

Illinois Department of Public Health

AGENCY VEHICLE POLICY



The Illinois Department of Public Health's Vehicle Policy adheres to all rules and regulations set forth in 44 Ill. Admin. Code 5040.100 et seq. and other rules established by Central Management Services Division of Vehicles and the Illinois Department of Public Health.

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Section I

Department Policy

The Department of Public Health herewith adopts the travel regulations promulgated by the Governor's Travel Control Board, as distributed by the Department of Central Management Services and as amended by the Board or interpreted in writing by the Department of Central Management Services. The Department of Public Health's reimbursement rates shall be those established by these rules.

It is also the policy of the Department of Public Health to supplement and/or emphasize the above listed travel regulations, as permitted therein, by promulgating Department of Public Health specific interpretations and guidance in the form of procedures. Further, it is the Department of Public Health's policy to fully support and implement any and all directives of the Office of the Governor. In those instances where such directives are temporary, the Department of Public Health will disseminate guidance. This information shall have the same authority and effect as if they were formally adopted policy and/or procedure.

Transportation Policy

The Department of Public Health will maintain a fleet of Department-owned or leased vehicles to be used by employees for official business purposes. If available, and on an as needed basis, vehicles may be assigned to either an individual or to a location facility. These vehicles will be used only in the conduct of Department business or as required in the event of public emergency. Any use necessarily assumes a public purpose and employees shall use vehicles so as to avoid any misuse or the appearance of misuse. Vehicles will be operated in accordance with all applicable State and local laws and regulations.

Rental and personal vehicles may be used for agency business, and expenses reimbursed for such purpose, only with the prior approval of the employee's supervisor. Reimbursement for personal vehicles shall be made in instances of an unusual or emergency situation in which a clear need and advantage to the agency can be subsequently demonstrated that requires this use was the most economical mode of transportation considering travel time, costs, and work requirements.

The term "vehicle" means any form of motorized transportation, including but not limited to cars, trucks, or any special mobile equipment capable of, but not designed or used primarily for, the transportation of persons or property. "Employee" is any payroll personnel or contractual employees with the Department. This does not include volunteers or independent contractors.

Each employee who operates a Department-owned vehicle, leased vehicle, rental vehicle or a personal vehicle at Department expense shall have a valid driver's or operator's license or permit as required by law, including any endorsement required for operation of such vehicle.

Any exception to this policy must receive prior written approval of the Director.

Agency Vehicle Coordinator

An Agency Vehicle Coordinator has been appointed by the Office of Finance and Administration responsible for coordination and the acquisition, disposal and maintenance of Department vehicles. The Agency Vehicle Coordinator maintains the inventory of vehicles and acquires licenses, titles and credit cards for these vehicles. Approved acquisition requests for new vehicles shall be forwarded to the Agency Vehicle Coordinator for submittal to the Department of Central Management Services. The Agency Vehicle Coordinator is also responsible for processing the necessary forms required when an accident occurs in a Department vehicle.

Department offices that have vehicles assigned to the respective office shall designate an employee(s) to serve as a "Unit Vehicle Manager." Employees who are assigned as a "Unit Vehicle Manager" shall work with the Agency Vehicle Coordinator to coordinate activities related to the vehicles assigned to the respective office/division.

Vehicle Coordinator Contact Information

The Agency Vehicle Coordinator is Yolanda Jones. She can be reached via email at Yolanda.Jones2@Illinois.gov or at 217/785-4894, mailing address: 535 West Jefferson, Springfield, Illinois 62761.

Section II

State Vehicle Use Policy

The use of State vehicles is governed by regulations issued by the Department of Central Management Services (CMS), 44 Ill. Adm. Code 5040.

Department vehicles are to be used for official business only and are not to be used for the transportation of the employee between the employee's office and home, unless the employee has a vehicle assigned to him/her, is using the vehicle for a travel assignment that begins or ends at the employee's home, the employee must begin or end a travel assignment outside the normal working hours or it is approved by the Director, or his/her designee.

The State of Illinois does not provide liability coverage to a driver operating a State vehicle outside the scope of his/her employment.

Authorized Use

Vehicles state-owned, leased or rented are authorized for use in the performance of all essential travel duties related to the completion of State business. They are not authorized for personal trips unrelated to State business; to transport passengers who are not State employees (except in accord with the guidelines below), or to attempt tasks that are beyond the vehicle's capabilities. When in doubt, the decision must be based on whether the vehicle's use will serve the interests of the State of Illinois. As State employees using State property, employees are responsible for using caution and discretion at all times. The following guidelines give specifics on authorized uses of State vehicles.

State owned, leased or rented 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, including pharmacies when required to sustain the health, welfare, or continued efficient performance of the driver;
- 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 agency head;
- 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 an agency head;
- 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);
- Travel between the place of dispatch, or place of performance of State business, and the employee's personal residence when specifically authorized by the DPH Management

*Commuting in an assigned vehicle when one of the conditions set forth in Section 5040.340 of this part is met and the employee has complied with:

- The certification requirements of section 7-601 of the Illinois Vehicle Code (625 ILCS 5/7-601); and all applicable reporting requirements of the Office of the Comptroller.

