

Illinois Gaming Board

Vehicle Policy Manual



June 2012



ILLINOIS GAMING BOARD

Pat Quinn • Governor Aaron Jaffe • Chairman Mark Ostrowski • Administrator

160 North LaSalle ♠ Suite 300 ♣ Chicago, Illinois 60601 ♥ tel 312/814-4700 ♦ fax 312/814-4602

Dear Illinois Gaming Board Employee:

By receipt of the Vehicle Policy Manual and this letter, you are identified as an employee either personally assigned a state owned vehicle, or someone who may use a state owned or leased vehicle.

The assignment and/or use of a state owned or leased vehicle is a privilege and should not be considered a right nor a benefit. It is a great responsibility to be entrusted with a vehicle purchased and operated at taxpayer expense. It is not one to be taken lightly.

A state vehicle is to be used for authorized state business purposes and must continually be accounted for by the responsible individual in accordance with established procedures. Disciplinary action and possible criminal prosecution can result from an employee's failure to follow these procedures. Employees are responsible for protecting all state property, including state vehicles entrusted or assigned to them. The IGB may hold an employee financially liable for damage or loss of a state vehicle or parts of a state vehicle resulting from gross negligence. Damage or destruction of a state vehicle may lead to criminal prosecution.

I strongly encourage each of you to carefully read and understand all sections of the Illinois Gaming Board Vehicle Policy Manual, current and future editions, amendments and additions. Any section not clearly understood should be discussed immediately with your supervisor and the IGB's Vehicle Coordinator, if needed. Any and all changes to this policy manual will be provided to your supervisors for distribution, and will be posted on the IGB's intranet for your review.

An acknowledgment letter is included in the back of this manual. This receipt must be signed and dated by all employees and given to the employee's supervisor who will then forward it to the IGB Vehicle Coordinator within one week after receipt of the manual.

Thank you for your attention and adherence to the Illinois Gaming Board's Vehicle Policy Manual.

A handwritten signature in blue ink, appearing to read "Mark Ostrowski".

Mark Ostrowski
Administrator

GENERAL INFORMATION

Introduction and Purpose:

This manual includes guidelines and policies for vehicles that Illinois Gaming Board (IGB) employees use, own, or lease. Sources for this information include the Illinois Administrative Code, Secretary of State (SOS), the Department of Central Management Services (DCMS) and IGB.

This manual applies specifically to all individuals who use vehicles for state business. The Vehicle Coordinator will issue a copy of the manual to Deputy Administrators and to accompany each state vehicle operated by the IGB. In addition, any and all changes to the guidelines and policies will be posted on the IGB Intranet. All employees must make every effort to comply with these policies contained herein and posted to the Intranet.

Any violations 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.

Questions regarding policies and procedures contained in the handbook can be addressed by calling the IGB's Vehicle Coordinator, Pattie Lowe, at (312) 814-8682.

Updating:

The Vehicle Coordinator is responsible for distributing changes or revisions to this manual. The Vehicle Coordinator will post changes on the Agency's Intranet and will notify via email Deputy Administrators and employees to whom state vehicles are assigned of posted changes. Each Division is responsible for reviewing and ensuring that employees are made aware of the updated policies.

Effective Date:

The guidelines and procedures contained in this manual are effective upon issuance and remain effective until rescinded.

VEHICLE ASSIGNMENT

Agency Head Authority on Assignment to Individuals:

Pursuant to Section(s) 5040.110, 5040.230, 5040.270, 5040.300, 5040.340, 5040.350 and 5040.360 of the Illinois Administrative Code, all vehicles and assignments to personnel will be with the approval of the Administrator or designee. A minimum of 1,500 miles per month must be driven for public purposes and in the best interest of the State. Exceptions may be granted by the Director of DCMS or designee if the purpose of the assignment is with merit and is necessary to carry out the Agency's mission.

Pool Vehicles:

Pool vehicles are vehicles that the IGB maintains for and provides to employees throughout IGB who require a vehicle on occasion for conducting state business. To obtain a pool vehicle, the employee and/or appropriate Supervisor must contact the pool vehicle custodian or the Vehicle Coordinator. They will reserve vehicles for employees who request them when vehicles are available. If a vehicle is not available, a rental vehicle may be obtained. Please contact the Vehicle Coordinator prior to obtaining a rental vehicle. When renting a vehicle, please follow the guidelines set forth in the Governors Travel Control Board "Travel Guide for State Employees".

