State of Illinois Illinois Racing Board

# VEHICLE

# USE

# POLICY

This guide is provided as a convenient and quick reference for drivers. Detailed rules and regulations concerning the acquisition, administration, operation and maintenance of vehicles are set forth in 44 III. Admin. Code 5040.100 et seq. and other pertinent rules and regulations (the "Rules"). In the event of any conflict between the rules and this guide, the rules govern.

Updated 04/11/2019 - Revised 05/11/2020 - Revised 02/10/2025

# IN CASE OF VEHICLE BREAKDOWN DURING BUSINESS HOURS (7:30 a.m. - 4:00 p.m. Monday - Friday)

Call the nearest state garage, listed in the back of this guide.

# AFTER NORMAL BUSINESS HOURS

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

# TO REPORT VEHICLE ACCIDENTS – CMS RISK MANAGEMENT Call (217) 782-0202

Immediately contact your agency Vehicle Coordinator to provide details of the accident. Driver's failure to report a motor vehicle accident within seven (7) days risks coverage. See Page 6.

# THE VEHICLE COORDINATOR

The Vehicle Coordinator is the primary liaison with CMS in all matters relating to vehicles, including but not limited to, acquisition, operation, maintenance, and administration of vehicles. He or she is also the point of contact when citizen complaints are received about drivers.

Drivers should become familiar with the Vehicle Coordinator.

The Coordinator is responsible for maintaining inventory and cost information on IRB vehicles as well as monitoring vehicle safety and efficiency. The Coordinator provides oversight on vehicle issues and develops and implements vehicle policies, and provides CMS Department of Vehicles the information needed to maintain fleet operations as a whole.

Please contact the Vehicle Coordinator for specific information on vehicle issues.

# Illinois Racing Board Vehicle Use Policy

#### Introduction and Purpose:

This Policy includes guidelines and procedures for vehicles that Illinois Racing Board (IRB) employees use, own, or lease. Sources for this information include the Secretary of State (SOS), the Department of Central Management Services (CMS) and the IRB.

This Policy applies specifically to all individuals who use vehicles for state business. Any changes to this Policy will be communicated by the IRB Vehicle Coordinator to IRB employees. IRB employees must make every effort to comply with the requirements contained herein, and any future requirements.

Any violations of this Policy or rules found in the IRB Employee Policy Manual concerning state vehicles or use of state property may result in discipline up to and including discharge.

Questions regarding procedures contained in the handbook can be addressed by calling the IRB Vehicle Coordinator.

#### Updating:

This manual will be updated by the IRB as necessitated by changes to State or IRB practices and policies. The IRB will notify (via email) the Vehicle Coordinator and employees to whom state vehicles are assigned of any changes. The Vehicle Coordinator is responsible for reviewing and ensuring that IRB employees are made aware of the updated policies.

Effective Date:

The guidelines and procedures contained in this Policy are effective upon issue 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 Executive Director or his or her designee. A minimum of 70% of monthly mileage must be for public purposes and in the best interest of the State. Exceptions may be granted by the Executive Director if the purpose of the assignment is with merit and is necessary to carry out the IRB's regulatory functions.

### **IRS Regulations**

The Federal Income tax regulations require the IRB to appropriately charge employees for 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) applies to individually assigned vehicles and prohibits all personal use of those

vehicles other than commuting and de minimis personal use. Per Treasury regulation 1.61-21(f)(3) assigned drivers will be charged \$1.50 per commute during a workday when their vehicle is used regardless of work location or headquarters. Commutes will be included on the monthly Automotive Cost Report/Vehicle Log submitted by each assigned driver. The number of commutes made during a reporting period will be sent to Vehicle Coordinator. Failure to report your commuting properly can result in additional amounts included in your income.

# **Pool Vehicles and Rentals**

Pool vehicles are vehicles the IRB maintains and provides to employees who require a vehicle on occasion for conducting state business. To obtain a pool vehicle, an employee must first obtain approval from the Executive Director. Generally, the request should be made as far in advance as possible. The Vehicle Coordinator will then reserve vehicles for the designated employees who request them when vehicles are available. For a pool car, the employee will pick up the keys and credit card for the vehicle from the Vehicle Coordinator. If a pool vehicle is not available, a rental vehicle may be obtained. When renting a vehicle, please follow the guidelines set forth in the Governors Travel Control Board "Travel Guide for State Employees." The lowest cost method of travel must be used.