- Operation of a specially-equipped vehicle where a state official or employee is required to have constant access to the equipment in the vehicle (for purposes of this section, “specially–equipped vehicle” means a vehicle equipped with communications equipment regularly used to transmit over a network of the Emergency Management Agency); and
- Any other use when for public purposes and in the best interests of the state, and authorized in writing by an agency head.

**Such use of a vehicle can be classified as a taxable fringe benefit. (See Section III – Driver Requirements)*

Unauthorized Use:

Unauthorized use of State vehicles may result in immediate disciplinary action up to and including discharge. Discipline may also include suspension of all privileges to operate State vehicles. State employees are not covered by liability insurance while engaging in unauthorized use of State vehicles.

The following are examples of prohibited uses of State vehicles:

- 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 whether from headquarters to restaurants and recreation events, cafes, pharmacies, or other places that are not in the service of 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 an agency head or in an emergency;
- Transport of items or equipment which may constitute an obstruction of safe driving or hazard to pedestrians or other vehicles; items or equipment projecting from the side, front, or rear of the vehicle in the way that constitutes an obstruction to safe driving, or a hazard;
- Travel to entertainment and recreation events, for vacation purposes, or any travel that is not in the service of State business;
- Extending the length of time the operator possesses the vehicle beyond what is needed to complete the official purpose of the trip; 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:

- Agency head 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 80 Ill. Adm. Code 3000.300(f)(2)).

Section III

Driver Requirements

Employees who operate a state-owned, state-leased, state-rented vehicle or a private vehicle at state expense must have a valid driver's or operator's license or permit, including any endorsement required for the operation of such vehicle. The employees should notify their supervisor immediately when a license, permit, privilege, or endorsement becomes invalid, suspended, revoked, or lost. It is the responsibility of the supervisor to immediately notify the Agency Vehicle Coordinator. Employees who fail to report this information are subject to disciplinary action up to and including discharge. Supervisory personnel should take reasonable action to assure that employees have a valid driver's or operator's license or special permit, including any endorsement, for the type of vehicles they are required to operate. Supervisors should not permit employees to operate a state-owned, state-leased, state-rented vehicle or a private vehicle at state expense without a valid license, permit, privilege or endorsement.

Employees who are permitted to utilize a state-owned, state-leased, rental or private vehicle must provide certification to the Agency Travel Coordinator in the Office of Finance and Administration during the period of July 1 through June 30 of each calendar year, or within 30 days of any new assignment of a vehicle that the employee has a valid driver's license and liability insurance coverage extending to the employee or a bond filed with the Secretary of State as proof of financial responsibility. An employee's authorization to use the assigned vehicle shall automatically be rescinded upon the revocation or suspension of the license required to drive the vehicle, the cancellation or termination for any reason of the automobile liability insurance coverage or termination of the bond filed with the Secretary of State.

When an employee's driver's or operator's license, permit, or endorsement is suspended or revoked due to conduct occurring while not operating a state-owned, state-leased, state-rental vehicle or a private vehicle at state expense and where the loss of license, permit, or endorsement has only a minimal effect upon the performance

of the employee's duties or the department's operating costs, the appropriate Deputy Director, or supervisor prepares an impact statement. The impact statement shall state the impact of the employee's loss of license, permit, or endorsement on departmental operations and includes recommendation of whether action by the Department is appropriate. If so, the statement identifies the recommended action. The impact statement shall be submitted to the Director's Office and Office of Human Resources for review and determination. When it is deemed by Management that there is no impact on either the employee performance, or the operation of the department, no action shall be required.

Driver Operation

All operators of state-owned, state-leased, state-rented vehicles or private vehicles are responsible for the following:

- Exercise reasonable diligence at all times in the proper care, use and operation of vehicles.
- Drive safely; obey all traffic laws; and practice road courtesy;
- Wear seat belts as provided in each vehicle and require all passengers to wear seat belts, except as otherwise required by law;
- There is no smoking in state-owned, state-leased, or state-rented vehicles (Public Act 95-0017);
- Refrain from consuming or possessing alcohol and illegal drugs while operating a vehicle as this action is prohibited. (See Section 7.1.102 - Illegal Possession and Consumption of Alcohol or Drugs in State Vehicles or in Private Vehicles Being Used in the Performance of Duties)
- Maintain vehicles in a safe operating condition and carefully secure any cargo;
- Purchase fuel, oil and repair maintenance services in accordance with this policy and the rules;
- Be aware of security when parking or garaging a vehicle;
- Ensure that vehicles are used for official and authorized trips only;
- Fuel gasoline powered vehicles with E-85; whenever possible;
- Immediately report any involvement in accidents to appropriate authorities (See Accident Reporting Procedures – Section V);
- 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 violations and fines incurred while operation a vehicle. Provide copies of any moving or equipment violation citations received while operating a vehicle to your supervisor within three working days of receipt.
- Ensure that all receipts for credit card purchases of fuel, oil, repairs or other related items are accurate and state the current vehicle mileage reading and if applicable, the hour reading;
- Return the keys, vehicle credit card and all gas receipts to the Unit Vehicle Manager in your designated work area immediately upon returning from the trip if utilizing a state-owned, or state-leased when applicable. It is the employees'

responsibility to return all items listed above. Special care must be taken to record odometer readings accurately.