Assigned Vehicle/IRS Regulations

The Federal Income tax regulations require the Gaming Board to appropriately charge certain employees (non-sworn) for fringe benefits related to the use of employer owned vehicles. The definitions and specific Federal income tax regulations are (hereafter "Treasury regulations") § 1.274-6T(a)(2) and §

1.274-6T(a)(3). Treasury regulations § 1.274-6T(a)(2) applies to pool car vehicles and prohibits all personal use of those vehicles other than de minimis personal use. Treasury regulations § 1.274-6T(a)(3) apply to individually assigned vehicles, and prohibit all personal use of those vehicles other than commuting and de minimis personal use. Per Treasury regulation 1.61-21(f)(3) assigned drivers will be charged \$1.50 per commute during a work day when their vehicle is used to report to a main headquarters or other regular work location.

OPERATIONS

Accountability:

A state vehicle, while in the custody of an IGB employee (or other authorized user) for state business purposes must continually be accounted for in accordance with established procedures. Disciplinary action and possible criminal prosecution can result from an employee's failure to follow these procedures. Employees are responsible for protecting all state property, including state vehicles entrusted or assigned to them. **THE IGB MAY HOLD AN EMPLOYEE FINANCIALLY LIABLE FOR DAMAGE OR LOSS OF A STATE VEHICLE OR PARTS OF A STATE VEHICLE RESULTING FROM GROSS NEGLIGENCE.** Damage or destruction of a state vehicle may lead to criminal prosecution.

State vehicles are subject to searches by law enforcement and, as such, are not provided with an expectation of privacy.

Equipment:

Equipment not manufactured by the factory may not be installed on any Agency vehicle unless approved by the Vehicle Coordinator or necessary for any vehicle used by sworn law enforcement personnel. Installation and use of emergency vehicle equipment and lighting is authorized only for vehicles assigned to sworn peace officers in the performance of their duties.

Official Use Only:

State vehicles may be used for **AUTHORIZED STATE BUSINESS ONLY**. Agency employees may not use state vehicles for conducting personal business, unless on 24-hour call out status for emergencies; with the approval of the Administrator; or, when travel guidelines apply.

Employees on travel status should comply with regulations cited in the Governors Travel Control Board guidelines.

Weapons in State Vehicles:

With the exception of sworn peace officers, no IGB employee may transport a weapon of any type in a state owned or leased vehicle, or in a rented vehicle.

IGB sworn personnel should follow proper, safe storage procedures of all weapons and ammunition assigned to them or that which they are transporting.

Restrictions on Use:

Only IGB employees may operate state-owned or agency-leased vehicles without written approval from the Administrator.

Driver Responsibilities (All Vehicles):

- A. Vehicle operators must possess a valid driver's license.
- B. Vehicle operators must obey posted speed limits, and understand and comply with all other applicable traffic laws. State law requires the use of safety belts.

- C. Vehicle operators, who are assigned a vehicle or use their personal vehicles for official state business must maintain sufficient personal insurance to satisfy the requirements of the state in which their vehicle is registered.
- D. Drivers who incur parking, towing or any moving violation fines are responsible for them.

Driver Responsibilities (State Vehicles):

- A. Vehicle operators must familiarize themselves and comply with the policies in this manual, any procedures in support thereof, and vehicle directives of the DCMS, Division of Vehicles. The Vehicle Coordinator will distribute DCMS directives to IGB drivers as necessary.
- B. Vehicle operators must account for, protect, and properly maintain a state vehicle.
- C. Vehicle operators must report any accidents or incidents resulting in damage to the state vehicle. All drivers or pool coordinators are responsible for the removal of personal items before vehicle turn-in.
- D. When parking a state-owned vehicle, the driver should lock the car doors and take the keys with them.
- E. An employee must not leave a briefcase, equipment, official documents or other valuables in view in unattended vehicles.
- F. For their own liability protection and personal safety, the drivers of state vehicles should not carry any unauthorized passengers. Vehicle operators are forbidden to transport hitchhikers.
- G. If an operator of a state owned vehicle is cited for a traffic violation, the operator must report the incident to the Vehicle Coordinator by email or phone within 24 hours of the violation. In addition, the operator must submit a copy of the ticket to the Vehicle Coordinator within three workdays of the incident.

