



# State of Illinois Department of the Lottery



## Vehicle Policy and Manual

Effective: July 2017

Version 2.0


**State of Illinois  
Department of the Lottery**

**POLICY**

Effective: July 2017  
Version 2.0

**APPROVAL SHEET**

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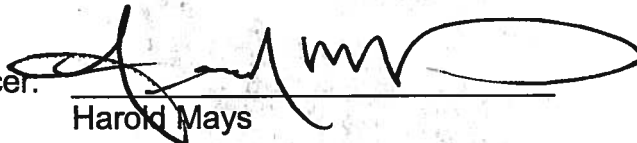
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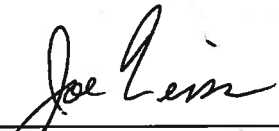
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## **POLICY STATEMENT**

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 as well as specific Department rules and regulations as defined by this policy as set forth.

## **PURPOSE**

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

## **SCOPE**

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

## **RESPONSIBILITY**

### Department

The Illinois Department of Lottery will provide the most cost efficient and safe transportation for its employees by maintaining a vehicle fleet for individually assigned and pool use in accordance with all relevant state statutory and regulatory requirements as well as Department policies and procedures.

### Director

All vehicles and assignments 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. Exceptions may be granted if its purpose is with merit and is necessary to carry out the Department's mission.

### 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.

### 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 the policy under which those vehicles 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 the vehicles.

### 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.

Driver

Any Lottery employee or authorized person who operates a state-owned vehicle. Drivers must familiarize themselves 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**

## **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. All drivers must maintain a valid driver's license, endorsement for appropriate vehicle type and proof of basic liability insurance coverage while vehicle is being used, and must notify the Department Vehicle Coordinator and his/her Supervisor immediately if driving privileges are revoked or suspended. Disciplinary action and possible criminal prosecution can result from an employee's failure to follow this policy.

### **A. AUTHORIZED USE**

State-owned vehicles shall only be used for official state business and in the best interest of the state. When performing duties on behalf 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;
- 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); and
- 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 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; and
- Any use in violation of applicable law, rule or executive order.

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.

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 (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.

### **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;
- Avoid smoking\*\* in state vehicles (Public Act 95-0017);
- Consumption or possession alcohol and illegal drugs while operating a vehicle is prohibited; operating a vehicle under the influence of alcohol and drugs is prohibited;
- 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**);
- Have regular oil changes and annual inspections done.

#### Proper Vehicle Accident and Violation Reporting

- Immediately, or no later than 24 hours, employees must report any involvement in accidents to the appropriate authorities, his/her Supervisor and the Vehicle Coordinator (**See 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;
- Assume responsibility for paying violations and fines incurred during operation of a vehicle;
- Provide copies of any moving or equipment violation citations\* received while operating a vehicle to the Vehicle Coordinator within five working days of receipt. The incident must be reported to the Vehicle Coordinator by email or phone within 24 hours of the violation.

#### **NOTE:**

\*Under certain circumstances reimbursement for fines and/or provision of legal counsel may be available. Contact the Vehicle Coordinator for further information.

\*\*Smoke Free Illinois Act, PA 095-1107, effective 1/1/2008, prohibits smoking in public places, places of employment and government vehicles.

## **II. INDIVIDUALLY ASSIGNED VEHICLES, COMMUTING**

Any vehicle individually assigned to an employee must be approved in writing by the Director or his/her designee. Vehicles assigned to employees are individually assigned vehicles. The drive from the employee's home to his/her working headquarters or work location is commuting mileage and the drive from his/her working headquarters or work location to home is commuting mileage. Employees must record all days the state vehicle is driven for commuting purposes and report it to the agency Payroll Division on the 10<sup>th</sup> of the month following the usage. A form can be obtained from Human Resources. 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 use while the vehicle is at the employee's residence. All driver requirements within this policy must be followed and any driver in violation of these rules is subject to corrective action.

#### **Commuting Rule:**

Under this rule, the value of a vehicle provided to an employee for commuting use is determined by multiplying each one-way commute (that is, from home to work or from work to home) by \$1.50. If more than one employee commutes in the vehicle, this value applies to each employee.



This amount will be included in the employee's wages for tax purposes.

Commuting in an assigned vehicle when one of the conditions outlined in Joint Committee on Administrative Rules Administrative Code (JCAR) Title 44: 5040.340 is met (<http://www.ilga.gov/commission/jcar/admincode/044/044050400C03400R.html>), the employee has complied with the certification requirements of section 7-601 of the Illinois Vehicle Code (625 ILCS 5/7-601) (<http://www.ilga.gov/legislation/ilcs/fulltext.asp?DocName=062500050K7-601>) and all applicable reporting requirements of the Office of the Comptroller are met as listed below:

- Such use of a vehicle can be classified as a taxable fringe benefit under Federal tax law. Specifically, as to commutes with individually assigned State vehicles, per Federal Treasury regulation § 1.61-21(f)(3) and, to the extent not already implemented by an agency, retroactive to January 1, 2010, an agency will include in the assigned driver's gross income as a taxable fringe benefit \$1.50 per commute for each work day (\$3.00 for a round-trip) the vehicle is used, regardless of work location or headquarters.
- Commutes will be included on a monthly vehicle log submitted by each assigned driver to each agency's designated recipient and collector of the logs. 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.
- Employee's failure to report their commuting properly can result in additional amounts included in 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).

### 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 a monthly cost report along with the corresponding copies of receipts and submitted to the [LOT.Fleet@illinois.gov](mailto:LOT.Fleet@illinois.gov) email account no later than 10 days from the beginning of the month. For full instructions on how to submit monthly cost reports, refer to **EXHIBIT B: Monthly Automotive Cost Reports**. 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 Exhibit C: Pool Vehicle Procedures.**

## **IV. VEHICLE REPAIR, MAINTENANCE AND FUEL PURCHASING**

### **A. REPAIRS AND MAINTENANCE**

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.** Under no circumstances should any employee attempt to repair the vehicle. **(See Exhibit D – State Garage Listing)**

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.

Bill payment shall be processed as follows:

- Driver contacts the nearest state garage the next business day and is given a purchase order 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 the number on the back of the state credit card (blue and white card): 217/782-7860 in Illinois, and out-of-state 800/782-7860.

### **B. FUEL, OIL AND OTHER PURCHASES**

- Drivers are encouraged to make fuel purchases at state garages when efficient. However, drivers are not expected to substantially deviate from their routes to do this.
- If a state garage or service station is not available, make purchases of fuel, oil and related items from the most economical source. Use E-85, flex fuel and regular gasoline (87 octane) when available and as applicable to each vehicle's needs. 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.
- Ensure that all receipts for credit card purchases of fuel, oil, repairs or other related items are accurate. Record the current vehicle mileage reading, vehicle number, driver name and if applicable, the hour reading on the receipt.

### **C. CREDIT CARDS**

Vehicles have two assigned credit cards, the WEX Fuel Card (black card) and the CMS State of Illinois Vehicle Credit Card (blue and white). The WEX card may be used at participating locations for fueling, car washes, minor maintenance and related purchases. When purchasing

fuel, the card user will be prompted to enter the current mileage of the vehicle and a 6-digit driver ID (PIN#). The State of Illinois card authorizes the purchase of fuel at state garages, minor services such as oil changes, windshield wipers, tire replacements etc. and for emergency roadside services. **The use of state vehicle credit cards to purchase personal items not directly related to the vehicle is prohibited.**

Dollar limits on credit card purchases of operational items from private sources are as follows:

**Passenger Vehicles**

**Product Class Values:**

<b>Allowable Products</b>	<b>Dollars per Transaction</b>	<b>Transactions per Period</b>	<b>Dollars per Period</b>
	Limit	Limit	Limit
<b>Total Fuel</b>	\$150	4	\$300
<b>Parts &amp; Service</b>	\$250	2	\$250
<b>Quick Lube</b>	\$250	2	\$250
<b>Oil &amp; Fluids</b>	\$250	2	\$250
<b>Roadside</b>	\$250	2	\$250
<b>General Merchandise</b>	\$10	2	\$10
<b>Total Non-Fuel</b>	No Limit Set	N/A	N/A
<b>Total All Products</b>	No Limit Set	N/A	N/A

**Large Diesel**

**Product Class Values:**

<b>Allowable Products</b>	<b>Dollars per Transaction</b>	<b>Transactions per Period</b>	<b>Dollars per Period</b>
	Limit	Limit	Limit
<b>Total Fuel</b>	\$400	8	\$1600
<b>Parts &amp; Service</b>	\$500	2	\$500
<b>Quick Lube</b>	\$500	2	\$500
<b>Oil &amp; Fluids</b>	\$500	2	\$500
<b>Roadside</b>	\$500	3	\$500
<b>General Merchandise</b>	\$20	2	\$20
<b>Total Non-Fuel</b>	\$500	N/A	N/A
<b>Total All Products</b>	\$500	N/A	N/A

Public Act 87-373 mandates the use of E-85, ethanol-enhanced fuel, when vehicle allows, otherwise the least expensive gasoline should be purchased.

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. In addition to the app, drivers can also use their web browsers to get the same information at <http://www.wexinc.com/accepting-locations>.

## **V. VEHICLE INSURANCE COVERAGE, SECURITY AND SAFETY**

### **A. 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.

Public Act 91-0661 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.

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

### **B. 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;
- Exercising reasonable diligence at all times in the proper care, use and operation of vehicles. Drive safely, obey all traffic laws, and practice road courtesy; and
- Using 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 him/her 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;
- 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; and
- 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.

## EXHIBIT 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. 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 Lottery Vehicle Coordinator. If the accident occurs on a weekend or holiday, notification may be sent the next business day.
- B. The Driver must complete and submit the below forms to the Vehicle Coordinator at [LOT.Fleet@Illinois.gov](mailto:LOT.Fleet@Illinois.gov) within 48 hours of the accident.
  - Illinois Form SR-1 (Illinois Motorist Report)
  - IL401-1579 Auto Liability Uniform Cover Letter
  - IDL-87 Vehicle Accident QuestionnaireThe 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. 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.
- C. 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.
- D. Estimates of Repairs – Submit two (2) estimates to the Vehicle Coordinator, unless a state garage provides an estimate. A state garage estimate, alone, is sufficient. All accident repairs must be approved by the Vehicle Coordinator prior to repair.
- E. 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 Vehicle Coordinator.
- F. 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 217/782-7860.
- G. 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.

**Notes:**

- Reporting the accident by telephone does not eliminate the Driver's responsibilities for providing Form SR-1, IL401-1579, IDL-87 and all other relevant documentation in the time frames previously outlined.
- Drivers involved in an accident should not assist with injured persons beyond calling for professional medical assistance if it can be avoided.
- 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.
- 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.
- Do not enter into a settlement or sign a release unless you have received authorization from the Vehicle Coordinator or CMS Risk Management.
- 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.
- 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.

# Illinois Form SR-1

**ILLINOIS MOTORIST REPORT**

Use black ink

Must file this report by Illinois Department of Transportation, Accident Records Section, 3215 Executive Park Drive, Springfield, Illinois 62766 0001

For a copy of the Police Report contact the investigating agency.

INVESTIGATED BY: POLICE  TYPE OF REPORT: ON-SCENE  NOT ON-SCENE  SUPPLEMENTARY  A No Injury / Drive Away  B Injury and / or Tow Due To Crash  AGENCY CRASH REPORT NO. \_\_\_\_\_

ADDRESS NO. (OPTIONAL) \_\_\_\_\_ HIGHWAY or STREET NAME \_\_\_\_\_ CITY/TOWNSHIP \_\_\_\_\_ INTERSECTION RELATED  Yes  No DATE OF CRASH TIME \_\_\_\_\_ AM \_\_\_\_\_ PM LARS CODE \_\_\_\_\_

PLATE NO. \_\_\_\_\_ COUNTY \_\_\_\_\_ PRIVATE PROPERTY  Yes  No ANY SINGLE VEHICLE PROPERTY DAMAGED OVER \$500  Yes  No NO. MOTOR VEHICLES INVOLVED \_\_\_\_\_ LARS CODE \_\_\_\_\_

NAME (LAST, FIRST, M.I.)  DRIVER  PED  PEDAL  EQUUS  NMV  NOV \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_ CIRCLE NUMBER(S) FOR DAMAGED AREA(S) \_\_\_\_\_ TOWED DUE TO DAMAGE Y N

STREET ADDRESS \_\_\_\_\_ PLATE NO. \_\_\_\_\_ STATE \_\_\_\_\_ YEAR \_\_\_\_\_ 10 - UNDER CARRIAGE \_\_\_\_\_ FIRE \_\_\_\_\_ OTHER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ INJURY EJECT VIN \_\_\_\_\_ 11 - TOTAL (ALL AREAS) \_\_\_\_\_ HAZ MAT \_\_\_\_\_ COM VEH \_\_\_\_\_

TELEPHONE \_\_\_\_\_ DRIVER LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_ CLASS \_\_\_\_\_ VEHICLE OWNER (LAST, FIRST M.I.) \_\_\_\_\_ INSURANCE CO. \_\_\_\_\_

TAKEN TO \_\_\_\_\_ EMS AGENCY \_\_\_\_\_ OWNER ADDRESS (street, city, state, zip) \_\_\_\_\_ TELEPHONE \_\_\_\_\_ POLICY NO. \_\_\_\_\_

NAME (LAST, FIRST, M.I.)  DRIVER  PED  PEDAL  EQUUS  NMV  NOV \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_ CIRCLE NUMBER(S) FOR DAMAGED AREA(S) \_\_\_\_\_ TOWED DUE TO DAMAGE Y N

STREET ADDRESS \_\_\_\_\_ PLATE NO. \_\_\_\_\_ STATE \_\_\_\_\_ YEAR \_\_\_\_\_ 10 - UNDER CARRIAGE \_\_\_\_\_ FIRE \_\_\_\_\_ OTHER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ INJURY EJECT VIN \_\_\_\_\_ 11 - TOTAL (ALL AREAS) \_\_\_\_\_ HAZ MAT \_\_\_\_\_ COM VEH \_\_\_\_\_

TELEPHONE \_\_\_\_\_ DRIVER LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_ CLASS \_\_\_\_\_ VEHICLE OWNER (LAST, FIRST M.I.) \_\_\_\_\_ INSURANCE CO. \_\_\_\_\_

TAKEN TO \_\_\_\_\_ EMS AGENCY \_\_\_\_\_ OWNER ADDRESS (street, city, state, zip) \_\_\_\_\_ TELEPHONE \_\_\_\_\_ POLICY NO. \_\_\_\_\_

Was driver (owner) of other vehicle insured? YES  NO  NOT KNOWN

Were you driving a vehicle owned by your employer, in the course of your employment? If yes, check square.

DID POLICE OFFICER INVESTIGATE ACCIDENT? YES  NO  APPROXIMATE COST TO REPAIR YOUR VEHICLE \$ \_\_\_\_\_

NAME \_\_\_\_\_ UNIT \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ ADDRESS \_\_\_\_\_

DESCRIBE INJURIES \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

DESCRIBE INJURIES \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

DESCRIBE INJURIES \_\_\_\_\_

DESCRIBE DAMAGE TO PROPERTY OTHER THAN MOTOR VEHICLES \_\_\_\_\_ APPROXIMATE COST TO REPAIR \$ \_\_\_\_\_ PROPERTY OWNER'S NAME \_\_\_\_\_

PROPERTY OWNER'S ADDRESS \_\_\_\_\_

SIGN HERE \_\_\_\_\_ ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_

Name and address of representative who sold policy \_\_\_\_\_

Policy Number \_\_\_\_\_

Policy Period From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Signature of person making report \_\_\_\_\_



DIAGRAM

NARRATIVE (Refer to vehicle by Unit No.)

**PRINT OR TYPE ALL INFORMATION ON THIS FORM.**

**YOUR REPORT IS CONFIDENTIAL AND CANNOT BE USED AS EVIDENCE IN ANY TRIAL.**

**LEGAL REQUIREMENTS**  
The driver of any motor vehicle involved in a crash which results in injury, death, or damage to any one person's property in excess of \$500 must complete this report within 10 days after the crash.

If the driver is physically incapable of completing the report, the owner or another occupant of the vehicle should do so.

**INSTRUCTIONS**

**OBSERVE THE FOLLOWING RULES:**

- PRINT ALL NAMES AND ADDRESSES.
- Answer all questions to the best of your knowledge. If unable to answer any questions, mark "NK" for "not known."
- The nature and extent of all damages and injuries must be clearly and completely stated. Whenever a doctor's statement of injuries or a garage estimate of the cost of repairs is immediately available, give this information; otherwise, give your own careful estimate.
- Use a second report form or a sheet of paper the same size to report additional vehicles, injured persons, witnesses, or any other information for which there is not sufficient space.
- SIGN THE REPORT In the space at the bottom of the front side of this report form.

**Important - This crash should also be reported to your insurance representative. Failure to report may jeopardize your automobile liability insurance.**

**THE PROVIDING OF FALSE INFORMATION IS A CLASS C MISDEMEANOR AND CAN RESULT IN A \$500 FINE AND A 30-DAY SENTENCE.**

**The Safety Responsibility Law**

For general information only

(See Sections 625 ILCS 5/7-100 through 5/7-216 of the Illinois Vehicle Code for complete statute.)

In certain cases drivers and owners may be required to prove financial responsibility, usually by presenting evidence of automobile liability insurance.

When any person sustains property damage in excess of \$500 or personal injuries, the names of uninsured motorists are sent to the Secretary of State with a legal notice of possible security deposit. The notice names all potential property damage and bodily injury claimants, and lists the evaluated amounts of those potential claims. The evaluations are based on information shown in the reports filed by drivers or owners. It is important that reports be filed promptly and that complete and accurate descriptions of property damage and bodily injuries be shown in the spaces provided on the report form.

The accident file, which usually contains a police report and a report from each driver, will be sent to the Secretary of State. That office will review the reports to ascertain if the uninsured driver was legally at fault. If the driver was clearly not at fault, the file will be closed; otherwise a Notice of Suspension will be mailed. The Notice of Suspension outlines the Methods of Compliance with the Illinois Safety Responsibility Law; it also advises the uninsured motorist of the right within 15 days of the Notice of Suspension to request a hearing. If a request for hearing is not received, the suspension becomes effective 45 days from the date of the Notice of Suspension. If a hearing is held and the Hearing Officer concludes, after considering all written and oral evidence, that there is a reasonable possibility of legal fault, the uninsured motorist has the following options:

- Deposit security;
- Present evidence of releases from liability (or signed agreements to pay for damages in installments) from all potential claimants named on the security deposit notice;
- Show evidence of a final adjudication of nonliability. If the uninsured motorist fails to comply with any of the above options, his/her drivers license (if driver) and vehicle registration privileges (if owner) would be suspended.

(None of the above affects any person's right to sue to recover damages.)

(Security deposits, releases, or installment agreements are to be submitted to the Secretary of State.)

**THIS SPACE FOR FLEET OPERATORS ONLY**

If your vehicle operated in compliance with the Federal "Motor Carrier's Act," show the Interstate Commerce Commission docket number.

Is a Form SR-23 on file with the Department of Transportation covering your vehicle?  
 YES  NO

Has the Department of Insurance issued a certificate of self-insurance covering your vehicle?  
 YES  NO



# IDL-87 Vehicle Accident Questionnaire

Use your 'Mouse' or 'Tab key' to move through the fields.



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? \_\_\_\_\_

IDL-87 (10/13)

- 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: \_\_\_\_\_

IDL-87 (10/13)

Reset

Print

**IL401-1579 Auto Liability Cover Letter**

**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  
LICENSURE # 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: \_\_\_\_\_ LIC: \_\_\_\_\_  
VIN: (if known) \_\_\_\_\_

**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**

# EXHIBIT B: Monthly Automotive Cost Reports (ACR)

## How to Submit Monthly Cost Reports (Field Staff)

(Local Office Designee, complete ACR on your desktop computer)

### A. Take a Picture of Your Receipts

#### 1. Select Camera App.

To take a picture of your receipt, while on your iPad, go to your camera app.

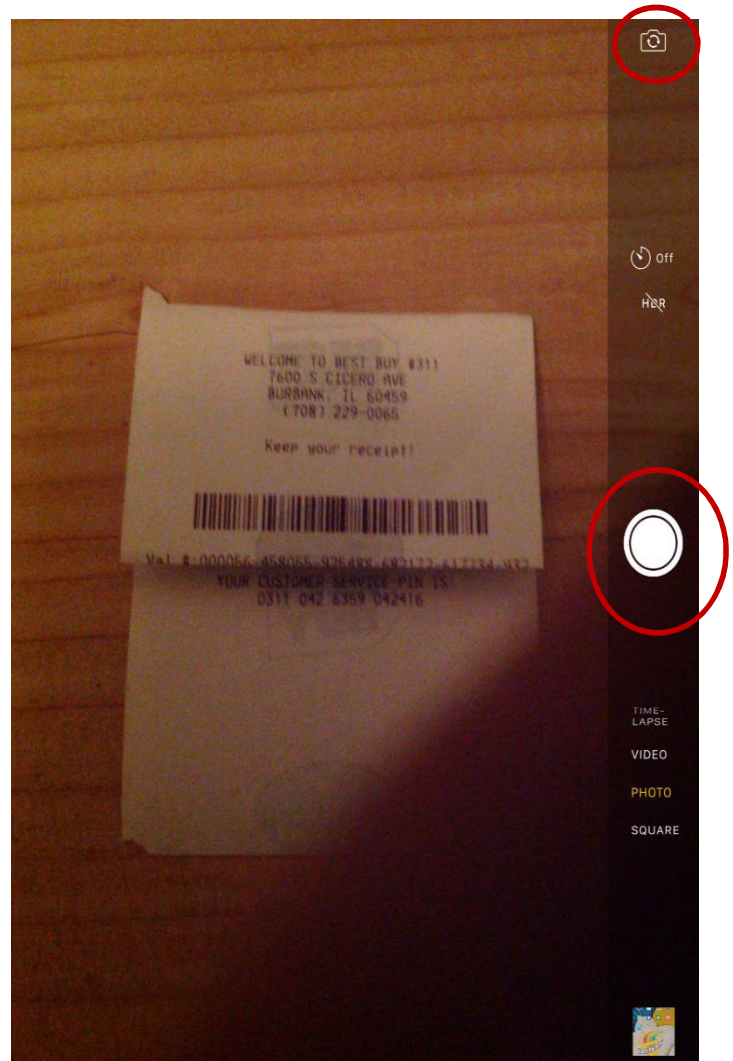


#### 2. Position Camera and Receipts, Take Photo.

The camera app will open, if the camera is facing you, **Press the “camera reverse button”** on the top right hand corner of the screen to make the camera face outward. Next, lay your receipts on a flat surface, make sure the receipts are legible; area is well lit and **Press the white circle on the right**. This will take a picture of your receipts.

**Note: Please capture as many receipts in one photo as possible. If they are legible and the photo is focused, we can read them.**

After the picture is taken, **Press the home button on your iPad** to exit out of the camera app. The picture is saved in the iPad’s camera roll.



## B. Opening the Automotive Cost Report

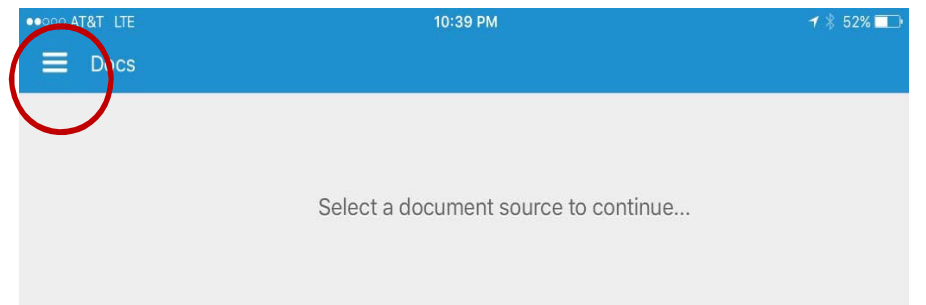
1. Select the **Maas360** app located on your iPad home screen.



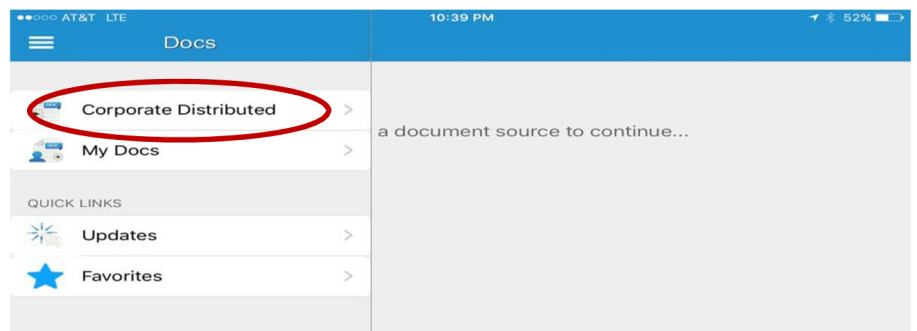
2. Once you open the app, **Select Docs**

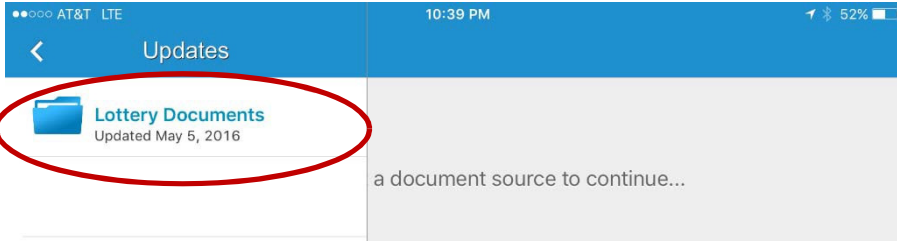


3. Next, **Select the stack** next to Docs

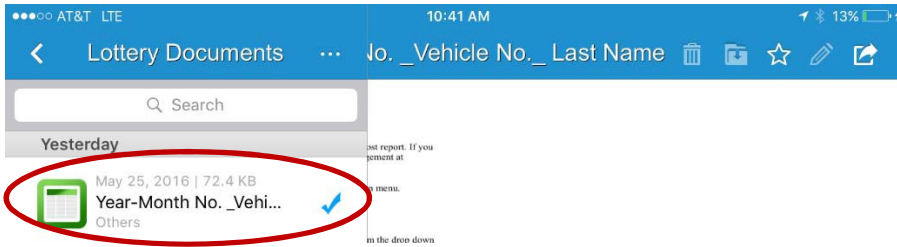


4. This will open a panel on the left hand side; now **Select Corporate Distributed**.

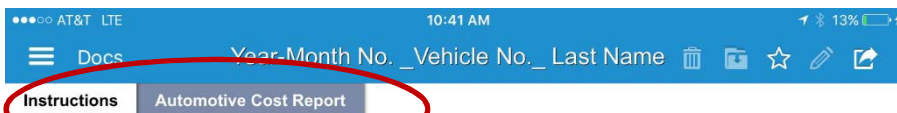




5. You will see a folder named **Lottery Documents**, Open that folder.



6. Within that folder you will find an Excel sheet, **Open the Excel sheet**



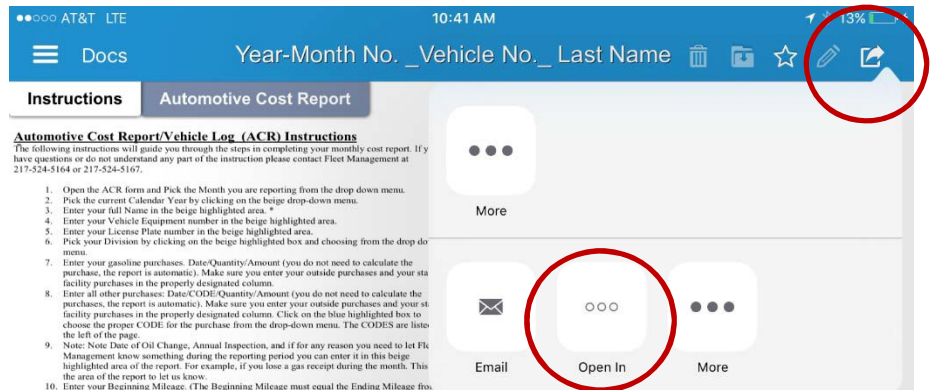
7. Once you open the Excel sheet, you'll notice two tabs underneath the stack and the word Docs; these tabs are labeled **Instructions**, and **Automotive Cost Report**. **Read** the Instructions carefully as they will detail exactly how to fill out the Cost Report.

**Automotive Cost Report/Vehicle Log (ACR) Instructions**  
 The following instructions will guide you through the steps in completing your monthly cost report. If you have questions or do not understand any part of the instructions please contact Fleet Management at 217-524-5164 or 217-524-5167.

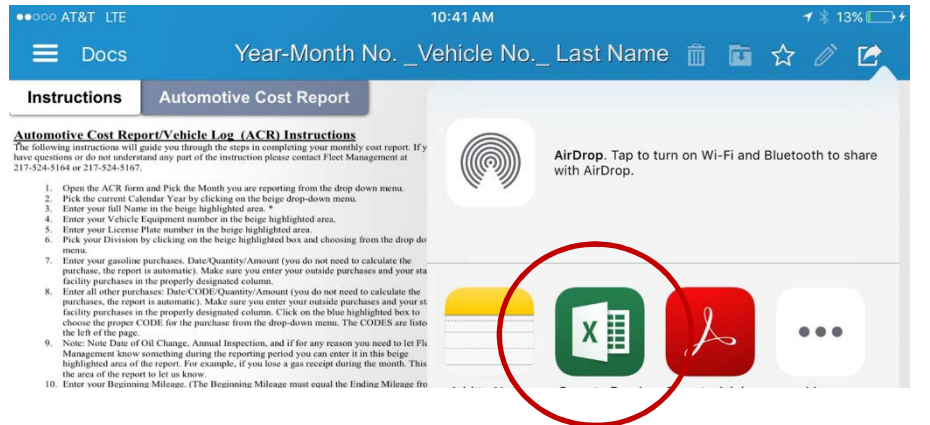
1. Open the ACR form and Pick the Month you are reporting from the drop down menu.
2. Pick the current Calendar Year by clicking on the beige drop-down menu.
3. Enter your full Name in the beige highlighted area.
4. Enter your Vehicle Equipment number in the beige highlighted area.
5. Enter your License Plate number in the beige highlighted area.
6. Pick your Division by clicking on the beige highlighted box and choosing from the drop down menu.
7. Enter your gasoline purchases. Date/Quantity/Amount (you do not need to calculate the purchase, the report is automatic). Make sure you enter your outside purchases and your state facility purchases in the properly designated column.
8. Enter all other purchases: Date/CODE/Quantity/Amount (you do not need to calculate the purchases, the report is automatic). Make sure you enter your outside purchases and your state facility purchases in the properly designated column. Click on the blue highlighted box to choose the proper CODE for the purchase from the drop-down menu. The CODES are listed to the left of the page.
9. Note: Note Date of Oil Change, Annual Inspection, and if for any reason you need to let Fleet Management know something during the reporting period you can enter it in this beige highlighted area of the report. For example, if you lose a gas receipt during the month. This is the area of the report to let us know.
10. Enter your Beginning Mileage. (The Beginning Mileage must equal the Ending Mileage from the previous month. All Miles must be accounted for. Please ensure it is completed before making entries into the log below.) Beginning Mileage is automatically populated on the Mileage Log from this field.
11. Enter your Ending Mileage. (This must be completed before making entries into the Daily Mileage Log below. Make sure it equals the Ending Miles in the Mileage Log below.) Utility Vehicles must enter the Ending Mileage in the Mileage log too so it does not create an error.
12. Mileage Log: Driver enter your travel purpose and ending mileage for each date. Utility Vehicles do not need to complete the log, however, they must be able to provide a Mileage Log upon request by Fleet Management for Audit purposes.
13. All drivers assigned a vehicle must report commuting miles. Commuting miles are the miles driven from your home directly to your assigned headquarter without performing state business and the miles driven from your main headquarter directly to your home without performing state business. Enter your commuting mileage for the travel day. (Do not report commuting miles for Pool Vehicles as they are not individually assigned to a driver.)
14. Some drivers are required to report Commuting Trips, which are associated to the Commuting Miles. (Each Commute is a Trip, therefore, a maximum of two trips would be reported per day.) Per Treasury regulation 1.61-21(f)(3) assigned drivers will be charged \$1.50 per commute trip.
15. Complete the Service Records Section on page 1 of the ACR. It is mandatory to log the date of your Annual Inspection. You must log the date and mileage of your last Oil Change and Tire Rotation. Monitor this section to ensure prompt compliance with the Maintenance Intervals.
16. Type your full name in the signature line. Save file in the following format: Equipment Number, Agency, Month, Year (examples: 51454LOT January 2016.xls).
17. Attach file and email to LOT.Electric@illinois.gov. Please note your Equipment Number, Agency, Month and Year in the subject line.
18. Write your equipment number on all receipts. Scan or photocopy your receipts. Attach file and e-mail to LOT.Electric@illinois.gov. Please note your Equipment Number, Agency, and Month/Year in the Subject Line.

## C. Opening and Editing the Automotive Cost Report in Excel

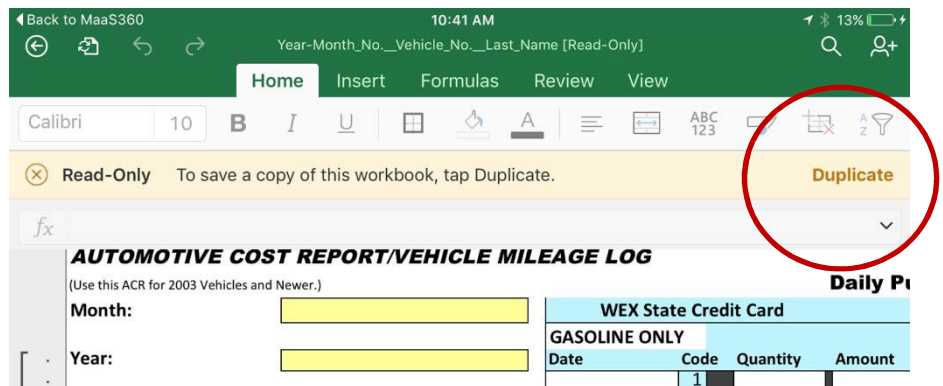
1. To open the report in Excel, look for the icon that looks like a square with an arrow coming out of it and **Press on it**, on the right hand corner of the screen. **Select “Open In”**

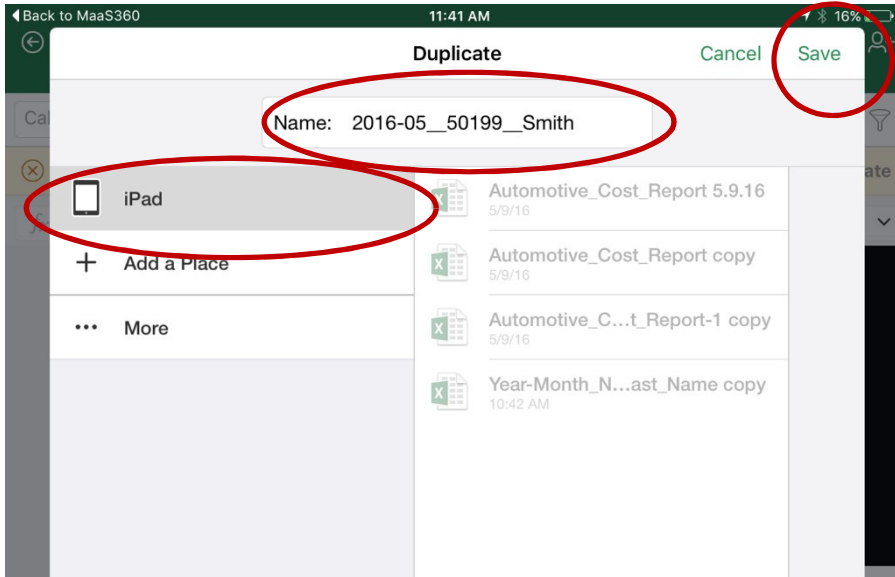


2. Select Excel



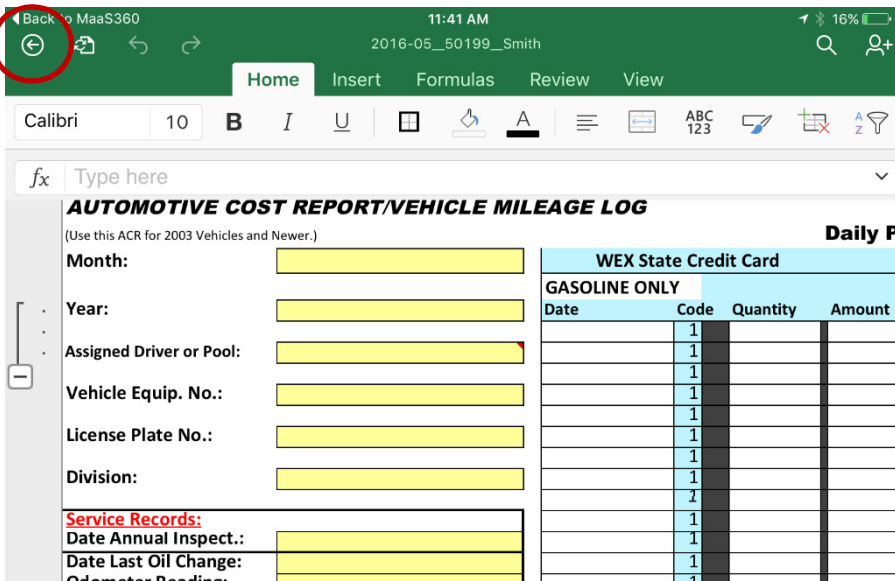
3. Excel will open with the document, at the very top you will notice it says Read only, following that ribbon to the right, you'll see duplicate. **Select Duplicate** to save the file locally.





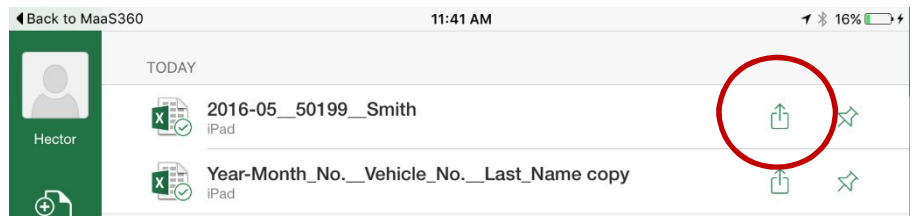
- Now, rename the file to keep a copy for your own records and for your monthly submission. Name the file "Year-Month No. \_Vehicle No.\_ Last Name". "2016-05\_50199\_Smith"

Then **Select iPad** from the left hand side, and **Select Save** on the right hand corner (if you do not have a save button, select duplicate). Once it saves it will open the document once again without the read only ribbon at the top. Now **enter** all the information required.

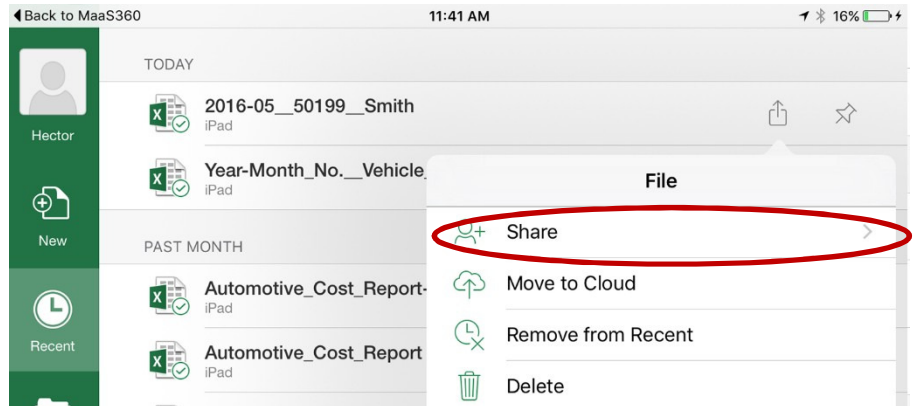


- Once the information has been entered, **Select Back** on the excel document.

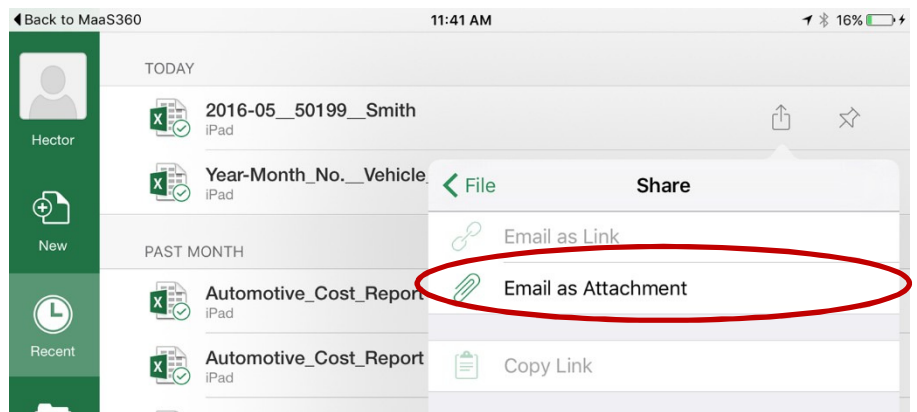
6. Select the square next to the document.



7. Next Select Share, and



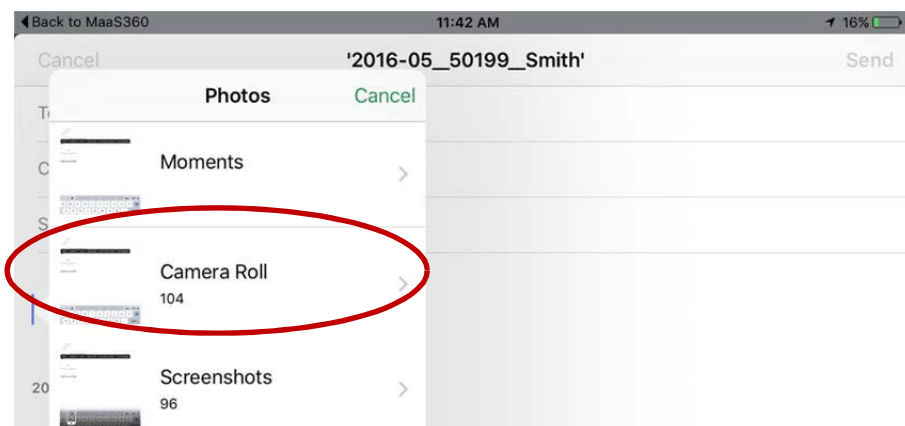
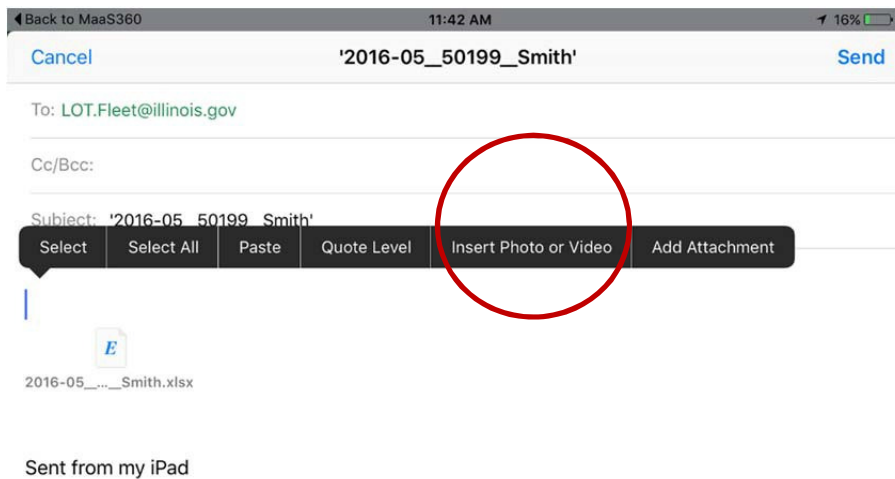
8. Then Select Email as Attachment. This will open up a new email with the Excel form attached to it.



\*Because of different versions of Excel on the iPads the previously mentioned steps might be different for some users. Alternatively, please try the following: Select Share, Select Send attachment, Select Send a Copy, Click on email icon



## D. Sending the Report via Email

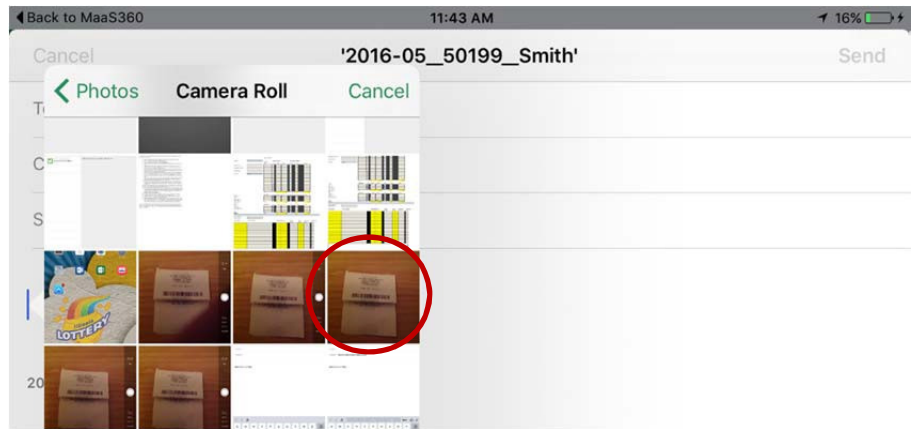


1. You will see a new window with the subject line already filled out, it should have the same name as the file you attached. **(Example: "2016-05\_50199\_Smith")**. If it doesn't you'll have to rename the subject line. You will need to send this report to [LOT.Fleet@Illinois.gov](mailto:LOT.Fleet@Illinois.gov).

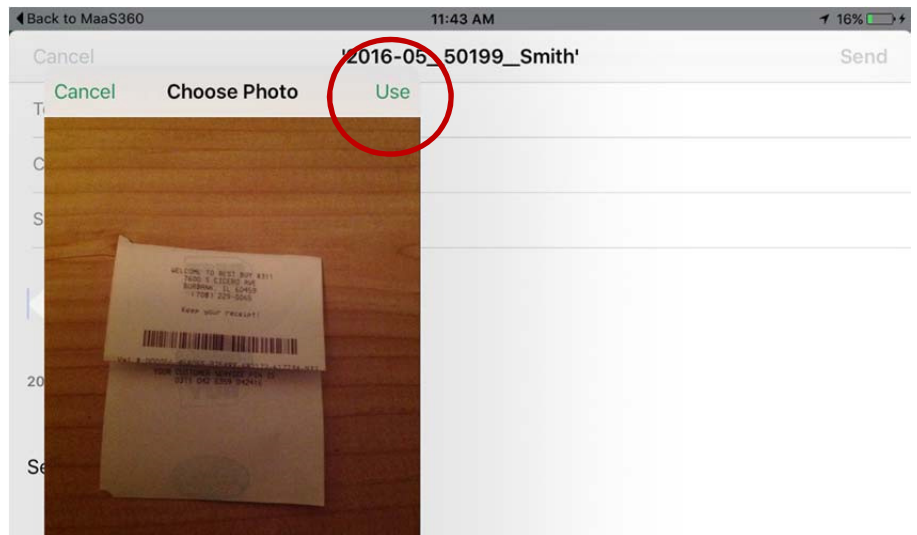
2. **Attaching Pictures to an Email.** With your finger, **Press and Hold** on an area below the subject line and above the attached document, until a small circle appears around your finger. Once the circle appears, stop pressing down with your finger, a popup tab will appear, after that **Select Insert Photo**.

3. **Select** the photo that you took earlier of your receipt, by going to Camera Roll.

- Once you **Select your photo**, you will get a new popup window.



- On the right hand corner of this new popup window **Select Use**. This will attach the photo to your email.



- Once it has attached the picture, **Select Send** to send out your mail.



# EXHIBIT C: Pool Vehicles

## 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 Sales Director. The Sales Director 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 Sales Director 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 card and a CMS State of Illinois Vehicle Credit Card are also kept in the vehicle and should be used for gas and maintenance purchases. **(See Section V, 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. **(See EXHIBIT B: Monthly Automotive Cost Reports)**
- 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 shall submit a reservation request through the local office pool vehicle e-mail account (i.e. LOT.CHI.Auto.U30666) and coordinate with the LOD on vehicle availability and key access.
- 2.) The employee shall complete the office vehicle reservation log 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 the employee's name. The vehicle should also have a WEX card and a CMS State of Illinois Vehicle Credit Card for gas and maintenance purchases. **(See Section V, 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. **(See EXHIBIT B: Monthly Automotive Cost Reports)**
- 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.

## Rental Car Use

- 1) If a pool vehicle is not available, a rental vehicle may be obtained through the Vehicle Coordinator or his/her designee. Rental cars should only be obtained with an employee's Supervisor approval. 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.

# EXHIBIT D: State Garages

## CMS MAJOR STATE GARAGES BY REGION AND FUEL TYPE

---

Hours of Operations are generally 7:30 a.m. - 4:00 p.m. 5 days a week

### CENTRAL REGION

#### CENTRAL STATE GARAGE #20

200 EAST ASH STREET  
SPRINGFIELD, IL 62704-4793  
217/782-4684  
217/782-4685  
217/782-4686  
Gasohol and E85 (Ethanol)

#### CHAMPAIGN STATE GARAGE #28

P.O. BOX 1577/201 EISNER ROAD  
CHAMPAIGN, IL 61820-9998  
217/278-3456  
Gasohol and Diesel

#### LICOLN AVENUE GARAGE #04

650 NORTH LINCOLN AVENUE  
SPRINGFIELD, IL 62703-3697  
217/782-6028  
Gasohol and Diesel, IDOT Truck Service

#### PARIS STATE GARAGE #27

P.O. BOX 1028/RTE. 133 WEST AVENUE  
PARIS, IL 61944-1028  
217/463-4215  
217/782-3693  
Gasohol and Diesel

### SOUTHERN REGION

#### CARBONDALE STATE GARAGE #32

P.O. BOX 100/2801 W. MURPHYSBORO  
CARBONDALE, IL 62903-0100  
618/351-5346  
217/782-4554  
Gasohol

#### COLLINSVILLE STATE GARAGE #31

1104 EASTPORT PLAZA DRIVE  
COLLINSVILLE, IL 62234-6102  
618/346-5190  
618/346-5192  
Gasohol and Diesel

#### EFFINGHAM STATE GARAGE #29

P.O. BOX 587/400 W. WABASH  
EFFINGHAM, IL 62401-0587  
217/342-8296  
217/782-6801  
Gasohol

#### FAIRFIELD STATE GARAGE #30

ROUTE #4, 117 HIGHLAND AVENUE  
FAIRFIELD, IL 62837-1841  
618/842-2526  
Gasohol and Diesel

#### HILLSBORO STATE GARAGE #42

C/O GRAHAM CORRECTIONAL CENTER  
P.O. BOX 499/RTE. 185 SOUTH  
HILLSBORO, IL 62049-0499  
217/532-6811  
Gasohol and Diesel

## CMS MAJOR STATE GARAGES BY REGION AND FUEL TYPE (Continued)

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### NORTHERN REGION

#### **CHICAGO NORTHSIDE GARAGE #09**

7075 FOREST PRESERVE DRIVE  
CHICAGO, IL 60634-1332  
773/736-5290  
773/736-5291

#### **ELGIN STAT GARAGE #21**

595 SOUTH STATE STREET  
ELGIN, IL 60123-7603  
847/931-2473  
Gasohol and Diesel

#### **SUBURBAN NORTH GARAGE #49**

9511 HARRISON STREET  
DES PLAINES, IL 60016-1566  
847/294-4152

#### **WATSEKA STATE GARAGE #24**

111 YOUNT AVENUE  
WATSEKA, IL 60970-1272  
815/432-3266  
Gasohol and Diesel

### NORTHWEST REGION

#### **DIXON STATE GARAGE #22**

817 DEPOT AVENUE  
DIXON, IL 61021-3500  
815/284-1594  
815/284-3049

#### **MONMOUTH STATE GARAGE #26**

710 180<sup>TH</sup> AVENUE  
STATE HIGHWAY BUILDING  
MONMOUTH, IL 61462-9373  
Gasohol and Diesel

#### **OTTAWA STATE GARAGE #23**

1620 PORTER STREET  
OTTAWA, IL 61350-1600  
815/434-8400  
815/434-8432  
Gasohol and Diesel

#### **PEORIA STATE GARAGE #25**

6510 WEST U.S. HIGHWAY 150  
EDWARDS, IL 61528-9727  
309/693-5162  
Gasohol and Diesel

## STATE OF ILLINOIS E85 FUELING SITES

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#### **IL CENTRAL MANAGEMENT SERVICES**

DIVISION OF VEHICLES' CENTRAL  
GARAGE  
200 EAST ASH STREET  
SPRINGFIELD, IL 62704  
217/782-4684 EXT. 239  
7:30 a.m. – 4:00 p.m.

#### **IL DEPARTMENT OF TRANSPORTATION**

LANDSCAPE SITE  
1200 WEST AUGUSTA  
CHICAGO, IL 60622  
773/486-1957  
7:30 a.m. – 3:30 p.m.

**Web link for E85 Retail Fueling Sites:**  
<http://www.illinoisgreenfleets.org/stations>

## **EXHIBIT E: Contact List**

Please send all vehicle related documentation and reports to electronically to [LOT.Fleet@Illinois.gov](mailto:LOT.Fleet@Illinois.gov).

For questions or specific information regarding vehicles, please contact:

### **Vehicle Coordinator**

Dawn Jennings  
217/524-2648  
[Dawn.Jennings@illinois.gov](mailto:Dawn.Jennings@illinois.gov)

### **Director of Sales**

Joe Weiss  
312/793-0776  
[Joe.Weiss@illinois.gov](mailto:Joe.Weiss@illinois.gov)

### **Assistant Vehicle Coordinators**

Charles Weyhenmeyer  
217/524-7868  
[Charles.Weyhenmeyer@illinois.gov](mailto:Charles.Weyhenmeyer@illinois.gov)

Patrick Jones  
217/524-5164  
[Patrick.Jones@illinois.gov](mailto:Patrick.Jones@illinois.gov)

Dan Franklin  
217/524-5167  
[Daniel.Franklin@illinois.gov](mailto:Daniel.Franklin@illinois.gov)

### **Local Office Designees**

To reserve a pool vehicle, please contact:

**Springfield**  
Charles Weyhenmeyer  
217/524-7868  
[Charles.Weyhenmeyer@illinois.gov](mailto:Charles.Weyhenmeyer@illinois.gov)

**Chicago**  
Nora Iniguez  
312/793-3030  
[Nora.Iniguez@illinois.gov](mailto:Nora.Iniguez@illinois.gov)

**Des Plaines**  
Katherine Arvantis  
847/294-4851  
[Katherine.Arvantis@illinois.gov](mailto:Katherine.Arvantis@illinois.gov)

**Rockford**  
Jeanine Keltner  
815/987-7018  
[Jeanine.Keltner@illinois.gov](mailto:Jeanine.Keltner@illinois.gov)

**Fairview Heights**  
Andrea DeVries  
618/624-8670  
[Andrea.DeVries@illinois.gov](mailto:Andrea.DeVries@illinois.gov)

### **After Working Hours**

In Case of Emergency or Accident: 800/782-7860