- Return rental vehicles to the nearest dealership as applicable upon returning from the trip, when applicable. It is the employees' responsibility to return all items listed above.
- Work related use of a vehicle over a holiday or weekend requires a full explanation submitted in writing and approved by the respective Deputy Director or designee.
- If the vehicle is to be taken out-of-state, a request to comply, must be submitted to the Agency Travel Coordinator with the submission of the out-of-state request and approved by the Deputy Director.
- Employees who are assigned a vehicle must submit their monthly mileage reports and receipts by the **10th day** of each month to their respective Agency Vehicle Coordinator or Unit Vehicle Manager.

NOTE: Under certain circumstances reimbursement for fines and/or provision of legal counsel may be available. Contact the Agency 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

Restricted Driving Permits

In some instances the Office of the Secretary of State may be issuing Restricted Driving Permits (RDP) to Department employees. In some instances the RDP may be conditioned upon the use of a Breath Alcohol Ignition Interlock Device (BAIID), which would be installed on a state-owned, or state-leased motor vehicle normally operated by the Department employee. This device will be installed and maintained at the expense of the employee. The employee with this RDP is not to drive any other state-owned motor vehicle, except the vehicle equipped with the BAIID unit. No employee shall inflict damage, or in any way tamper with or attempt to use the BAIID to enable an impaired driver to operate the vehicle.

Conviction

The use of illegal drugs and alcoholic beverages, by Department of Public Health employees while operating a State-owned, state-leased, state-rental or personal vehicle at State expense poses a significant danger to the health and safety of the employee, staff members, clients/customers, and the public. Any employee who possesses or consumes alcohol and/or illegal drugs, while operating a State-owned, State-leased,

State-rental or personal vehicle at State expense, shall be subject to discipline, up to and including discharge.

- a. Any employee convicted of a violation of Section 11-501 of the Illinois Vehicle Code [625 ILCS 5/11-501], or a violation of a similar statute or ordinance of another governmental entity for operating a vehicle under the influence of alcohol or illegal drugs, or both, shall be discharged from employment if the violation occurred while operating a State-owned, State-leased, state-rental or personal vehicle at State expense.
- b. Any employee who takes a test that discloses either that the alcohol concentration in the employee's blood or breath was 0.08 or greater, or that the employee had used illegal drugs, shall be subject to discipline, up to and including suspension from employment without benefits pending a hearing or discharge from employment, if the test was administered at the direction of a law enforcement officer as a result of an arrest arising out of the employee's operation of a State-owned, State-leased, State-rental or personal vehicle at State expense.
- c. Any employee whose driver's or operator's license is suspended pursuant to Section 11-501.1 of the Illinois Vehicle Code [625 ILCS 5/11-501.1], or pursuant to a similar statute or ordinance of another governmental entity, for refusal to submit to any tests for the purpose of determining the content of alcohol, illegal drugs, or combination thereof in the employee's blood shall be subject to discipline, up to and including suspension from employment without benefits pending a hearing or discharge from employment, if this refusal occurred in connection with the employee's arrest arising out of the operation of a State-owned, State-leased, State-rental or personal vehicle at State expense.
- d. Any employee arrested for a violation of Section 11-501 of the Illinois Vehicle Code [625 ILCS 5/11-501], or a similar statute or ordinance of another governmental entity, may be suspended from employment without benefits pending a hearing, if DPH has a reason to believe that the alleged violation occurred during the employee's operation of a State-owned, State-leased, State-rental or personal vehicle at State expense.
- e. Subject to subsection B, a finding of not guilty or the dismissal of the charges, the employee will be restored to the same or similar position classification in the agency and work location held at the time of the suspension and restoration of all benefits for the period of the suspension.

A similar position classification shall include:

- 1. The same position classification with different duties;
- 2. A successor position classification; or

3. A different position classification having related requirements and duties and the same salary or wage assignment

When the facts giving rise to the arrest warrant discipline for violation of any other rule or condition of employment, DPH shall follow its standard disciplinary procedures and impose discipline consistent with the nature of the violation of other rules or conditions of employment. Charges shall be applied in a manner consistent with the applicable procedures set forth in any applicable personnel rules or collective bargaining agreement.

Section IV

Personally Assigned Vehicles

Assignment of Department vehicles to an employee or as a "take home" vehicle, must be approved in writing by the Director or his/her documented designee. Vehicles may not be assigned as a form of compensation, as a benefit, or based solely on an employee's title. Vehicles may be assigned based on justification of use and only if the assignments are in the State's best interests. Vehicle assignments will be made in compliance with the criteria established in 44 Ill. Adm. Code 5040, which states:

The assignment of vehicles to individuals is to be made only if one or more of the following conditions are met:

1. The vehicle is specially equipped to perform law enforcement services and the law enforcement employee is on call 24 hours a day.
2. The employee's work assignment requires traveling to numerous locations over a considerable territory with infrequent stops at the employee's headquarters as defined in the regulations concerning State employee travel.
3. When the employee is a State official confirmed by the State Senate or acting in the capacity of such a State official.
4. When the employee is regularly subject to special or emergency calls from his/her residence during non-duty hours.