Accident/Insurance Procedures:

IMPORTANT

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 IGB must report any accident involving one of its vehicles to DCMS Division of Risk Management. Therefore, the driver of a state vehicle (or his superior) MUST report an accident immediately, in accordance with the following:

- A. As soon as possible and no later than 1 business day from the time of the accident, the driver must notify his supervisor and the supervisor must notify the Vehicle Coordinator. If the accident occurs on a weekend or holiday, notify the Vehicle Coordinator on the next IGB workday.
- B. Illinois Form SR-1 and OSD-27 (Illinois Motorist Report and Vehicle Accident Questionnaire) – (See Attachments A and B). The driver must complete and submit these forms to the Vehicle Coordinator within 48 hours of the accident. The reports should include a clear description of the conditions surrounding the accident. Mail the original SR-1 to the IL Department of

Transportation, and forward a copy of the SR-1 and the original OSD-27 to the Vehicle Coordinator.

- C. Police Report – If the accident involved another vehicle and/or took place on public property, a police report is required. Forward the police report with the SR-1 copy and OSD-27 form within 48 hours of the accident to the Vehicle Coordinator. **(Police reports do not replace the SR-1 form).**
- 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 and/or CMS prior to repair.**
- E. The vehicle operator must phone DCMS Risk Management (1-800-442-1300) immediately about any accident in which:
 - 1. there is a serious injury to an occupant of any vehicle involved in the accident;
 - 2. there is substantial property damage to a vehicle other than the state vehicle; or,
 - 3. a death occurs as a result of the accident.

Note: Reporting the accident by telephone does not eliminate the vehicle operator's responsibilities for providing Form SR-1, OSD-27 and all other relevant documentation in the time frames previously outlined.

The Vehicle Coordinator will process the accident reports in accordance with DCMS Division of Vehicles directives and will maintain an accident file.

The Vehicle Coordinator reserves the right to notify Illinois State Police Division of Internal Investigations of any accident for evaluation and appropriate action. The Vehicle Coordinator will send a copy of the entire accident file to IGB or CMS' Legal Services Division to determine probable liability of the Agency.

If the accident is determined to be the fault of the Agency's operator, the Vehicle Coordinator will make a recommendation concerning the repair to DCMS. If DCMS authorizes the repair, the vehicle will be repaired at IGB expense. At the time authorization is received, the Vehicle Coordinator will notify the operator 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. IGB 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 own automobile, they should notify the Vehicle Coordinator and his own insurance company. Employees must maintain sufficient insurance to satisfy the requirements of state law where the vehicle is registered.

Insurance Information:

The State of Illinois automobile insurance arrangements may not cover non-state employees in a state vehicle involved in an accident. Transport non-state employees only if doing so is necessary to official state business. The only exceptions include instances when transporting the individual is an emergency or with prior approval from the Administrator.

Summons and Complaints Procedure:

Any employee who receives a summons or complaint resulting from an automobile accident while driving a state vehicle should appear when required and notify their Immediate Supervisor and the Vehicle Coordinator upon receipt of the summons.

The driver should also notify Legal Services. Legal Services will notify DCMS, Risk Management Division, and the Attorney General, who may represent the employee in any lawsuit resulting from negligent operation of a motor vehicle while in the scope of his/her employment.

If a state employee has three at-fault accidents over a three-year period while conducting state business, the employee is considered a high-risk driver. If a high-risk driver has one more at-fault accident in the following year, the state may elect to no longer insure that employee under the State's self-insurance plan.

REPAIR AND MAINTENANCE**Service Record:**

It is the responsibility of the assigned driver and their respective Deputy Administrator to follow the Agency Vehicle Service Record for its state vehicles (see Attachment C). This form is to be updated and kept in the vehicle and supervisors are responsible to ensure this vehicle service record is followed. Also, each vehicle must receive an annual safety inspection of its major systems.

Driver Responsibilities:

The driver of a state vehicle must ensure its proper upkeep and maintenance. This includes complying with the Vehicle Service Record. When fueling, the driver should check the coolant level and oil. If driver negligence results in vehicle damage, the Agency may hold the driver financially liable.

Vehicle Credit Cards:

The Vehicle Coordinator issues a set of credit cards for each automobile owned or leased by State of Illinois for gas purchases and vehicle maintenance. Drivers are responsible for safekeeping of these credit cards.

These credit cards authorize the purchase of gas, gasohol, motor oil, washing, towing and tire repair not to exceed \$100.00 for passenger cars (\$200.00 for trucks over one ton). Credit cards shall not be used for personal items. All mechanical repairs require prior authorization by the Vehicle Coordinator.

The following should be followed for all fuel purchase (Reference: JCAR Section 5040.550 Gasoline Purchases)

A) Purchases of fuel, oil, and related items for the operation of State-owned equipment must be made from the most economical source. Unleaded gasoline (with ethanol blended in, often called Gasohol) shall, however, be used where available. Employees are required to use E-85 (85% ethanol) and bio-diesel when operating flexible fueled and diesel powered vehicles in the State fleet, whenever practical.

B) If there is a State-owned garage or State-owned service station within a reasonable distance, the driver should make purchases at this source. State service stations are available on the State of Illinois Enterprise web at <http://www.intra.state.il.us/poliproc/vehicleguide.pdf>.

C) If a State-owned garage or State-owned service station is not conveniently located, an appropriately located privately operated station with a self-service island shall be the source of purchase, except when the driver is physically unable to operate a self-service pump.

The driver should verify acceptance of the credit card before a purchase is made. Some vendors may not accept the cards. If a vendor does not accept the credit cards, the driver should find another service vendor that will. If no vendor is available that will accept the cards the driver may use his personal credit card or cash for the purchase. The driver may request reimbursement for these expenses through a travel voucher. The credit card is valid only for the state vehicle bearing the equipment number indicated on the front of the card. At no time shall a state credit card be used for gas or equipment for a personal or privately owned vehicle.

It is the driver's responsibility to ensure that all receipts reflect the items purchased for the vehicle they are operating. **Odometer readings must be entered accurately and verified.** Also, receipts should be legible. Equipment ID #'s will be written on the top of all receipts along with the first initial and the last name of the driver.

Credit card holders and users must report lost or stolen credit cards immediately to the Vehicle Coordinator.

Vehicle Repairs:

DCMS maintains garages statewide. As with fuel facilities, use these garages whenever economically feasible. Outside vendor authorizations must be obtained **in advance** for any repairs performed in excess of credit card limitations. Authorizations for repairs should be obtained by contacting the Vehicle Coordinator, 7:00 a.m. to 3:30 p.m. weekdays.

Note: For emergencies, after hours and on weekends, authorizations may be obtained by calling the telephone number on the back of the state credit card. Please contact the Vehicle Coordinator the next business day.

All repair work should be completed to the satisfaction of the driver. If the driver is not satisfied with the work performed by a state garage, they should contact the Vehicle Coordinator.

RECORDS AND REPORTS

Accurate Information:

All vehicle operators must record accurate and timely information is recorded for their assigned vehicles. The Vehicle Coordinator needs this data for audit purposes. Failure to maintain this information may result in discipline.

Vehicle Cost Report and Fleet Vehicle Log:

All Monthly Automotive Cost Reports (Attachment D) and Vehicle Logs (Attachment E) must be filled out completely and accurately at the end of each month and submitted to the Vehicle Coordinator. **Cost reports and vehicle logs must be received by the Vehicle Coordinator no later than the seventh working day of the following month.** For every Agency vehicle, cost reports must show all relevant expenditures for the immediate past month. They must reflect automotive expenses and nothing else. Any accident repairs, body damage repairs and maintenance should be included on these monthly reports with all supporting bills and receipts attached. You can find the Automotive Cost Report and Vehicle Log forms on the intranet in the Forms section.

Tickets for Purchases and Repairs:

Drivers must retain repair or other receipts whether a state or private facility issues them. Drivers must also ensure receipts are legible and accurately filled out, including license number and odometer reading. Drivers of pool cars should turn in receipts upon trip completion to the pool coordinator. All receipts must accompany the Monthly Automotive Cost Report at the end of the month.

VEHICLE POLICY MANUAL ACKNOWLEDGEMENT

It is imperative that each employee of the Illinois Gaming Board that is responsible for and operates a state-owned or leased vehicle read and understand all sections of the Illinois Gaming Board Vehicle Policy Manual, current and future editions, amendments and additions. Each employee is expected to retain his/her copy for reference and review. Should there be any section not clearly understood by the employee, he/she should immediately discuss the section with his/her supervisor, and the IGB's Vehicle Coordinator, if needed.

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

1. Operation
 - Accountability
 - Protections
 - Official Use and Restriction
 - Driver Responsibilities
 - Accidents
2. Repair and Maintenance
 - Service Schedule
 - Driver Responsibilities
 - Vehicle Credit Cards and Usage
 - Vehicle Repair
3. Records and Reports
 - Tickets for Purchases
 - Vehicle Cost Reports
 - Vehicle Log

I, _____, hereby acknowledge that I have
Print Employee Name
read and will abide by the Illinois Gaming Board Vehicle Policy Manual dated June 2012.

Date: _____ Signed: _____

(This receipt must be signed and dated by all employees and given to the employee's supervisor who will then forward it to the IGB Vehicle Coordinator within one week after receipt of the manual. Employees shall be allowed reasonable state time to read the manual before signing the affidavit.)

ATTACHMENT A

ILLINOIS MOTORIST REPORT

Use black ink and print or type all information.
(To complete this form, see Driver Information Exchange)

Mail this report to:
Illinois Department of Transportation
Crash Records Section
1340 North 9th Street
Springfield, Illinois 62766-0001



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

| INVESTIGATING AGENCY | | COUNTY OF OCCURRENCE | | AGENCY REPORT NO. | | DATE OF CRASH | |
|-----------------------------------|--|---|--|---|--|-------------------------------|--|
| DRIVER'S NAME (LAST, FIRST, M.I.) | | YOUR INSURANCE | | Policy Number | | Month / Day / Year | |
| STREET ADDRESS | | Were you covered by a liability insurance policy of the time of the crash? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Full name of your insurance company (not agency) which issued policy to cover liability for damages or injury to others | | Policy Period | |
| CITY | | Name and address of representative who sold policy. | | From: | | To: | |
| STATE | | Name of Policy Holder | | | | | |
| ZIP | | VEHICLE OWNER'S PLATE NUMBER | | STATE | | | |
| DRIVER LICENSE NUMBER | | VEHICLE OWNER'S INSURANCE COMPANY | | | | | |
| | | VEHICLE MAKE | | VEHICLE OWNER'S POLICY NUMBER | | | |
| | | MODEL | | YEAR | | | |
| | | VEHICLE DAMAGE | | PROPERTY DAMAGE (OTHER THAN VEHICLES) | | APPROXIMATE COST TO REPAIR \$ | |
| | | APPROXIMATE COST TO REPAIR YOUR VEHICLE \$ | | DESCRIBE DAMAGE TO PROPERTY | | | |
| | | Was driver (owner) of other vehicle insured? YES <input type="checkbox"/> NO <input type="checkbox"/> NOT KNOWN <input type="checkbox"/> | | PROPERTY OWNER'S NAME AND ADDRESS | | | |
| | | Were you driving a vehicle owned by your employer, in the course of your employment? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | |
| | | DID POLICE OFFICER INVESTIGATE CRASH? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | |
| | | LIST PERSONS KILLED OR INJURED | | NAME | | UNIT AGE SEX | |
| | | DESCRIBE INJURIES | | ADDRESS | | | |
| | | NAME | | ADDRESS | | | |
| | | DESCRIBE INJURIES | | | | | |
| | | SIGN HERE | | ADDRESS | | DATE | |
| | | Signature of person making report | | | | Month / Day / Year | |

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

INDICATE NORTH BY ARROW



INSTRUCTIONS

OBSERVE THE FOLLOWING RULES.

1. PRINT OR TYPE ALL INFORMATION.
2. Answer all questions to the best of your knowledge. If unable to answer any questions, mark "N/K" 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 sheet of paper the same size 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.

DIAGRAM

NARRATIVE (Refer to vehicle by Unit No.)

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

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 \$1,500 (or \$500 if any driver is not insured) must complete this report and send to IDOT 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.

The Safety Responsibility Law

For general information only

(See Sections 625 ILCS 5/7-100 through 5/7-218 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 \$1,500 (or \$500 if any driver is not insured) 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 names on the security deposit notice; 3. Show evidence of a final adjudication of "not liable." 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.)

