



DEPARTMENT OF LOTTERY'S IAV POLICY

The department of Lottery follows the CMS requirements and policies for take home vehicles. Attached is the form to be handed out and discussed with all new drivers before they get their assigned vehicle. Also, the Lottery's policy manual is given to each driver to be kept in the vehicle (not changed yearly unless reason to change).

A handwritten signature in black ink, appearing to read "Victor Golden", with a long horizontal line extending to the right.

Victor Golden , Deputy Director
for Michael J. Jones, Director

Illinois State Lottery
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. Assignments 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 employees work tasks i.e.: employee is and inspector covering the southern half of Illinois and 25 locations, employee carries calibration equipment and reports to headquarters only quarterly. Other justifications examples may include extensive business miles, special equipment or cargo, need to transport clients or passengers the majority of the time utilized.)

Authorization certifies this 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 specifically 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 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.
- e) ___ Vehicle usage will be in accordance with the provisions of Section 5040.270 (b) of this part.

The agency noted above certifies the employee assigned 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. Justification to permit commuting over 30%. _____

Please refer to State Travel Control Board Rules for headquarters designation and other travel related questions. Please refer to the Illinois Department of Revenue, Legal Services Division, ph. 217-782-7055 for Taxable Fringe Benefit questions on requirements and exemptions. Internal agency policy on Individually Assigned Vehicles must be at least as stringent as CMS Fleet Policy.

Agency Chief Financial Officer Signature: _____ Date: _____
Agency Head Approval Signature: _____ Date: _____

CC: Agency Vehicle Coordinator
Assignee

ILLINOIS DEPARTMENT OF LOTTERY

Vehicle Policy Manual



Facilities & Asset Management

May 13, 2014

General Information

Introduction and Purpose:

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

This manual applies specifically to all individuals who use vehicles for state business. Facilities & Asset Management will issue a copy of the manual to accompany each state vehicle operated by the Agency. In addition, Facilities & Asset Management will issue changes to the guidelines and policies. All employees must make every effort to comply with these policies contained herein.

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 Facilities & Asset Management at 217-524-2648.

Updating:

Facilities & Asset Management is responsible for distributing changes or revisions to this manual. Facilities & Asset Management will post changes on the Department's Intranet (when available) and will notify managers of employees to whom state vehicles are assigned of posted changes. Each area manager 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 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 Superintendent or his designee. A minimum of 1500 miles per month must be driven for public purposes and in the best interest of the State. Exceptions may be granted by the Superintendent or his 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 Facilities & Asset Management maintains for and provides to employees throughout Lottery who require a vehicle on occasion for conducting state business.

Assigned Vehicle/IRS regulations:

The Federal Income tax regulations require the Department of Lottery to appropriately Charge employees 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 minimus 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 regardless of work location of headquarters. Commutes will be included on the monthly Automotive Cost Report/Vehicle Log submitted by each assigned driver. The amount of commutes made during a reporting period will be sent to Payroll by Facilities & Asset Management. Failure to report your commuting properly can result in additional amounts included in your income.

Pool vehicles are assigned to areas permanently when the area needs a pool car on a regular basis. Areas assigned specific vehicles shall be responsible for managing their pool vehicles, and specifically for the following: 1) maintaining the keys and credit cards allotted to its vehicles, 2) assuring the log sheet is completed accurately each time a vehicle is used, 3) collecting all gasoline and repair tickets and information necessary for the completion and submission of all reports, and 4) assuring their vehicles are kept in good and safe running condition.

To obtain a pool vehicle, please email Elaine (unless you have cars in your area) and request a car. The vehicle coordinator will reserve a car when vehicles are available. If a Lottery vehicle is not available, a rental or personal car may be used following the Guidelines in the Governors Travel Control Board “Travel Guide for State Employees”. Prior approval, with original request, must be obtained to keep vehicle overnight.

Operations**Accountability:**

A state vehicle, while in the custody of a Department of Lottery 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 DEPARTMENT 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 of 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 Department vehicle unless approved by Facilities & Asset Management 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 (See exhibit I).

Official Use Only:

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

Lottery 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:

Except in an emergency situation, only Department employees may operate state-owned or agency-leased vehicles without written approval from the Superintendent. The contractor or supervising employee must forward a copy of the written approval to Facilities & Asset Management prior to use by non-employees.

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. Facilities & Asset Management will distribute directives to Lottery 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 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. 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. 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 Facilities & Asset Management by email or phone (217-524-2648) within 24 hours of the violation. In addition, the operator must submit a copy of the ticket to Facilities & Asset Management within three workdays of the incident. Documentation that ticket was cared for must be sent to Fleet Management as soon as possible.

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. (See exhibit I)

The Department of Lottery must report any accident involving one of its vehicles to DCMS Division of Risk Management. Therefore, the driver of a state vehicle (or his supervisor) 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 Facilities & Asset Management (217-524-2648), except on weekend or holiday, notify Facilities & Asset Management on the next Lottery workday.
- B. Illinois Form SR-1 and OSD-27 (Illinois Motorist Report and Vehicle Accident Questionnaire)- (Attached). The driver must complete and submit these forms to Facilities & Asset Management within 48 hours of the accident. The reports should include a clear description of the conditions surrounding the accident. These forms should be kept in the vehicle, but can also be obtained from Facilities & Asset Management or the Lottery Intranet.
- 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 and OSD-27 form within 48 hours of the accident to Facilities & Asset Management Manager. **(Police reports do not replace the SR-1 form).**
- D. Estimates of Repairs – Submit two (2) estimates to Facilities & Asset Management, unless a state garage provides an estimate. A state garage estimate, alone, is sufficient. **All accident repairs must be approved by Facilities & Asset Management prior to repair.**
- E. The vehicle operator must phone DCMS at 1-800-442-1300 directly 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 outlined.

Facilities & Asset Management will process the accident reports in accordance with DCMS Division of Vehicles directives and will maintain an accident file.

Facilities & Asset Management reserves the right to notify Internal Affairs of any accident for evaluation and appropriate action. Facilities & Asset Management will send a copy of the entire accident file to Lottery's Legal Services Division to determine probable liability of the Agency.

If the accident is determined to be the fault of the Lottery operator, Facilities & Asset Management will make a recommendation concerning the repair to DCMS. If

DCMS authorizes the repair, the vehicle will be repaired at Lottery expense. At the time authorization is received, Facilities & Asset Management 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. Facilities & Asset Management 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, he should notify Facilities & Asset Management 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 Superintendent.

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 Facilities and Asset Management upon receipt of the summons.

The driver should also notify the Manager of 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 each area and assigned driver to follow the Agency Vehicle Service Record (Form ID-49) for its state vehicles (attached). This form is to be updated

and kept in the vehicle and manager 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 (ID-49) . 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 Facilities & Asset Management Coordinator issues a set of credit cards for each vehicle 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. The credit card also authorizes minor mechanical repair not to exceed \$250.00 for passenger cars. Repairs over \$250.00 require authorization by CMS.

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 call 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 the 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. 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 (See Exhibit E). 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 Facilities & Asset Management 217-524-2648.

Vehicle Repairs:

DCMS maintains garages statewide. (See 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 should be obtained by contacting Facilities & Asset Management at 217-524-2648 815am-445pm 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 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, he should contact Facilities & Asset Management.

Records and Reports

Accurate Information:

All vehicle operators must record accurate and timely information for their assigned vehicles. Facilities & Asset Management needs this data for audit purposes, failure to maintain this information may result in discipline.

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 cost report (See attached) 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 facilities & Asset Management. **Cost reports and vehicle logs must be received by Facilities & Asset Management no later than the seventh (7th) 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.

Automotive Cost Report/Vehicle Log (ACR) Instructions

The following instructions will guide you through the steps in completing your monthly cost report. If you have questions or do not understand any part of the instruction please contact Facilities & Asset Management at 217-524-2648.