Vehicles assigned to employees are personally assigned vehicles. These vehicles shall not be reassigned and/or transferred to another individual or pooled without written approval from the Agency Vehicle Coordinator. Completion and approval of the Internal Agency Authorization and Individually Assigned Vehicle Form must be completed and approved by the Director or his/her designee before the transfer can take place. The Agency Vehicle Coordinator, Office of Finance and Administration will advise program office of all approved assignments and any changes prior to the effective date.

Commuting Mileage

For those individuals afforded the privilege of an individually assigned vehicle that they drive from their home to their working headquarters or work location, is considered a “take home” vehicle. This vehicle is subject to commuting use days and must be recorded and reported to the Agency Vehicle Coordinator by the **10th day** of each month. The drive from the employee’s home to their working headquarters or work location is commuting mileage. The drive from their working headquarters or work location to their home is commuting mileage.

Employees must record all days the state vehicle is driven for commuting purposes and report the mileage to the Office of Finance and Administration, Agency Travel Coordinator each month to be provided to the Payroll Division for reporting to the Internal Revenue Service as an employee fringe benefit. Failure to forward this form to the Office of Finance and Administration may result in the employee being assessed for all the work days in the month for tax purposes. Transactions to revise either the calculation of the amount of fringe benefits or payroll inputs will not be performed. A form can be obtained from the Agency Vehicle Coordinator or the Department of Public Health Intranet under IDPH Forms, “Travel”.

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

Vehicles may only be used for commuting purposes if the vehicle has been assigned to an individual. No employee should be assigned to a state vehicle solely for the purposes of commuting. Under the commuting rule, the value of a vehicle provided to an individual is determined for commuting use by multiplying each one-way commute (that is, from home to work and/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.

As a general matter, any employee who at the end of a 12 month period exceeds more than 30% of the vehicles total mileage as commuting mileage must submit a justification to the Director or his/her designee for review. Commuting miles over 30% of total annual miles will be carefully evaluated by agency heads.

Mileage Reporting

Any employee who drives a state vehicle whether personally assigned or pooled must record the mileage of daily use. Each business stop must be recorded and the mileage of the trip/s must be kept from beginning to end. All mileage should be recorded on a

monthly mileage report and submitted to the Agency Vehicle Coordinator by the **10th day** from the conclusion of the previous month. A blank mileage form can be obtained from the Agency Vehicle Coordinator or the IDPH Intranet "Travel".

Section V

Maintenance

It is the responsibility of the individual who is assigned a Department vehicle to ensure that the vehicle is maintained and periodically inspected for safety and maintains records of same. Inspections by the State Garage should be done annually for each vehicle with documentation submitted to the Agency Vehicle Coordinator.

It is the responsibility of the Unit Vehicle Manager to ensure that all pooled vehicles assigned to the program/office are inspected annually and documentation certifying the inspection is submitted to the Agency Vehicle Coordinator.

Vehicle Repair

In the case of a vehicle breakdown or emergency during regular business hours (weekdays 7:30 a.m. - 4:00 p.m.), the employee should contact the CMS Division of Vehicles at 217/782-2536 ext. 227. CMS Division of Vehicles will instruct the employee on the proper procedures to follow. The employee should use the most cost-effective means of transportation to continue his or her trip or return home.

During non-business hours, if emergency mechanical assistance is required and the driver is able to locate a vendor from the Division of Vehicles Directory of Sublet Vendors to have the repairs performed, proceed with repairs. Bill payment can 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. Division of Vehicles will provide an approval stamp on the reimbursement voucher to expedite processing.

If you need assistance obtaining a vendor to perform emergency repairs or other vehicle assistance after business hours, call the number on the back of the state credit card (black card): 800/782-7860 in Illinois and out-of-state 217/782-7860.

In the case of a vehicle breakdown or emergency after hours, the employee should call the emergency "800" number on the blue and white CMS credit card, 800/782-7860. CMS Division of Vehicles will instruct the employee on the proper procedures to follow.

The employee should use the most cost-effective means of transportation to continue his or her trip or return home. If transportation cannot be arranged until the following day, the employee should seek local accommodations after contact and connection has been made with the employee supervisor.

If the employee is using his or her personal vehicle, he or she will have to make arrangements for the vehicle on his or her own, but may use the most cost-effective means of transportation to continue on the trip or return home.

Fuel 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 route 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 and gasohol when available and as applicable to each vehicle's needs. Use a self-service island unless you are 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.

Credit Cards

A state vehicle credit card and Fleet Card are assigned to each vehicle. Dollar limits on credit card purchases of operational items from private sources are as follows:

- Fuel tanks of fuel, purchase of oil, oil changes/lubrications, washing, towing and tire repair not to exceed:
 - ❖ \$50 for cars/trucks (7499 GVW and under) and
 - ❖ \$200 for trucks (7500 GVW and over).
- Minor emergency mechanical repairs are not to exceed \$50 (cars and trucks one ton and under) and \$100 (all other vehicles) may be charged without prior approval.

The use of state vehicle credit card to purchase personal items not directly related to the vehicle is prohibited.

The Unit Vehicle Manager of each office within the Department of Public Health shall inform employees who drive vehicles assigned to his/her location/facility of the procedure to follow regarding credit card receipts. The Unit Vehicle Manager shall insure that the receipts are reconciled to vendor invoices on a monthly basis.