ATTACHMENT B



Illinois Gaming Board

EQUIP # _____

OSD-27

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 officer making the report or from Illinois Department of Transportation.
- 2 Complete this IGB form (OSD-27).
- 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
Crash Records Section
1340 N. 9th Street
Springfield, IL 62766-0001

Mail a photocopy of all accident reports, including Forms SR-1 and original OSD-27, within 48 work hours to:

Pattie Lowe, Vehicle Coordinator
Illinois Gaming Board
160 N LaSalle St., Suite 300
Chicago, IL 60601

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

- 13** Do you feel further investigation is warranted? Yes _____ No _____
- 14** Were you wearing a seat belt at the time of the accident? Yes _____ No _____
- 15** Did you report the accident on Form SR-1/SR-21 and submit it to the Illinois Department of Transportation? Yes _____ No _____
- 16** Did you send a copy of the Form SR-1/SR-21 to the vehicle coordinator? Yes _____ No _____
- 17** Were there any witnesses? Yes _____ No _____
If yes, who witnessed it? Name: _____
Address: _____

Print employee's name: _____

Employee's signature: _____ Date: _____

Print supervisor's name: _____

Supervisor's signature: _____ Date: _____

ATTACHMENT C



Warranty Services

All warranty services must be completed by an approved warranty provider for the make of vehicle. Do not attempt to have this service performed by local non-dealership service agencies. Most warranties are 3 year/36,000 miles bumper to bumper unless stated differently in the owner's manual. The only excluded items are routine maintenance and radio/lighting equipment. All repairs must be completed with authorization from OPSS.

Services to be performed during each fuel purchase:

1. Check crankcase oil level.
2. Check windshield fluid level and wiper blade condition and operation.
3. Check for oil and water leaks.

Repair Procedures

1. Warranty work - certified dealer.
2. Preventive maintenance less than \$100 - local vendors.
3. Repairs over \$100 - CMS Vehicle Garages.
4. If CMS Garage cannot accommodate repair, they will authorize driver to take vehicle to contract vendor.

This record will be followed at all times while operating or servicing Department vehicles unless otherwise directed by the Operations/Special Services Division (OPSS).

Please Read the Owner's Manual provided with this vehicle.

Equipment #

| Year | Make | Model |
|------|------|-------|
|------|------|-------|

[illegible]

ATTACHMENT D



Equip. No. C or T _____
Account no. **0011345105 - Riverboat Gambling**

Equip. No. C or T _____
Account no. **0011345105 - Riverboat Gambling**

Account no. 0011345105 - Riverboat Gambling

Year & Make

| Summary of Charges | | | | | | |
|--------------------|------|---------------------------------|--------|--------------------------|--------|-----------------|
| Item | Code | Purchase Outside State Facility | | State Facility Purchases | | Total for Month |
| | | Quan. | Amount | Quan. | Amount | |
| Gasoline (Gals.) | 01 | | | | | 0 0.00 |
| Oil (Qts.) | 02 | | | | | 0 0.00 |
| Lubrication | 03 | | | | | 0 0.00 |
| Repair Labor | 04 | | | | | 0 0.00 |
| Repair Parts | 05 | | | | | 0 0.00 |
| Tires | 06 | | | | | 0 0.00 |
| Tubes | 07 | | | | | 0 0.00 |
| Batteries | 08 | | | | | 0 0.00 |
| Anti-Freeze (Qts.) | 09 | | | | | 0 0.00 |
| Miscellaneous | 10 | | | | | 0 0.00 |
| Total | | 0 | 0.00 | 0 | 0.00 | 0 0.00 |

Print Name _____ Operator _____

Signed _____ Operator _____

Address _____

| Mileage Totals and Daily Purchases | | | | | | | | | |
|------------------------------------|------------------------------------|--------|---------------------------------|--------------|----------|--------|------|------------|--------|
| First of Month | | | | End of Month | | | | Net Driven | |
| Day | Purchases Outside State Facilities | | Purchases From State Facilities | | Gasoline | | Oil | | Amount |
| | Gals. | Amount | Qts. | Amount | Gals. | Amount | Qts. | Amount | |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| 9 | | | | | | | | | |
| 10 | | | | | | | | | |
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ATTACHMENT E

IL Gaming Board



Please read the following and sign: I certify that the information contained on this Vehicle Log is correct and all miles driven for this reporting period were done conducting official State of Illinois business. I certify that I hold a valid driver's license and vehicle liability insurance in at least the minimum amounts as required by law. I have read and understand the responsibilities of the Vehicle Policy and this form. **Submit your completed form, with your cost report and receipts, to your immediate supervisor who will forward to Pam Gorbett.**

Supervisor's Signature: