

VEHICLE USE POLICY

Introduction

Public Act 097-0922, Section 10 (a) & (b) requires the Abraham Lincoln Presidential Library and Museum to: (1) designate a Vehicle Use Officer to monitor the use of State-owned vehicles by the agency; and (2) to draft a vehicle use policy, with the assistance of the Vehicle Use Officer, that shall be submitted to the Division of Vehicles within the Department of Central Management Services and shall be made publicly available on the Department's official Internet website. The Act requires that the vehicle use policy shall include the following:

- 1) a policy concerning take-home vehicles, including requirements for emergency use of take-home vehicles and restrictions on the use of take-home vehicles solely for commuting; and
- 2) procedures regarding daily vehicle use logs and mileage recording.

This manual applies specifically to all individuals who use vehicles for state business. Any violation of this policy or rules found in the Employee Handbook concerning state vehicles or use of state property may result in discipline up to and including discharge.

Staff Contacts

Vehicle Use Officer	--	CFO or designee
Vehicle Reservation Coordinator	--	Sabrina Mancini
Vehicle Reservation Coordinator (Backup)	--	CFO or designee
Auto Liability Coordinator	--	Agency General Counsel

Abraham Lincoln Presidential Library and Museum Vehicle Use Policy

Use of Abraham Lincoln Presidential Library and Museum Vehicle(s)

- The Abraham Lincoln Presidential Library and Museum's (ALPLM) vehicles are pool vehicles and are available for use by employees for official State business.
- ALPLM vehicles may only be used in the performance of official duties. They may not be used for private purposes, including transportation to and from the employee's place of residence.
- Only ALPLM employees may operate state-owned or agency-leased vehicles.
- An ALPLM-owned vehicle must be returned to the ALPLM Parking Garage immediately upon completion of the trip.

As a cost saving measure, employees are encouraged to use ALPLM-owned vehicles when available. Employees may reserve a vehicle by contacting the Vehicle Reservation Coordinator.

Equipment

Equipment not offered by or installed by the vehicle manufacturer may not be installed on any ALPLM vehicle.

Weapons in State Vehicles

- No ALPLM employee may transport a personal weapon of any type in an ALPLM vehicle.
- A weapon classified as an artifact, which is properly stored and documented as an artifact, may be transported.

Driver Requirements and Responsibilities

Any employee using an ALPLM vehicle must:

- Familiarize himself/herself with the Vehicle Use Policy;
- Account for, protect, and properly maintain the vehicle;
- Report any accident or incident resulting in damage to the state-owned vehicle;
- Remove any personal items before vehicle check-in;
- Lock and maintain possession of the keys;
- Not leave a briefcase, equipment, official documents or other valuables in view in unattended vehicles – these items should be removed from view and locked in the trunk or stored under the seat, etc.;
- Have a current valid driver's license and file a copy with the Vehicle Use Officer. Users are responsible for providing new or renewed licenses to update files;
- Maintain automobile insurance in the amounts required by law;
- Follow and obey all traffic laws, including posted speed limits and seat belt requirements. Drivers of ALPLM vehicles are prohibited from making or receiving cell phone calls or texting while operating the motor vehicle;

- Assume personal responsibility for all traffic violations, parking violations, and towing and/or storage fees resulting from parking violations; and
- Refrain from smoking in the motor vehicle (*Smoke Free Illinois Act, PA 095-1107, effective 1/1/2008, prohibits smoking in public places, places of employment, and governmental vehicles*) or driving the vehicle following any consumption of alcohol or usage of any drugs that may impair the employee's ability to drive.

An employee with a Driver's License restriction (for example, corrective lens) is required to comply with the restriction(s) while driving an ALPLM vehicle. Employees adjudicated under 625 ILCS 5/11-501 or issued a monitoring device driving permit by the Secretary of State or who otherwise are required to install an ignition interlock device shall be prohibited from driving on State business and shall immediately notify the Vehicle Use Officer of his/her ineligibility to drive a State vehicle or drive on State business.

Authorized Uses

ALPLM vehicles may be used for:

- Travel between places of State business, places of temporary lodging, places in close proximity to the work location for the purpose of training, and /or other locations necessary to perform official duties; and
- Transport of materials, equipment, supplies, parcels, luggage or other items necessary or required to perform official duties.

Non-authorized Uses

ALPLM vehicles may not be used at any time for:

- Transportation for shopping, meals, entertainment, recreation or vacation purposes unrelated to the performance of official State business;
- Transport of any person for any purpose unrelated to official State business;
- Transport of materials, equipment, supplies, luggage and/or other items unrelated to the performance of official State business;
- Transport of hazardous or dangerous materials or any other items not authorized by the ALPLM; and
- Transport of items or equipment that may constitute an obstruction of safe driving or hazard to pedestrians or other vehicles.

Employee Liability

Any employee using an ALPLM vehicle in a manner contrary to this policy shall be personally responsible for any and all costs, damages and expenses arising out of that use, including but not limited to personal injury to the employee, any passengers and third parties and damage to the property of the employee, any passengers, the State and third parties.

Any violation of the ALPLM Vehicle Use Policy and procedures necessary for implementing the Policy may result in the employee no longer being allowed to use the agency vehicle(s).

VEHICLE USE PROCEDURES -- General

1. Employee reserves the vehicle with the Vehicle Reservation Officer or designee who:
 - a. will confirm availability and reserve the vehicle; and
 - b. notify Security of upcoming vehicle reservations.
2. Employee retrieves the Vehicle Request Form from the Vehicle Reservation Officer, completes the form, and has it signed by the employee's supervisor.
3. On the day of travel the employee:
 - a. Keeps the Vehicle Request form with him/her;
 - b. Goes to the Security Control Office to:
 - i. Retrieve the vehicle keys; and
 - ii. Sign out the vehicle from Security;
 - c. Goes to the vehicle which is parked on the first floor of the museum parking garage in its own space;
 - d. Logs the beginning mileage and the purpose of the trip on the Vehicle Request Form; and
 - e. Inspects the interior and exterior of the vehicle prior to departure and reports any damage to the Vehicle Use Officer.
4. After the employee completes the travel:
 - a. Return the vehicle to its assigned parking space in the parking garage;
 - b. Return the keys and Vehicle Request Form to the Security Control Office.
5. State employees are required to use State authorized vendors by Wright Express (the current State gasoline credit card) or State garage facilities where available for fuel purchases.
 - a. After you swipe the credit card, you will need to type in the current mileage and a 4-digit passcode.
 - b. Always say "yes" when asked if you want the receipt.
6. While driving on tollways, the driver is responsible for paying tolls.
7. Any materials or supplies being transported should be stored in the trunk to avoid soiling or damaging the vehicle's interior.
8. Lock the vehicle when unoccupied. Never leave confidential information or state equipment in an unlocked vehicle or overnight in a vehicle, even if locked.
9. Drivers may not delegate driving responsibilities to any other driver without prior authorization.
10. Upon trip completion, return the vehicle in clean condition and full of gasoline.
 - a. If the fuel level is at or below three-quarters full (3/4), then before returning the vehicle to the office, please fill the gas tank.

- b. Return the key to Security and all receipts to the Vehicle Use Officer.
- c. Report any vehicle problems to the Vehicle Use Officer or designee.

Accident and Insurance Procedures

Accidents involving State-owned vehicles must be investigated by the proper police agency having jurisdiction where the accident occur. Procedures for handling accidents and all necessary forms are supplied with each Motor Pool vehicle. Responsibility for proper reporting of vehicle accidents rests with the vehicle driver.

IMPORTANT: The Department of Central Management Services (DCMS), Division of Risk Management's fleet liability insurance policy covers all vehicles operated by the state of Illinois, including those not owned by the state.

Accident Procedures

The Abraham Lincoln Presidential Library and Museum must report any accident involving one of its vehicles to DCMS Division of Risk Management. Please follow these procedures in case of any accident involving a vehicle, or any vehicle rented or leased while on official state business. Contact CMS Risk Management at 217/782-0202 for additional information.

1. Call 911 to notify Law Enforcement of the accident and request medical assistance for injured persons **if necessary**.
2. Remain silent on the issue of who is at fault.
3. Do not assist with injured persons beyond calling for professional medical assistance.
4. Contact your agency Auto Liability Coordinator immediately.
 - ***If the accident results in severe injury, death or substantial property damage; contact CMS Risk Management (800)442-1300; (opt. #4) or (217) 782-0202 immediately***
5. Contact your agency Vehicle Coordinator and your supervisor immediately to report the accident (no later than 1 business day from the time of the accident).
6. Obtain the accident report: SR-1 "Motorist Report of Illinois Vehicles Accident" from Law Enforcement officer or find one located in vehicle glove compartment.
 - a. The SR-1 needs to be completed and submitted to agency Vehicle Coordinator within three (3) calendar days from the date of accident.
 - i. The report should include a clear description of the conditions surrounding the accident.
 - ii. The form should be available within the vehicle but can also be obtained from the responding law enforcement officer.