Vehicle Accident Reporting

When an accident occurs, the police must be called to the scene and an Illinois Motorist Report form (SR-1) accident report completed by the police. The Illinois Motorist Report form (SR-1) will be made available at local police headquarters on the following business day. It is the responsibility of the employee to obtain a copy of the Illinois Motorist Report form (SR-1). The report must be signed by the employee and submitted to the Agency Vehicle Coordinator within two (2) days of the accident.

Failure to call the police may leave the employee personally liable for damage claims. In instances where the police are not available to report to the scene of the accident, i.e., numerous storm related fender benders, etc., the employee must still make the effort to contact the police.

When the police are not available to come to the scene of the accident, the employee must complete an Illinois Motorist Report form (SR-1). The employee must obtain an Illinois Motorist Report form (SR-1) prior to using a state, leased or personally-owned vehicle. The Illinois Motorist Report form (SR-1) can be found in the glove box of each State-owned, or state-leased vehicle. A supply of the Illinois Motorist Report form (SR-1) can also be ordered from the Agency Vehicle Coordinator, Office of Finance and Administration at 217/785-4894.

Employees should follow these procedures in case of any accident involving a vehicle, or any vehicle rented or leased while on official state business.

1. Notify police and get accident report.
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. Telephone the Agency Vehicle Coordinator immediately to report the details of the accident. (217/785-4894)
5. Telephone Division of Vehicles to report the details of the accident (when vehicle is leased and/or rented from DOV). During regular business hours call 217/782-256 ext. 217. After business hours call 217/782-7860.
6. Immediately fill out Illinois Form SR-1 "Motorist Report of Illinois Vehicles Accident."

The Auto Liability cover letter attached to the SR-1 is to be completed with as much information as the driver can provide. Remember, the SR-1 form is provided:

- In the glove compartment of each vehicle;
- By the state trooper investigating the accident;
- From the Agency Vehicle Coordinator.

In the instance that the accident involves severe injury, death or substantial property damage, please contact Risk Management immediately at 800/442-1300 (then depress #4) or 217/782-0202. Also notify your Agency Vehicle Coordinator.

The SR-1 along with the Uniform Cover Letter is to be submitted to the Agency Vehicle Coordinator no later than two (2) calendar days following 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 two (2) days.

The employee must prepare an accident narrative to accompany the Illinois Motorist Report form (SR-1). The narrative must include a description of the accident, the employee's home phone number and social security number. The narrative must be signed by the employee.

Submission of Reports

It is the responsibility of the employee to ensure that the police accident report, motorist information sheet, the Illinois Motorist Report form (SR-1), Auto Liability Uniform Cover Letter and accident narrative, be **hand delivered** or sent by **overnight express** to the Illinois Department of Public Health, Agency Vehicle Coordinator, Office of Finance and Administration, 535 West Jefferson, Springfield, Illinois 62761, within forty-eight (48) hours after the accident. If an accident occurs on the date before a state or federal holiday or weekend, the appropriate information should be hand delivered or sent by overnight express to the Office of Finance and Administration on the next business day. The envelope must be marked "**Urgent – SR-1 Enclosed.**"

Failure to report the accident to the Office of Finance and Administration within twenty-four (24) hours could result in the suspension of the use of a state-sponsored vehicle up to and including three (3) month time period. If the driver is dead or disabled by the accident, the driver's supervisor must file the accident report. Failure to report an accident to the Risk Management Division through the Illinois Department of Public Health Vehicle Coordinator, Office of Finance and Administration, may leave the employee solely financially liable for all damages incurred. The Agency Vehicle Coordinator will process any additional paperwork and file the appropriate forms with the CMS Division of Risk Management.

Section VI

Requests for Increasing the Fleet

When new programs are implemented, new employees hired and/or the need for travel on a continual basis is identified and the current vehicle assignment is not sufficient to effectively provide the transportation required, a Division/Program Manager may

request through the chain of command the addition of a vehicle to his/her assigned fleet or a vehicle assigned to an individual.

This request must be in writing on the Addition to Fleet Request Form and approved by the applicable Deputy Director and the Director. Once the Director has approved this addition, the form will be forwarded to the Agency Vehicle Coordinator who will process this request through Central Management Services.

Vehicle Disposal

In the instance that a vehicle is deemed unsafe for driving, the Agency Vehicle Coordinator must be notified prior to turning in the vehicle to Central Management Services. The Unit Vehicle Manager must contact the Agency Vehicle Coordinator with documentation and completed transfer form for approval and to arrange for fleet vehicle disposal.

Privately Owned Vehicles

If a privately-owned vehicle is involved in an accident while on official state business, 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 auto insurance company and the Vehicle Coordinator.

If a rental vehicle is involved in an accident, complete the SR-1, and advise the rental company's insurance carrier. The operator should report the accident to the rental company's insurance carrier and Agency Vehicle Coordinator.

Report all accidents to the Agency Vehicle Coordinator to be certain a report is submitted to Risk Management.

Additional Notes

Do not enter into a settlement or sign a release unless you have received authorization from the Vehicle Coordinator or Risk Management. Contact CMS Risk Management at 217/782-0202 for additional information.

