE: _____ MODEL: _____
VIN: (if known) _____ LIC: _____

PASSENGER INFORMATION

PASSENGER NAME: _____ HOME PHONE : _____ WORK PHONE: _____
PASSENGER STREET: _____
PASSENGER CITY: _____
WAS PASSENGER IN: STATE VEH OTHER VEH (CIRCLE CHOICE)

STATE VEHICLE DAMAGE: _____ EXPECTED RECOVERY _____

COVER LETTER WITH SR -1 MUST BE REPORTED TO CMS WITHIN 7 CALENDAR DAYS AFTER ACCIDENT

GROUP EXHIBIT B

Fleet Management System's Automotive Cost Report/Vehicle Mileage Log Instructions for Operators and Preparers

1. Log onto FMS via the FMS shortcut or enter <http://webapps.illinois.gov/rev/fms> into web address bar. Enter your state network log-in (first-name.last-name) and password to access FMS.
2. To enter Mileage, select "Driver Activities" tab then select "View or Enter Mileage Logs". For a vehicle operator, enter all mileage entries for each day driven. For preparer, one entry for last day the vehicle was driven with beginning and ending mileage. Preparers will need to attach a copy of "Pool Log Sheet" onto this entry.
3. To enter Services, select "Driver Activities" tab then select "View or Enter Services". Enter all services (such as oil change, tire rotation, annual inspection, and warranty recalls) for each receipt, invoice, or work order. Upload a copy of each receipt, invoice, and work order to each service entry. Remember to write the equipment number, driver's first initial and driver's last name on the top of each receipt, invoice, and work order.
4. To enter Expenses, select "Driver Activities" tab then select "View or Enter Expenses". Enter all gas or other expenses for each individual receipt, invoice, or CMS work order. Upload a copy of each receipt, invoice, and work order to each expense entry. Remember to write the equipment number, driver's first initial and last name on the top of each receipt, invoice, and work order.
5. After reviewing the ACR for accuracy under "ACR" tab, select "Submit a new ACR." Choose appropriate vehicle number, year, and month then press the "Submit" button to finalize the ACR submission process.
6. If there are any errors or forgotten documents, Email the Vehicle Coordinator or Assistant Vehicle Coordinator for assistance and they will unlock the ACR. Remember to resubmit the ACR after the changes are made.
7. For further assistance using FMS, tutorial videos can be found by selecting the "Help" tab.

Automotive Cost Report/Vehicle Mileage Log

Month Begin Date - 1/1/2024 Month End Date - 01/31/2024
 Assignment Start Date - 7/1/2023 Assignment End Date - 9/9/9999
 Employee -
 Pool Car - No
 Vehicle - (45941) - 2009/DODGE/CARAVAN/U22305
 Division - Region 1

Services - January 2024

Note - The services listed below span all assignments and are for the vehicle. This truly represents a full service history of the vehicle.

Date	Service Type	Odometer Reading
01/16/2024	Oil Change	111567
01/16/2024	Tire Rotation or Purchase	111567
11/13/2023	Annual Inspection	110261
09/12/2023	Oil Change	108297
09/12/2023	Tire Rotation or Purchase	108297
05/09/2023	Oil Change	105375
05/09/2023	Oil Change	105375
02/16/2023	Oil Change	102441
02/16/2023	Tire Rotation or Purchase	102441
12/05/2022	Annual Inspection	99719
11/23/2022	Oil Change	99357
09/09/2022	Oil Change	96364
08/11/2022	Tire Rotation or Purchase	95393
06/22/2022	Oil Change	93431
03/25/2022	Oil Change	90516
03/25/2022	Tire Rotation or Purchase	90516
12/09/2021	Annual Inspection	89979
12/09/2021	Tire Rotation or Purchase	89979
07/06/2021	Oil Change	89012
06/15/2021	Tire Rotation or Purchase	88962

Oil changes

Last Service Date - 1/16/2024 at 111567 miles



Tire Rotations

Last Service Date - 1/16/2024 at 111567 miles



Annual Inspection

Last Service Date - 11/13/2023 at 110261 miles



10	Field	111437	111453	16	0	0
11	Field	111453	111463	10	0	0
12						
13	Field	111463	111479	16	0	0
14						
15						
16						
17	Field	111479	111507	28	0	0
18	Field/warehouse	111507	111589	82	0	0
19	Field	111589	111642	53	0	0
20						
21						
22	Field	111642	111672	30	0	0
23	Field	111672	111700	28	0	0
24	Field	111700	111730	30	0	0
25	Field	111730	111746	16	0	0
26	Field/warehouse	111746	111760	14	0	0
27						
28						
29	Field	111760	111806	46	0	0
30	Field	111806	111835	29	0	0
31	Field	111835	111867	32	0	0
				Daily Mileage	Commuting Miles	Commuting Trips
				558	0	0

Wex Detail - January 2024

Dept	Date	Merchant	Unit Cost	Fuel Cost	Non Fuel Costs	Exempt Tax	Net Cost	Reported Tax	Odometer	Units	Gross Cost	MPG	CPM	Bill Period	
Lottery	01/26/2024	BP 1090737 - (COUNTRYSIDE IL)	3.20	55.00	0.00	3.15	51.85	7.81	111780	17.193	\$55.00	0	0.27	01/01/2024	
Lottery	01/18/2024	BP 1090737 - (COUNTRYSIDE IL)	3.20	54.12	0.00	3.10	51.02	7.68	111651	16.917	\$54.12	0	0.40	01/01/2024	
Lottery	01/09/2024	BP 1315969 - (CHICAGO IL)	2.70	48.00	0.00	3.25	44.75	8.07	111449	17.783	\$48.00	0	0.23	01/01/2024	
Lottery	01/02/2024	BP 1315969 - (CHICAGO IL)	2.50	48.88	0.00	3.58	45.30	8.88	111308	19.56	\$48.88	0	0.21	01/01/2024	
											\$206.00				

Expense Total Wex Total Match

\$206.00

\$206.00



Expense Breakdown - January 2024

Expense Date	Expense Code	Odometer	Qty	Amount	Notes
01/26/2024 - WEX Credit Card - \$55.00					
	Gasoline - 1	111780	19.000	\$55.00	
01/18/2024 - WEX Credit Card - \$54.12					
	Gasoline - 1	111651	18.000	\$54.12	
01/16/2024 - CMS State Garage - \$207.01 - CMS Work Order #49-2024-9735					
	Repair Labor - 4			\$154.00	
	Repair Parts - 5			\$53.01	
01/09/2024 - WEX Credit Card - \$48.00					
	Gasoline - 1	111449	17.100	\$48.00	
01/02/2024 - WEX Credit Card - \$48.88					
	Gasoline - 1	111308	19.560	\$48.88	

GROUP EXHIBIT C

CMS STATE GARAGE CONTACT LIST

South Region

Hours of Operations are generally 7:30 a.m. - 4:00 p.m.

For emergency vehicle assistance or after business hours, employees should contact the Illinois Emergency Management Agency at 217/782-7860.

EFFINGHAM STATE GARAGE #29

P.O. BOX 587/400 W. WABASH
EFFINGHAM, IL 62401-0587
(217) 342-8296 or (217) 782-6801
Fax: (217) 342-9578

COLLINSVILLE STATE GARAGE #31

1104 EASTPORT PLAZA DRIVE
COLLINSVILLE, IL 62234-6102
(618) 346-5190 or (618) 346-5192
Fax: (618) 346-5193

HILLSBORO STATE GARAGE #42

C/O GRAHAM CORRECTIONAL CENTER
P.O. BOX 499/RTE. 185 SOUTH
HILLSBORO, IL 62049-0499
(217) 532-6811
Fax: (217) 532-3473

CARBONDALE STATE GARAGE #32

P.O. BOX 100/2801 W. MURPHYSBORO
CARBONDALE, IL 62903-0100
(618) 351-5346
Fax: (618) 549-1804

CENTRAL STATE GARAGE #20

200 EAST ASH STREET
SPRINGFIELD, IL 62704-4793
(217) 782-4684
Fax: (217) 558-4479

PARIS STATE GARAGE #27

P.O. BOX 1028/RTE. 133 WEST AVENUE
PARIS, IL 61944-1028
(217) 463-4215 or (217) 782-3693
Fax: (217) 466-5907

CMS STATE GARAGE CONTACT LIST (Continued)
North Region

SUBURBAN NORTH GARAGE #49

9511 HARRISON STREET
DES PLAINES, IL 60016-1566
(847) 294-4152
Fax: (847) 294-4154

OTTAWA STATE GARAGE #23

1620 PORTER STREET
OTTAWA, IL 61350-1600
(815) 434-8400 or (815) 434-8432
Fax: (815) 434-8478

STATEVILLE STATE GARAGE #06

20025 Division St.
Crest Hill, IL 604-35
(815) 727-7590
Fax: (815) 727-7588

PEORIA STATE GARAGE #25

6510 WEST U.S. HIGHWAY 150
EDWARDS, IL 61528-9727
(309) 693-5162
Fax: (309) 693-5123

ELGIN STATE GARAGE #21

595 SOUTH STATE STREET
ELGIN, IL 60123-7603
(847) 931-2473
Fax: (847) 931-2477

WATSEKA STATE GARAGE#24

111 YOUNT AVENUE
WATSEKA, IL 60970-1272
(815) 432-3266
Fax: (815) 432-6756

DIXON STATE GARAGE #22

817 DEPOT AVENUE
DIXON, IL 61021-3500
(815) 284-1594 or (815) 284-3049
Fax: (815) 284-3049

Contact List

Please submit all vehicle related documentation and reports electronically to the Fleet Management System (FMS). FMS is a comprehensive automotive cost reporting solution.