All travel must be approved <u>prior to</u> requesting use of the pool vehicle (see IRB Travel Policy for travel approval procedure).

During use of the pool vehicle, the employee must keep track of the starting and ending mileage as well as any fuel receipts and will be required to report this information to the Vehicle Coordinator. Pool vehicles will be parked in the designated location at the end of travel. The employee shall return keys to the Vehicle Coordinator along with any receipts for fuel or other purchases. Any concerns about the vehicle, such as poor performance, indicator lights activated, etc. shall be communicated to the Vehicle Coordinator at the time the vehicle is returned so that any issues can be addressed.

# Use of Vehicle Overnight

Approval of the Executive Director must be obtained before a pool or rental vehicle can be checked out overnight prior to the start of travel.

### Operations

### Accountability

A state vehicle, while in the custody of an IRB 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 IRB 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.

# **Official Use Only**

State vehicles may be used for AUTHORIZED STATE BUSINESS ONLY. IRB employees may not use state vehicles for conducting personal business, unless on 24-hour call out status for emergencies; with the approval of the Executive Director; 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 IRB employee may transport a weapon of any type in a state owned or leased vehicle, or in a rented vehicle.

# **Restrictions on Use**

Except in an emergency situation, only IRB employees may operate state-owned or agencyleased vehicles. Requests for approval for use by non-employees must be submitted to the Executive Director by the IRB employee supervising the non-employee and must be approved in writing by the Executive Director prior to use.

# **Driver Responsibilities (All Vehicles)**

- A. Employees driving a vehicle for work-related business must possess a valid driver's license.
- B. Employees driving a vehicle for work-related business must obey posted speed limits and understand and comply with all other applicable traffic laws. State law requires the use of safety belts.
- C. Employees who are assigned a vehicle (pool or rental) 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. Employees who incur parking, towing or any moving violation fines while operating either a state or personal vehicle are responsible for them.

# Driver Responsibilities (State Vehicles)

- A. Employees must familiarize themselves and comply with the policies in this manual, any procedures in support thereof, and vehicle directives of CMS, Division of Vehicles. The IRB will distribute CMS directives to IRB drivers as necessary.
- B. Employees must account for, protect, and properly maintain state vehicles.
- C. Employees must report any accidents or incidents resulting in damage to the state vehicle. All drivers of state vehicles 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 him or her.
- E. An employee must not leave a briefcase, equipment, official documents or other valuables in view in unattended vehicles. These items should be removed from

view and locked in the trunk or stored under the seat, etc.

- F. For their own liability protection and personal safety, the drivers of state vehicles should not carry any unauthorized passengers. Drivers are forbidden to transport hitchhikers.
- G. Drivers of individually assigned vehicles are responsible for providing the Vehicle Coordinator with up-to-date copies of current driver's license and personal insurance card.
- H. State Vehicle Smoking Ban: Effective January 1, 2008 smoking as defined by the Smoke Free Illinois Act (Public Act 095-0017) is prohibited in state vehicles. Agencies are required to comply with this act.

If the driver of a state-owned vehicle is cited for a <u>traffic violation</u>, the driver must report the incident to their supervisor and the Vehicle Coordinator by email or phone <u>within 24 hours</u> of the violation. In addition, the driver must submit a copy of the ticket to the Vehicle Coordinator <u>within three (3) workdays</u> of the incident.

# Accident/Insurance Procedures

# **IMPORTANT**

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

- A. As soon as possible and no later than one (1) business day from the time of the accident, the employee must notify his or her supervisor and the supervisor must notify the Vehicle Coordinator, except on weekends, holidays, etc. If the accident occurs on a weekend or holiday, notify the Vehicle Coordinator by the next business day.
- B. CMS Auto Liability Claim Intake Form (sample attached). The employee must complete and submit the Claim Intake Form to the Vehicle Coordinator as soon as possible and within 72 hours of the accident. The report should include a clear description of the conditions surrounding the accident. Blank forms should be kept in the vehicle but can also be obtained from 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 CMS Auto Liability Claim Intake Form within 72 hours of the accident to the Vehicle Coordinator. (Police reports do not replace theClaim Intake 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 CMS-DOV and the Executive Director prior to repair.

- E. The employee must phone CMS Risk Management (217-782-0202) 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 responsibility for providing the Claim Intake Form and all other relevant documentation in the time frames previously outlined.

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

If the accident is determined to be the fault of the IRB's operator, the Executive Director will make a recommendation concerning the repair to CMS. If CMS authorizes the repair, the vehicle will be repaired at IRB expense. At the time authorization is received, the Vehicle Coordinator will notify the employee of the authorization of repair and where to have the vehicle repaired.

Insurance carriers should make payment in settlement of claims to the State Garage Revolving Fund. The IRB 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 received approval to drive their personal automobile for State business and has an accident, the employee should notify the Vehicle Coordinator and their own insurance company within 72 hours. 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 Executive Director.

### **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 the Vehicle Coordinator upon receipt of the summons.

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

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

# Repair and Maintenance

## **Service Requirements**

It is the responsibility of the Vehicle Coordinator and each assigned driver to follow the service requirements for the IRB's state vehicles.

Regular maintenance for state vehicles helps to reduce operating costs and extend the life of the vehicle. The following are the requirements and maintenance intervals:

- Lube, oil, and filter change:
  - Gas-Powered Passenger vehicles regardless of age every 5,000 miles or 12 months, whichever comes first, with no grace period.
- Tire rotation every other oil change.
- Annual Inspection (applies to all vehicles regardless of age) once every 12 months. These should be done at a CMS garage or authorized vendor.

# **Driver Responsibilities:**

The driver of a state vehicle must ensure its proper upkeep and maintenance. This includes following the service requirements listed above. When fueling, the driver should check the coolant level and oil. If driver negligence results in vehicle damage, the IRB may hold the driver financially liable.

## Vehicle Credit Cards:

CMS issues a set of credit cards for each automobile owned or leased by State of Illinois for gas purchases and vehicle maintenance. Employees 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. The credit card also authorizes minor mechanical repair not to exceed \$250.00 for passenger cars. Repairs over \$250.00 require authorization by the Executive Director.

Per JCAR Section 5040.550, 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.

The employee 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 employee should find another service vendor that will. If no vendor is available that will accept the cards the employee may use his or her personal credit card or cash for the purchase. The employee 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 employee'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.

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

### **Vehicle Repairs**

CMS maintains garages statewide (List attached). 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 in excess of \$250.00 should be obtained by contacting the Executive Director 8:30 a.m. 5:00 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.

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

### **Records and Reports Accurate Information**

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

#### **Tickets for Purchases and Repairs**

Employees must retain repair or other receipts whether a state or private facility issues them. Employees must also ensure receipts are legible and accurately filled out, including license number and odometer reading. Drivers of pool cars should tum in receipts upon trip completion to the Vehicle Coordinator. All receipts must accompany the monthly cost report at the end of the month.

### Vehicle Cost Report and Fleet Vehicle Log

All automotive cost reports and vehicle logs 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 IRB 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 obtain the Automotive Cost Report (ACR) form from the Vehicle Coordinator.

# Automotive Cost Report/Vehicle Log (ACR) Instructions

The following will guide you through the steps in completing your monthly cost report. If you have questions or do not understand any part of the instruction please contact the Vehicle Coordinator.

- 1. Open the ACR form and pick the month you are reporting from the drop-down menu.
- 2. Enter your full Name in the beige highlighted area. \*
- 3. Enter your equipment number in the beige highlighted area.
- 4. Enter your license plate number in the beige highlighted area.
- 5. Pick your Division by clicking on the blue highlighted box and choosing from the drop down menu.
- 6. Enter your gasoline purchases. Date/Quantity/Amount (you do not need to calculate the purchase, the report is automatic). Make sure you enter your outside purchases and your state facility purchases in the properly designated column.
- 7. Enter your oil change/purchases. Date/Quantity/Amount (you do not need to calculate the purchases, the report is automatic). Make sure you enter your outside purchases and your state facility purchases in the properly designated column.
- 8. Enter all other purchases. Date/Quantity/Amount (you do not need to calculate the purchases, the report is automatic). Make sure you enter your outside purchases and your state facility purchases in the properly designated column. Click on the blue highlighted box to choose the proper code for the purchase from the drop-down menu. The codes are listed to the left of the page.
- 9. Note: if for any reason you need to let the Vehicle Coordinator know something during the report g period you can enter it in this section of the report. For example, if you lose a gas receipt during the month. This is the area of the report to let us know.
- 10. Enter your beginning mileage. (This must be completed before making entries into the log itself)
- 11. Enter your ending mileage. (This must be completed before making entries into the log itself)
- 12. Enter your travel purpose and ending mileage for each date.
- 13. Enter your commuting mileage for the travel day and the amount of commutes. (Minimum of two is required for each travel day). Per Treasury regulation 1.61-21 (t)(3) assigned drivers will be charged \$1.50 per commute during a work day when their vehicle is used regardless of work location or headquarters. Failure to report your commuting properly can result in additional amounts included in your income.
- 14. Print the vehicle log and sign your full name in the signature line.
- 15. Save file in the following format: equipment number, month, year (example:FY20 Vehicle Report for John Doe)
- 16. Give the signed vehicle log along with all receipts to the Vehicle Coordinator.