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 our area 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 your 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 your 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 Fleet Management know something that occurred during the reporting 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(f)(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 time properly can result in additional amounts included in your income.
14. Type your full name in the signature line.
15. Save file in the following format: equipment number, month, year (example:51454January10.xls)
16. Attach file and e-mail to: Elaine.Steenbergen@illinois.gov **and** Donna.Junkins@illinois.gov
17. Place your equipment number on all receipts, place in envelope and mail to: Lottery Fleet Management, 101 W. Jefferson, MC 5-990, Springfield, IL. 62702.

*If you are filling out a cost report for a pool vehicle that is not assigned type "POOL" in 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.

**ILLINOIS INSURANCE CARD
FOR VEHICLES OWNED BY THE STATE OF ILLINOIS**

This will certify that this vehicle is owned by the State of Illinois and is covered under the State of Illinois self-insured blanket auto liability program established pursuant to Illinois law (20 ILCS 405/64.1 (g) and (k).

This plan continues in effect indefinitely and provides a liability limit of \$2,000,000 per single occurrence. The Division of Risk Management, 801 S. 7th St. Fir 6 Springfield, Illinois 62706 is the administrator of the state's self-insured auto liability program. Phone (800-422-1300, depress #2.



Illinois Lottery

Equipment #:

IDL-87 Vehicle Accident Questionnaire

Read this information first.

If you are involved in an accident while driving on official state business, follow these steps:

- 1 Obtain Form SR-1, Illinois Motorist Report, from the Illinois Department of Transportation.
- 2 Complete this Lottery form (IDL-87).
- 3 Prepare a brief narrative, in your own words, of the facts concerning the accident and attach it to this form.
- 4 Mail original Form SR-1 to:

Illinois Department of Transportation
 Accident Records Section
 3215 Executive Drive
 Springfield, IL 62766-0001

Mail a photocopy of all accident reports, including Forms SR-1 and IDL-87, **within 48 work hours** to:

Illinois Lottery
 Facilities & Asset Management, MC 3-990
 101 West Jefferson
 Springfield, IL 62702

Note: If the accident occurs in your privately owned vehicle, notify your insurance company as you would for any other accident.

Note: For out-of-state accidents, check with the local authorities. A form similar to Form SR-1 may be required by IDOT.

Complete the following questions.

- 1 Did the accident involve a state owned vehicle? Yes _____ No _____
 If yes, equipment # _____ and plate # _____
 If no, please specify who owns the vehicle: Name: _____
 Address: _____
- 2 What State work was taking place at the time of the accident? _____

- 3 Where were you working before the accident? _____

- 4 Where were you going at the time of the accident? _____

- 5 Was anyone else in the auto? Yes _____ No _____
 If yes, who was in the vehicle? Name: _____
 Address: _____
- 6 What were the circumstances of the accident? _____

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

9 How fast were you traveling? _____
What were the road conditions? _____

10 Do you have personal insurance? Yes _____ No _____
If yes, with what company? _____
In what amounts? _____

11 Were there any injuries? Yes _____ No _____
If yes, to what extent? _____

12 Was there any property damage? Yes _____ No _____
If yes, please explain? _____

13 Are you aware of any controversy or allegations related to the accident of which management should be aware that might warrant further investigation into the accident? Yes _____ No _____
If yes, please explain? _____

14 Do you feel further investigation is warranted? Yes _____ No _____

15 Were you wearing a seat belt at the time of the accident? Yes _____ No _____

16 Did you report the accident on Form SR-1/SR-21 and submit it to the Illinois Department of Transportation? Yes _____ No _____

17 Did you send a copy of the Form SR-1/SR-21 to the Fleet Management Section? Yes _____ No _____

18 Were there any witnesses? Yes _____ No _____
If yes, who witnessed it? _____

Name: _____
Address: _____

Print employee's name: _____

Employee's SSN: _____ Work Phone: _____

Employee's signature: _____ Date: _____

Print supervisor's name: _____ Division: _____

Supervisor's signature: _____ Date: _____

COMPLETE BOTH SIDES OF THIS FORM

Use black ink

ILLINOIS MOTORIST REPORT

Mail This Report to
Illinois Department of Transportation
Crash Records Section
PO Box 19211
Springfield, Illinois 62794-9211

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

INVESTIGATING AGENCY		DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY		TYPE OF REPORT		AGENCY CRASH REPORT NO	
ADDRESS NO. (OPTIONAL)		<input type="checkbox"/> 8000 OR LESS <input type="checkbox"/> 8001 - \$1,500 <input type="checkbox"/> OVER \$1,500		<input type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED			
HIGHWAY or STREET NAME		Township		DATE OF CRASH		TIME	
<input type="checkbox"/> City <input type="checkbox"/> County		<input type="checkbox"/> Private Property <input type="checkbox"/> Hit & Run		mo / day / yr SU MO TU WE TH FR SA		<input type="checkbox"/> AM <input type="checkbox"/> PM	
NAME (CIRCLE) FT / MI N E S W AT INTERSECTION WITH		INTERSECTION RELATED		YEAR		LARS CODE	
NAME <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> NO DRIVER <input type="checkbox"/> PED <input type="checkbox"/> BICYCLIST <input type="checkbox"/> MVA <input type="checkbox"/> NOV		COUNTY		MODEL		NUMBER MOTOR VEHICLES INVOLVED	
DATE OF BIRTH mo / day / yr		MAKE		STATE		LARS CODE	
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TELEPHONE		DRIVER LICENSE NO.		STATE		YEAR	
TAGEN TO		CLASS		YEAR		TOWED <input type="checkbox"/> Y <input type="checkbox"/> N DUE TO CRASH FIRE <input type="checkbox"/> HAZMAT <input type="checkbox"/> SPILL COMM VEH <input type="checkbox"/>	
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CITY		STATE		CLASS		YEAR	
TELEPHONE		DRIVER LICENSE NO.		STATE		YEAR	
TAGEN TO		CLASS		YEAR		TOWED <input type="checkbox"/> Y <input type="checkbox"/> N DUE TO CRASH FIRE <input type="checkbox"/> HAZMAT <input type="checkbox"/> SPILL COMM VEH <input type="checkbox"/>	
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CITY		STATE		CLASS		YEAR	
TELEPHONE		DRIVER LICENSE NO.		STATE		YEAR	
TAGEN TO		CLASS		YEAR		TOWED <input type="checkbox"/> Y <input type="checkbox"/> N DUE TO CRASH FIRE <input type="checkbox"/> HAZMAT <input type="checkbox"/> SPILL COMM VEH <input type="checkbox"/>	
NAME		DATE OF BIRTH mo / day / yr		MAKE		MODEL	
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CITY		STATE		CLASS		YEAR	
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CITY		STATE					

PRINT ON TYPE ALL INFORMATION ON THIS FORM.

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 \$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 the 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 REPORT IS CONFIDENTIAL AND CANNOT BE USED AS EVIDENCE IN ANY TRIAL.

LEGAL REQUIREMENTS

As the driver of a motor vehicle involved in a traffic crash causing death, injury, or damage to any one person's vehicle or property exceeding \$1,500, you must complete and submit this report. However, if you or any other driver in the same crash does not have insurance, you must complete and submit the report if damage to any one person's vehicle or property is over \$500.
 In either case, your report must be completed and submitted within 10 days after the crash.
 If a driver is physically incapable of completing this report, the owner or another occupant of the vehicle should do so.

THIS SPACE FOR FLEET OPERATORS ONLY

If your vehicle is subject to the Federal Motor Carrier Safety Regulations, provide your USDOT number below:

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

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 "NK" 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

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



NARRATIVE (Refer to vehicle by Unit No.)

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



INDICATE NORTH BY ARROW



State Garages/Automated Fuel Sites

Springfield Area

Lincoln Ave
650 N Lincoln Ave
Springfield IL 62702
217/782-6028

Jefferson

6th

Ash

Central
200 East Ash Street
Springfield IL 62704
217/782-4584

I-55

Chicago Land Area

Schaumburg - IDOT#1
201 W Center Street
Schaumburg IL 60196
847-705-4011

Suburban North
9511 Harrison St
Des Plaines, IL 60016
847/294-4152

Elgin
595 South State St
Elgin IL 60123
847/931-2473

Emergency Traffic Patrol
3301 South Normal
Chicago IL 60609
773-624-0470

294

I-90

I-55

I-88

Dixon
817 Depot Ave
Dixon IL 61021
815/284-1594

I-55

Ottawa
1620 Porter Street
Ottawa, IL 61350
815/434-8400

Stateville
20025 Division St
Crest Hill, IL 60435
815/727-7590

I-74

Monmouth
710 180th Ave
Monmouth, IL 61462
309/734-6306

Peoria
6510 W. US Highway 150
Peoria, IL 61628
309/693-5162

Watsika
117 Yount Ave
Watsika, IL 60970
815/432-3266

I-72

Hillsboro
PO Box 499 RTE 185 S.
Hillsboro IL 62049
217/532-6811

Paris
Route 133 West
Paris, IL 61944
217/463-4215

I-55

Effingham
400 W. Wabash
Effingham IL 62401
217/342-8296

I-57

Collinsville
1104 Eastport Plaza Dr
Collinsville IL 62234
618/346-5193

Big Muddy
Route 37 South
Ina, IL
618/437-5300 Ext 695

I-70

Carbondale
2801 W. Murphysboro
Carbondale IL 62903
618/351-5346

I-57

Fuel

24 Hr Fuel

Garage

E - Electric Charging
G - Gas
BD - BioDiesel
E85 - Ethanol

For other operating hours, contact DOV at (217) 782-2536 ext 227



Illinois Department of Central Management Services



Accountability. Efficiency. Service.

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- [For Agencies](#)
- [For Business](#)
- [For Local Government](#)
- [Work4IL](#)
- [Client Relations](#)

[CMS Services to Agencies](#) [Fleet Management](#)

STATE FUEL AND GARAGE LOCATIONS

[State Fuel and Garage Locations Map \[PDF\]](#)

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

Big Muddy State Garage
Route 37 South (Ina, IL)
(618) 437-5300 Ext. 695
Fuel: None

Carbondale State Garage
2801 West Murphysboro
(618) 351-5346
Fuel: Gasohol

Collinsville State Garage
1104 Eastport Plaza Drive
(618) 346-5190
Fuel: Gasohol and Diesel

Des Plaines-Suburban North State Garage
9511 Harrison Street
(847) 294-4152
Fuel: None

Dixon State Garage
817 Depot Avenue
(815) 284-1594
Fuel: Gasohol and Diesel

Effingham State Garage
400 West Wabash
(217) 342-8296
Fuel: Gasohol

Elgin State Garage
595 South State Street
(847) 931-2474
Fuel: Gasohol and Diesel

Hillsboro State Garage
Graham Correctional Center
Route 185 South
(217) 532-6811
Fuel: Gasohol and Diesel

Ottawa State Garage
1620 Porter
(815) 434-8400
Fuel: Gasohol and Diesel

Paris State Garage
Route 133 West
(217) 463-4215
Fuel: Gasohol and Diesel

Peoria State Garage
6510 West Highway 150 (Edwards, IL)
(309) 693-5162
Fuel: Gasohol and Diesel

Springfield Central State Garage
200 East Ash Street
(217) 782-4684
Fuel: Gasohol and E85 (Ethanol)

Stateville State Garage #06
20025 Division Street (Crest Hill, IL)
(815) 727-7590 or (815) 727-7591
Fuel: None

Watseka State Garage
111 Yount Avenue
(815) 432-3266
Fuel: Gasohol and Diesel

FLEET MANAGEMENT

[Fleet Rules and Policies per Public Act 97-0922](#)

[CMS Vehicle Usage Program](#)

[State Employee Business Transportation Policy Issued: March 2012](#)

[Trip Cost Calculator](#)

[State Fuel and Garage Locations](#)

[Events Calendar](#)