- b. The Auto Liability cover letter attached to the SR-1 is to be completed by your Auto Liability Coordinator. The completed SR-1 should be distributed as follows:
- i. Original: Department of Transportation - Traffic Safety, 1340 North 9th Street, Springfield, Illinois 62702
 - ii. First Copy: Risk Management Division - Auto Liability Section, 801 South 7th Street, Franklin Complex 6th Floor, Springfield, Illinois 62706
 1. The SR-1 along with the Uniform Cover Letter is to be submitted to Risk Management no later than seven calendar days following the accident. (Notify Risk Management of all claims.)
 2. 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 days.
 - iii. Second Copy: Your Auto Liability Coordinator.
 - iv. Third Copy: Department of Central Management Services, Division of Vehicles, 200 East Ash Street, Springfield, Illinois 62704, Attn.: CMS Auto Liability Coordinator, or Email the third copy to Kevin.Behl@illinois.gov
 - Third copy when vehicle is leased or rented from CMSAs soon as possible and no later than one (1) business day from the time of the accident, the driver must notify his/her supervisor and the supervisor must notify the Vehicle Use Officer.

Additional Notes

- Do not enter into a settlement or sign a release unless you have received authorization from Risk Management.
- If a privately-owned vehicle is involved in an accident, complete the Form SR-1 using the operator's personal insurance information and noting that the vehicle is privately owned. The operator should also contact his/her personal auto insurance company and Risk Management.
- If a rental vehicle is involved in an accident, complete Form SR-1, and advise the rental company's insurance carrier. The operator should report the accident to the rental company's insurance carrier, DOV and Risk Management.
- Report all accidents to your Auto Liability Coordinator to be certain a report is submitted to Risk Management.

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 causing 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 with 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.

Garage Authorization and Emergency Repairs

For repairs during state garage business hours of 7:30 a.m. to 4 p.m., (except for Elgin, Hillsboro and Paris, see garage hours below), contact the nearest State Garage for repairs and assistance.

For emergency repairs after hours, such as tire repair/replacement, towing, belt replacement, water pump, etc., if a vendor can be located to perform the repairs, please do so.

It is the drivers/vehicle coordinator responsibility to contact the nearest state garage to obtain an authorization number on the next business day. If you need further assistance then you can call the numbers on the back of the state credit card 1-800-782-7860 in Illinois; (217) 782-7860 outside Illinois, someone will be paged to assist you. Routine maintenance is not considered an emergency.

To request an authorization for sublet repairs on cars and light trucks, you must contact the nearest state garage for prior approval. The supervisor will then determine if the repair will be performed at a CMS garage or an outside vendor.

Please be prepared to provide the following information to the CMS State Garage or emergency after hours contact person:

1. Vehicle location
2. Blue/White state credit card information
3. Mileage
4. Nature of problem
5. Year, make, model, color of the vehicle& license plate.

Appendix 1: Vehicle Request Form (Example)

Legacy IHPA Form

ILLINOIS HISTORIC PRESERVATION AGENCY VEHICLE REQUEST FORM

Date of Request: _____ Date of Travel: _____
Name of Traveler: _____ Division: _____
Departure Time: _____ Beginning Mileage: _____
Return Time: _____ Ending Mileage: _____
Arrival Location: _____ License #: _____ Control Card #: _____
Purpose of Trip: _____

Signature of Traveler Date Approval of Supervisor Date

Comments by Traveler on condition of vehicle: _____

Disposition: Original to Central File Yellow to Vehicle Operator ~~---~~

Appendix 2: Illinois Form SR-1, Illinois Motorist Report (Example)

COMPLETE BOTH SIDES OF THIS FORM Use black ink

Mail This Report to
 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.

ILLINOIS MOTORIST REPORT

INVESTIGATED BY _____ TYPE OF REPORT
 ON-SCENE A No Injury / Drive Away
 NOT ON-SCENE B Injury and / or Tow Due To Crash
 SUPPLEMENTARY

AGENCY CRASH REPORT NO. _____

ADDRESS NO. (OPTIONAL) _____ HIGHWAY or STREET NAME _____ CITY/TOWNSHIP (CIRCLE) _____ INTERSECTION RELATED Yes No DATE OF CRASH _____ TIME _____ LARS CODE _____
 PRIVATE PROPERTY Yes No ANY SINGLE VEHICLE/PROPERTY DAMAGED OVER \$500 Yes No NO. MOTOR VEHICLES INVLD _____ LARS CODE _____
 HIT & RUN Yes No

NAME (LAST, FIRST, M.I.) _____ DRIVER PED PEDAL EQUUS NMV NCV DATE OF BIRTH _____ MAKE _____ MODEL _____ YEAR _____ CIRCLE NUMBER(S) FOR DAMAGED AREA(S)
 STREET ADDRESS _____ SEX _____ SAFT _____ AIR PLATE NO. _____ STATE _____ YEAR _____ 00 - NONE
 CITY _____ STATE _____ ZIP _____ INJURY _____ EJECT _____ VIN _____ 10 - UNDER CARRIAGE
 11 - TOTAL (ALL AREAS)
 12 - OTHER
 99 - UNKNOWN
 POINT OF FIRST CONTACT _____ 8 FRONT 1 2 TOWED Y N
 7 9 3 DUE TO DAMAGE
 6 5 4 FIRE
 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 DATE OF BIRTH _____ MAKE _____ MODEL _____ YEAR _____ CIRCLE NUMBER(S) FOR DAMAGED AREA(S)
 STREET ADDRESS _____ SEX _____ SAFT _____ AIR PLATE NO. _____ STATE _____ YEAR _____ 00 - NONE
 CITY _____ STATE _____ ZIP _____ INJURY _____ EJECT _____ VIN _____ 10 - UNDER CARRIAGE
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 HAZ MAT.
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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.

YOUR INSURANCE
 If you fail to give full information below it will be assumed that you did not have automobile liability insurance, and you may be subject to further application of the Safety Responsibility Law.
 Were you covered by a liability insurance policy at the time of the crash? YES NO
 Full name of your insurance company (not agency) which issued policy to cover liability for damages or injury to others. *M0199*
 Name and address of representative who sold policy.
 Policy Number
 Policy Period
 From _____ To _____
 Name of Policy Holder

LIST PERSONS KILLED OR INJURED

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 _____
 Signature of person making report

COMPLETE BOTH SIDES OF THIS FORM

Printed by authority of the State of Illinois
 SR 1 350M (REV. 1/89) IL 654-0734
 Illinois Department of Transportation
 Accident Records Section
 Springfield, Illinois 62766-0001

Appendix 3: Central Management Services Address

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

Carbondale State Garage 2801 West Murphysboro (618) 351-5346 Fuel: Gasohol	(217) 532-6811 Fuel: Gasohol and Diesel
Collinsville State Garage 1104 Eastport Plaza Drive (618) 346-5190 Fuel: Gasohol and Diesel	Ottawa State Garage 1620 Porter (815) 434-8400 Fuel: Gasohol and Diesel
Des Plaines-Suburban North State Garage 9511 Harrison Street (847) 294-4152 Fuel: None	Paris State Garage Route 133 West (217) 463-4215 Fuel: Gasohol and Diesel
Dixon State Garage 817 Depot Avenue (815) 284-1594 Fuel: Gasohol and Diesel	Peoria State Garage 6510 West Highway 150 (Edwards, IL) (309) 693-5162 Fuel: Gasohol and Diesel
Effingham State Garage 400 West Wabash (217) 342-8296 Fuel: Gasohol	Springfield Central State Garage 200 East Ash Street (217) 782-4684 Fuel: Gasohol and E85 (Ethanol)
Elgin State Garage 595 South State Street (847) 931-2474 Fuel: Gasohol and Diesel	Stateville State Garage #06 20025 Division Street (Crest Hill, IL) (815) 727-7590 or (815) 727-7591 Fuel: None
Hillsboro State Garage Graham Correctional Center Route 185 South	Watseka State Garage 111 Yount Avenue (815) 432-3266 Fuel: Gasohol and Diesel