\*If you are filling out a cost report for a pool vehicle that is not assigned type "Pool" for step #2. You will still enter your name in step #14 as the individual doing the reporting for the period. The employees that used the vehicle should be noted in the purpose of travel entries you make on the report.

# Vehicle Policy Manual

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

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

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

- 1. Operations
  - a. Accountability
  - b. Official Use and Restrictions
  - c. Driver Responsibilities
  - d. Accident/Insurance Procedure
- 2. Repair and Maintenance
  - a. Service Schedule
  - b. Driver Responsibilities
  - c. Vehicle Credit Cards
  - d. Vehicle Repair
- 3. Records and Reports
  - a. Tickets for Purchases
  - b. Vehicle Cost Reports
  - c. Reporting of Commuting Trips Each Business Travel Day

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

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

This acknowledgement must be signed and dated by all employees and forwarded to the Vehicle Coordinator.

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

# **CMS AUTO LIABILITY CLAIM INTAKE FORM**

| State Driver's Name:                                  |                 |                | _ |
|---|-----------------|----------------|---|
| State Driver's Phone:                                 |                 |                | _ |
| State Driver's Email Address:                         |                 |                | _ |
| State Driver's Address:                               |                 |                | _ |
| City & State:   | Zip:            |                | - |
| Year, Make & Model of Vehicle:                        |                 | Mileage:       | _ |
| License Plate #:                                      | Equipment #:    |                | _ |
| Date of Accident:                                     | Time of Accie   | lent:          | _ |
| Exact Location:                                       |                 |                | _ |
| Was State vehicle damaged? Yes No                     |                 |                |   |
| Was the State Driver ticketed? Yes No                 |                 |                |   |
| Is the State vehicle drivable? Yes No                 |                 |                |   |
| Was the State vehicle towed? Yes No                   |                 |                |   |
| If yes, name of facility where vehicle was taken:     |                 |                |   |
| Address:  | City:           | Phone#:        |   |
| Have pictures of State vehicle been taken? Yes        | No              |                |   |
| Was State Driver injured? Yes No                      |                 |                |   |
| If yes, describe the cause of damage/injuries and the | ne damage/injur | ies sustained: |   |
|   |                 |                |   |
|   |                 |                |   |
| Was medical treatment required? Yes No                |                 |                |   |
| If yes, name of facility where treatment was receiv   | red:            |                |   |
| Address:  | City:           | Phone#:        |   |
|   |                 |                |   |

| Other Driver's Name:                           |          |
|--|----------|
| Other Driver's Phone:                          |          |
| Other Driver's Address:                        |          |
| City & State:                                  | Zip:     |
| Year, Make & Model of Vehicle:                 |          |
| License Plate #:                               |          |
| Name of Insurance Company:                     | Policy#: |
| Was the Other Driver's vehicle damaged? Yes No |          |
| Was the Other Driver ticketed? Yes No          |          |
| Is the Other Driver's vehicle drivable? Yes No |          |
| Was the Other Driver's vehicle towed? Yes No   |          |
| Was Other Driver injured? Yes No               |          |
|  |          |

Witnesses: Name:\_\_\_\_\_ Address:\_\_\_\_\_

Name: \_\_\_\_\_Address: \_\_\_\_\_

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

Describe fully and completely how the incident occurred:

The undersigned certifies and affirms that the facts and matters contained herein are true, correct and complete to the best of my knowledge and belief. I further understand that any knowing or intentional submission of false or misleading information may be the cause for denial of my coverage and would be financial responsible for this accident.