Insurance Coverage

The State of Illinois provides liability coverage for employees operating State-owned, or state-leased motor vehicles in the course of their employment under the State of Illinois Self Insured Motor Vehicle Plan, which is administered by the Central Management Services Division of Risk Management. 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 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. Privately-owned vehicles operated in the course of employment are provided excess coverage over the mandatory minimum amount of coverage required by law, or the amount of the policy in force for the vehicle at the time of the accident, if that amount is greater than the mandatory minimum required by law.

Section VII

Safety

Drivers are responsible for:

- Ensuring that vehicles are in good operating condition.
- Ensuring that vehicles are inspected by Department of Vehicles a minimum of once a year. (Annual Vehicle Inspection)
- Performing a visual inspection before operating a vehicle.

For increased safety and security:

- Always park in well-lighted areas and lock the doors.
- Have keys in hand when approaching a vehicle.
- Avoid stopping in isolated areas.
- Plan trips in advance.

When traveling to unfamiliar locations:

- Leave detailed itinerary with office/family.
- Carry maps with routes clearly marked.
- Travel only on main roads.

If someone bumps you from behind, do not get out of the car if you are at all suspicious. Motion the other driver to follow you to a safe and well lit area.

Security

Ensure that vehicles, keys and vehicle credit cards are properly secured to prevent damage and/or theft.

Storage

When not in use, store vehicles on state property, and if possible, within a secure area. Maintain control over vehicle keys and credit cards in a manner to prevent unauthorized access.

Supplies and Equipment

Store state-owned supplies and equipment which must be left in a vehicle in a inconspicuous and secure area of the vehicle.

Personal Vehicles

When a Department vehicle is not available, an emergency situation exists or when it is in the best interest of the Department, an employee may use his/her personal vehicle for State business. An employee must acquire prior approval from the applicable supervisor to use his/her personal vehicle, unless it is an emergency situation. In this instance, the supervisor must be notified as soon as practicable. Any compensation to an employee for use of a personal vehicle on State business shall be in accordance with the Travel Regulations promulgated by the Travel Control Board. Employees using their personal vehicles for Department business must certify to the Travel Coordinator (Office of Finance and Administration) annually that they have insurance for such vehicles, as required by the Illinois Travel Regulations.

Traffic Citations and Parking Violations

Compliance with all traffic laws is required at all times. If the employee or the vehicle assigned to the employee is issued a ticket, fine, or violation while using a Department of Public Health owned, leased or rental vehicle, he/she is responsible for any monies due in payment of said ticket, fine or violation within the assigned time period. It is the responsibility of the employee to be informed of, and abide by the rules of the road, including regionally specific laws such as cell phone restrictions.

If the employee does not pay the ticket, fine or violation within the designated time period, the employee will be responsible for any additional fees assessed by the issuing entity. If an employee is driving a Department of Public Health pooled vehicle or an individually assigned vehicle that does not have an IPASS transponder in the vehicle,

and that employee drives through the IPASS lane on the tollway, he/she will be responsible for any fines incurred. A copy of all moving or equipment violation citations received by an employee while operating a Department of Public Health vehicle and sent to the Agency Vehicle Coordinator, shall be forwarded to the employee's supervisory immediately for action. Non-payment of fines are subject to discipline up to and including suspension of driving privileges for state-owned, state-leased or state-rental vehicles with pro-rated restrictions on reimbursement for use of personal vehicles.

Non-State Employee

Any non-State employee, such as a contractual employee or volunteer, may be authorized in writing by the Director to drive a State-owned, state-leased or state-rented vehicle if it is of benefit to the State. The authorized non-State employee must adhere to the same guidelines/procedures applicable to the State employee.

Section VIII

State Garages

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

CMS – DIVISION OF VEHICLES – ADMINISTRATIVE OFFICE

c/o Central Garage, 200 East Ash Street, Springfield, IL 62704

Phone: 217/782-2536, Ext. 351 Fax: 217/524-1847

Hours of Operation: 8:00 a.m. – 4:30 p.m.

CMS - MAJOR STATE GARAGES –

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

NORTHERN REGIONAL MANAGER

JRTC Room 3-320 Chicago, IL 60601

Office Phone 312/814-2873 Cell 312/636-1652

Suburban North Garage #49

Shop Supervisor

9511 Harrison Street

Des Plaines, IL 60016-1566

847/294-4152, 4153

Fax 847/294-4154

Elgin State Garage #21

Shop Supervisor

595 South State Street

Elgin, IL 60123-7603

847/931-2473

Fax 847/931-2477

Electric Charging, Gas, BioDiesel

Ottawa State Garage #23

Shop Supervisor
1620 Porter Street
Ottawa, IL 61350-1600
815/434-8400 OR 815/434-8432
Fax 815/434-8478
Electric Charging, Gas, BioDiesel

Stateville State Garage #06

Shop Supervisor
20025 Division Street
Crest Hill, IL 60435
815/727-7590 OR 815/727-7591
Fax 815/727-7588

Peoria State Garage #25

Shop Supervisor
6510 West U.S. Highway 150
Peoria, IL 61528-9727
309/693-5162
Fax 309/693-5123
Electric Charging, Gas, BioDiesel

Southern Regional Manager

c/o Murray Developmental Center
1535 West McCord, Centralia, IL 62801-5805
Phone: 618/335-4042