For questions or specific information regarding vehicles, please contact:

Vehicle Coordinator

Charles Weyhenmeyer III
(217) 524-7868
Charles.Weyhenmeyer@illinois.gov

Assistant Vehicle Coordinators

Chris Hermon
(217) 524-5236
Christopher.Hermon@illinois.gov

Patrick Jones
(217) 524-5164
Patrick.Jones@illinois.gov

Local Office Designees

To reserve a pool vehicle, please contact:

Springfield

Chris Hermon
(217) 524-5236
Christopher.Hermon@illinois.gov

Chicago

Nora Iniguez
(312) 793-3030
Nora.Iniguez@illinois.gov

Des Plaines

Katherine Arvanitis
(847) 294-4851
Katherine.Arvanitis@illinois.gov

Rockford

Diane Ritter
(815) 263-6673
Diane.Ritter@illinois.gov

Fairview Heights

Lisa Caliper
(618) 624-8670
Lisa.A.Caliper@illinois.gov

**GROUP EXHIBIT D
ILLINOIS INSURANCE CARD
FOR VEHICLES OWNED BY THE STATE OF ILLINOIS**

This will certify that this vehicle is owned by the State of Illinois and is covered under the State of Illinois self-insured blanket auto liability program established pursuant to Illinois law (20 ILCS 405/64.1 (g) and (k)).

This plan continues in effect indefinitely and provides a liability limit of \$2,000,000 per single occurrence. The Division of Risk Management, 201 East Madison, 3C, Springfield, Illinois 26794, is the administrator of the state's self-insured auto liability program. Phone: (800) 422-1300, depress #2.

USE OF THIS CARD IS RESTRICTED TO OFFICIAL STATE-OWNED VEHICLES ONLY. PC-49.1

GROUP EXHIBIT E



STATE OF ILLINOIS DEPARTMENT OF LOTTERY
CERTIFICATION OF LICENSE AND AUTOMOTIVE LIABILITY COVERAGE

Please check the box that applies to you:

As an employee of the Department of Lottery, I do hereby certify that I have been duly licensed to drive an automobile and that I have in effect and will maintain automobile liability coverage on my personal vehicle in the form of insurance, or a bond filed with the Illinois Secretary of State as proof of financial responsibility, in an amount equal to, or in excess of the following:

- Not less than \$25,000 - injury or death of one person in an accident.
- Not less than \$50,000 - injury or death of more than one person in an accident.
- Not less than \$20,000 - damage to property of another person.

I further certify that I will not operate a state vehicle without having a valid driver's license and insurance coverage or bond as stated above. The State of Illinois provides liability coverage for drivers and vehicles. This coverage is extended only to drivers utilizing a vehicle in an authorized manner. In the event a driver causes injury or damage to person or property while using a vehicle or causing a vehicle to be used in an unauthorized manner, I may be held personally responsible for such injury or damage and may be subject to disciplinary actions by my employer.

I agree to notify my supervisor if my ability to certify to the above changes.

As an employee of the Department of Lottery, I am unwilling or unable to certify that I am a duly licensed driver or that I have automobile liability coverage in an amount equal to or in excess of the amounts stated above. I acknowledge that I am not authorized to use my personal vehicle on official state business nor receive reimbursement for such use without the ability to certify.

I further acknowledge that I will not operate a state vehicle without having a valid driver's license, insurance coverage or bond as stated above and that in the event of an accident during those conditions I may be held personally responsible for such injury or damage and may be subject to disciplinary actions by my employer.

I agree to notify my supervisor of my inability to certify and if that condition should change.

Name (printed): _____

Signature: _____ Date: _____

GROUP EXHIBIT F
Vehicle Policy Manual Acknowledgement

Each Illinois Lottery Department employee who operates a state owned or leased vehicle needs to read and understand the Illinois Lottery Department Vehicle Policy Manual.

Employees must retain a copy of their manual in their assigned vehicle for reference and review. Should there be any section not clearly understood by the employee, he or she should immediately discuss the section with the Vehicle Coordinator.

Each employee needs to become fully knowledgeable of those sections with which failure to comply or for which a violation of specific statutes, rules, regulations, and/or policies might result in disciplinary action against the employee. A few of these critical sections include, but are not limited to:

1. Operations
 - a. Accountability
 - b. Official Use and Restrictions
 - c. Driver Responsibilities
 - d. Accident/Insurance Procedure

2. Repair and Maintenance
 - a. Service Schedule
 - b. Driver Responsibilities
 - c. Vehicle Credit Cards
 - d. Vehicle Repair

3. Records and Reports
 - a. Receipts for Purchases
 - b. Vehicle Cost Reports
 - c. Reporting of Commuting Trips Each Business Travel Day

I, _____, hereby acknowledge that I have read the Illinois Lottery Department Vehicle Policy Manual, and I agree to comply with all requirements stated therein, and that non-compliance may lead to discipline.

Date: _____ Signature: _____

This acknowledgement must be signed and dated by all employees and forwarded to the employee's Supervisor who will then forward it to Fleet Management.

Employees will be allowed reasonable State time to read the Manual before signing.

Revision History

Created: August 26, 2013
Revised: December 23, 2024
Reviewed: April 1, 2023
Effective: July 1, 2025