Carbondale State Garage #32

Shop Supervisor
2801 West Murphysboro, P.O. Box 100
Carbondale, IL 62903-0100
618/346-5190
Fax 618/549-1804
Electronic Charging, Gas

Collinsville State Garage #31

Shop Supervisor
1104 Eastport Plaza Drive
Collinsville, IL 62234-6102
618/351-5346
Fax 618/346-5193
Electronic Charging, Gas, BioDiesel

Watseka State Garage #24

Shop Supervisor
111 Yount Avenue
Watseka, IL 60970-1272
815/432-3266
Fax 815/432-6756
Gas, BioDiesel

Dixon State Garage #22

Shop Supervisor
817 Depot Avenue
Dixon, IL 61021-3500
815/284-1594 OR 815/284-3049
Fax 815/284-4550
Electric Charging, Gas, Biodiesel

Hillsboro State Garage #42

Shop Supervisor
c/o Graham Correctional Center
Route 185 South, P.O. Box 499
Hillsboro, IL 62049-0499
217/532-6811
Fax 217/532-3473
Gas and BioDiesel

Paris State Garage #27

Shop Supervisor
Route 133 West, P. O. Box 1028
Paris, IL 61944-1028
217/463-4215
Fax 217/466-5907
Electronic Charging, Gas, BioDiesel

Effingham State Garage #29

Shop Supervisor
400 West Wabash, P.O. Box 587
Effingham, IL 62401-0587
217/342-8296 or 217/782-6801
Fax 217/342-9578
Electronic Charging, Gas

Springfield Central State Garage

Shop Supervisor
200 East Ash Street
Springfield, IL 62704-4793
217/782-4684, 4685, 4686
Fax 217/524-1947
Electronic Charging, Gas, E85

For other operating hours, contact Department of Vehicles at 217/782-2536, ext. 227.

Web link for E85 Retail Fueling Sites:

<http://www.illinoisgreenfleets.org/stations>

DEPARTMENT OF PUBLIC HEALTH
INTERNAL AGENCY AUTHORIZATION/INDIVIDUALLY ASSIGNED
VEHICLES (IAV's)

In keeping with CMS Rules, 44 Illinois Administrative Code – Part 5040.340 and state fleet policy, vehicles may be assigned to specific individuals if authorized in writing by the head of the agency to which the vehicle is assigned. Assignment should be approved based on the state's best interests, when a vehicle is necessary for state business use and when it is economically efficient to do so and not solely based on title or commuting needs. IAV vehicles should accumulate enough mileage or reach CMS established breakeven miles annually to be economically efficient to maintain. IAV requirements include but are not limited to driver logs, taxable fringe benefit reporting, agency head justification for commuting miles exceeding 30% of total miles and annual agency checks to ensure employee has a valid driver's license and proof of required insurance. Annual external reporting to CMS on assignments by this agency and within 30 days of changes that occur is also required.

Employee Name: _____ Date Assigned: _____

Home Address: _____

Work Headquarters Address: _____

Vehicle Equipment Number: _____ Vehicle License Number: _____

Annual Business Miles: _____ Annual Commuting Miles: _____

What is the work reason/justification for this assignment: (Be specific, relate the necessity to this employee's work tasks, i.e.; employee is an inspector covering the southern half of Illinois and 25 locations, employee carries calibration equipment and reports to headquarters only quarterly. Other justification examples may include extensive business miles, special equipment or cargo, need to transport clients or passengers the majority of the time utilized.)

Authorization certifies the assignment meets the requirements of the Office of the Governor Fleet Policy dated April 12, 2010 and the CMS/JCAR Rule criteria for assignment checked below:

- a) ☐ The vehicle is specially equipped to perform law enforcement services and the law enforcement employee is on call 24 hours a day.

- b) ☐ The employee's work assignment requires traveling to numerous locations over a considerable territory with infrequent stops at employee headquarters as defined in the regulations concerning State employee travel.
- c) ☐ When the employee is a state official confirmed by the State Senate.
(Please note: per Governor's Office fleet policy noted above, in the case of assignment to agency heads under the Governor, policy indicates additional work use justification is also needed as a basis for assignment to be authorized.)
- d) ☐ When the employee is regularly subject to special or emergency calls from his/her residence during non-duty hours.

Justification to permit commuting mileage over 30%: _____

Public Health certifies the employee assigned in this IAV has been required to review the current IAV policy and related regulations on use of a state vehicle, taxable fringe benefits, logs and insurance.

Agency Chief Fiscal Officer Signature: _____ Date: _____

Agency Head Approval Signature: _____ Date: _____

Cc: Agency Vehicle Coordinator
Assignee

Accident Reporting Form (SR-1)

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: _____
WORK PHONE: _____
STATE DRIVER'S HOME ADDRESS: _____ HOME 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
IL401-1579 revised 8/99

COMPLETE BOTH SIDES OF THIS FORM

Use black ink

ILLINOIS MOTORIST REPORT

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.

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 (CIRCLE)

COUNTY

INTERSECTION
RELAYED ☐ YES ☐ NO

DATE OF CRASH
MO / DAY / YEAR

TIME
AM ☐ PM ☐

LARS CODE

☐ AT INTERSECTION WITH

(NAME OF INTERSECTION OR ROAD FEATURE)

HIT & RUN ☐ YES ☐ NO

ANY SINGLE
VEHICLE/PROPERTY
DAMAGED OVER \$500
☐ YES ☐ NO

NO MOTOR
VEHICLES INVOLVED

LARS CODE

NAME (LAST, FIRST, MI.)

DATE OF BIRTH
MO / DAY / YEAR

MAKE

MODEL

YEAR

FOR DAMAGE AREAS
00 - NONE
10 - UNDER CARRIAGE
11 - TOTAL (ALL AREAS)
12 - OTHER
99 - UNKNOWN

TOWED
DUE TO
DAMAGE
OTHER
FIRE
HAZ MAT.
COM VEH.

STREET ADDRESS

STATE

ZIP

INJURY

EJECT

VIN

INSURANCE CO.

TELEPHONE

DRIVER LICENSE NO.

STATE

CLASS

VEHICLE OWNER (LAST, FIRST MI.)

INSURANCE CO.

INSURANCE CO.

TAKEN TO

EMS AGENCY

OWNER ADDRESS (street, city, state, zip)

TELEPHONE

POLICY NO.

NAME (LAST, FIRST, MI.)

DATE OF BIRTH
MO / DAY / YEAR

MAKE

MODEL

YEAR

FOR DAMAGE AREAS
00 - NONE
10 - UNDER CARRIAGE
11 - TOTAL (ALL AREAS)
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99 - UNKNOWN

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INSURANCE CO.

INSURANCE CO.

TAKEN TO

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DATE OF BIRTH
MO / DAY / YEAR

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INSURANCE CO.

INSURANCE CO.

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DATE OF BIRTH
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00 - NONE
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11 - TOTAL (ALL AREAS)
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INJURY

EJECT

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INSURANCE CO.

TELEPHONE

DRIVER LICENSE NO.

STATE

CLASS

VEHICLE OWNER (LAST, FIRST MI.)

INSURANCE CO.

INSURANCE CO.

SR 1B 100M (REV. 1/98) IL 494-0734

Printed by authority of the State of Illinois

Signature of person making report

COMPLETE BOTH SIDES OF THIS FORM

Mail This Report to
Illinois Department of Transportation
Accident Records Section
3215 Executive Park Drive
Springfield, Illinois 62766-0001

M0198





INDICATE NORTH
BY ARROW

DIAGRAM WHAT HAPPENED INSTRUCTIONS

1. Follow dotted lines to draw outline of roadway at place of crash.
2. Number each vehicle and show direction of travel by arrow.



3. Use solid line to show path before crash:



dotted line after crash:



4. Show pedestrian by:
5. Show railroad by:
6. Show utility poles by:
7. Show motorcycle by:



**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 driver or the driver's occupant of the vehicle should do so.

INSTRUCTIONS

OBSERVE THE FOLLOWING RULES:

1. PRINT ALL NAMES AND ADDRESSES.
2. Answer all questions to the best of your knowledge. If unable to answer any questions, mark "NKC" for "not known."
3. 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.
4. Use a second report form or a separate sheet of paper to report additional vehicles, injured persons, witnesses, or any other information for which there is not sufficient space.
5. 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: 1. Deposit security; 2. 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; 3. 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

**Illinois Department of Public Health
Automobile Vehicle Monthly Log/Cost Report**

Month:

Driver Name:

Equipment Number:

License Plate:

Office/Division:

Beginning Mileage:

Ending Mileage:

Miles Driven:

Date of the Month	Origin, Daily Stops and Final Destination	Beginning Mileage	Ending Mileage	Daily Average	Commuting Mileage	Commuting Trips
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

Following: I certify that the information contained on the Automobile Monthly Log/Cost Report is correct and all miles driven for this reporting period were done of Illinois business. I certify that I hold a valid Illinois driver's license and vehicle liability insurance forms have been completed and filed with the Agency Vehicle certify that I have vehicle liability insurance in at least the minimum amounts as required by law. I have read and understand the Vehicle Policies and this form.

Signature: Date: Sheet 1 of 2

Miscellaneous - 10

[illegible][illegible]

Notes:

Sheet 2 of 2

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
USE OF EMPLOYER-PROVIDED VEHICLES**

Name: _____ **Vehicle Make:** _____
Address: _____ **Model Year:** _____
_____ **License #:** _____
Social Security #: (Leave Blank) _____ **Equipment #:** _____
Position Title: _____ **Date Assigned:** _____
Calendar Year: _____

December _____ # of working days	June _____ # of working days
January _____ # of working days	July _____ # of working days
February _____ # of working days	August _____ # of working days
March _____ # of working days	September _____ # of working days
April _____ # of working days	October _____ # of working days
May _____ # of working days	November _____ # of working days

Total: _____ X \$3/Per Day = _____ Income to be reported for CY _____

PLEASE SUBMIT MONTHLY, WITH CURRENT MONTH CHECKED, TO PAYROLL BY THE 10TH OF THE MONTH FOLLOWING EVEN IF YOU HAVE NOT USED THE VEHICLE FOR THAT MONTH.

I hereby certify that to the best of my knowledge the assigned vehicle identified above has been used for commuting for the number of days herein reported. I understand that my employer will account for the use by including \$3/day in my reportable income.

Signature

Date: