

AP#8, DCFS MOTOR LIABILITY PLAN
September 1, 1997 – P.T. 97.28

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Section 8.1 Purpose

The purpose of this Administrative Procedure is to provide the basic information and actions required by the individual Department employee and the Department to meet the intent of Illinois Law and CMS requirements with respect to the State of Illinois Self-Insured Motor Vehicle Liability Plan [20 ILCS 4051/64.1].

Section 8.2 Motor Vehicle Liability Plan

The State of Illinois Self-Insured Motor Vehicle Liability Plan provides coverage to employees and authorized non-state employees of all agencies, boards and commissions, while operating a motor vehicle **only in the course of official business**.

The plan covers licensed vehicles that are state owned or leased and may also provide coverage on other furnished vehicles or private automobiles on authorized mileage reimbursement (as secondary insurer only). Other furnished vehicles or private automobiles are not granted coverage in every case but are evaluated on the purpose of the trip being performed.

Section 8.3 General Provisions

- a) The Motor Vehicle Liability Plan provides coverage for State owned or leased vehicles to employees and authorized non-State employees of all agencies, boards and commissions, not to exceed \$2,000,000 per occurrence for Bodily Injury liability and Property Damage liability, while operating a motor vehicle **only in the course of official business**.
- b) Employees are expected to carry State of Illinois mandatory minimum auto insurance. The State "Self-Insured" plan is secondary insurance for other than State owned

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automobiles. It pays only after the employee's private insurance is exhausted. While driving a State automobile coverage starts at dollar one.

- c) DCFS will appoint an Automobile Accident Coordinator who is responsible for reporting completely and promptly each motor accident incurred by a DCFS employee. Additionally, DCFS will have an Accident Review Committee to review and or adopt departmental policy, review "at fault" accidents and report findings of "at fault" to CMS.

Section 8.4 Employee Responsibilities

Employees are required to report **any accident** (no matter how minor) that occurs with a State owned or leased vehicle or with their own or rented vehicle when used **in the course of official business** and to complete the following reporting requirements for any accident. In order to prevent forfeiting coverage, the following steps are to be followed:

- a) Report the accident on the forms described below to the Accident Coordinator within three days after the accident, via telefax to (217) 557-0635. Send hard copies to ensure legibility to:

DCFS Accident Coordinator
406 E. Monroe Street - Station #474
Springfield, IL 62701

Receipt of the report can be verified by calling the Accident Coordinator at (217) 785-2588.

- b) In case of a major accident with which occurs after hours and which results in injuries or property damage, call CMS direct at 1(800) 442-1300 # 4. Contact your supervisor if you are seriously hurt and can not submit the reports. The supervisor then becomes responsible for reporting the accident. This **does not** eliminate the need to submit reports to the Agency Accident Coordinator within three (3) days after the accident as described above.

Section 8.5 Required Reporting Forms and Information to Be Obtained

Required reports are as follows:

- a) **SR-1 or SR-1 A, Illinois Motorist Report**

The principle reporting form is the SR-1 or SR-1A, Illinois Motorist Report form. Serious accidents may require additional accident or traffic investigation reports depending on which law enforcement agency has jurisdiction. [Appendix A](#) contains a copy of the SR-1A. **NOTE: All accidents that occur in the course of official business must be reported.**

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- 1) If the accident involves the employee's own car, the employee shall fill in all the data requested, including insurance data. If the accident involves a rental vehicle, rental contract information shall be included.
- 2) If it is a State owned or leased car (does not include rentals), the Owners Name will be "State of Illinois Department of Children and Family Services" or "Motor Pool". Insurance will be "State of Illinois Self-Insured Motor Vehicle Liability Plan". Proof of insurance is the State issued credit card.
- 3) Obtain the social security numbers and names, addresses and phone numbers of all passengers in your car and other cars involved, plus the names, addresses and phone numbers of any individuals who saw the accident.
- 4) As soon as employees are through with the police, they should write a detailed memo of what happened in their opinion and include sketches of the accident scene. The SR-1A has a lot of this information but in re-writing it, the employee may remember critical information not on the SR-1A. The seriousness of the accident will determine how much is written.
- 5) Employees shall obtain a memo from their supervisor stating that they were on Department business (include specifics) at the time of the accident. Add any information to the memo that will add clarity to the situation.
- 6) Obtain any other forms or documents that are applicable.
- 7) Call the Accident Coordinator at (217) 785-2588 if there are any questions.
- 8) If employees are injured, they shall also call Workers Compensation at 1-800-773-3221.
- 9) Employees should maintain copies of all documents.

NOTE: SUBMIT WHAT YOU CAN OBTAIN AT THE SCENE (SR-1A) FOR AN INITIAL REPORT. This meets the initial reporting requirement. Details can be updated at a later date.

b) Defense Letter Request Summons and Complaints

[Appendix B](#) is a sample Representation Request letter. When employees are served with **any notice to appear** document, they should request assistance from the State. Lists of State Attorney General's Office(s) to contact in case an employee is served with legal papers is at [Appendix C](#). Originals of the notice will go to the Attorney General's office. Copies of the notice are to be sent to the DCFS Accident Coordinator at the

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address listed in [Section 8.4](#), who will then forward them to Central Management Services.

Section 8.6 Supervisor/Management Responsibilities

In case of serious injury/death of an employee, supervisors are responsible for timely submission of all reports listed above.

Supervisors are responsible for ensuring that employees are knowledgeable of the requirements for reporting ALL accidents that occur in the course of official business. The importance of timely reporting must be stressed.

Section 8.7 Accident Coordinator's Responsibilities

The Accident Coordinator is responsible for coordinating DCFS staff and individual questions concerning any procedures or duties with CMS, Risk Management Division, Auto Liability Unit. A summary of the Coordinator's duties are as follows:

- a) Complete the uniform cover letter to be attached to each SR-1A form and any other additional information as required by the Auto Liability Unit. See form section for detail.
- b) Ensure all accident reports are received by CMS within seven calendar days after the date and time of the accident.
- c) Forward copies of Summons and Complaint documents to CMS. Act as a liaison to individuals to ensure copies are sent to appropriate offices of other State agencies.
- d) Act as a special staff person for the Department and assist employees in reporting and directing them to appropriate staff of other State agencies as required if they are involved in an accident.
- e) Serve as the chairperson of the Accident Review Committee.
- f) Advise and coordinate Accident Recovery procedures/Subrogation (Subrogation is the responsibility of the Department or agency that incurred the loss). Coordinate with the Deputy Director of Support Services on issues pertaining to subrogation.
- g) Sign off on all Accident Review Reports that are minor in nature when litigation is not imminent. Serious accidents will be staffed through the Labor Relations Unit and any other staff deemed necessary.
- h) Maintain records of all accidents in the department for at least five (5) years, unless litigation is in progress. If litigation is in progress, keep the records as long as necessary.

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- i) Ensure that Accident Review Committee reports are not released under the Freedom of Information Act.
- j) Inform DCFS management and individuals on appeals procedures.
- k) Coordinate with the DCFS Personnel Unit and the Labor Relations Unit when a person is determined to be an unacceptable risk based on grossly negligent behavior, willful or wanton misconduct or based on the determination that the employee is no longer an acceptable risk based on prior accidents in which the employee was at fault.

Section 8.8 Accident Review Committee

The Accident Review Committee shall consist of the Accident Coordinator and representatives from the Labor Relations Unit. The chair person will be the Accident Coordinator. For serious case(s), Committee Members will consist of the Accident Review Coordinator, a representative from the Labor Relations Unit, plus any other appropriate staff as the situation warrants.

The committee will review all high risk cases and drivers that fall within CMS's definition of high risk per CMS's high risk program and keep the DCFS Deputy Director of Support Services informed of serious cases.

COMPLETE BOTH SIDES OF THIS FORM Use black ink
ILLINOIS MOTORIST REPORT

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

or a copy of the Police report contact the
 Investigating agency.

INVESTIGATED BY		TYPE OF REPORT <input type="checkbox"/> ON-SCENE <input type="checkbox"/> NOT ON-SCENE <input type="checkbox"/> SUPPLEMENTARY		POLICE		<input type="checkbox"/> A No Injury / Drive Away <input type="checkbox"/> B Injury and / or Tow Due to Crash		AGENCY CRASH REPORT NO.		AGENCY (circle) CITY/TOWNSHIP (circle)		INTERSECTION HELMED <input type="checkbox"/> Yes <input type="checkbox"/> No PRIVATE PROPERTY HIT & RUN <input type="checkbox"/> Yes <input type="checkbox"/> No		DATE OF CRASH no. day / yr TIME <input type="checkbox"/> AM <input type="checkbox"/> PM		LARS CODE LARS CODE					
ADDRESS NO. (OPTIONAL)		HIGHWAY or STREET NAME		(circle) FT / MI N E S W (circle)		NAME (LAST, FIRST, MI.) DRIVER <input type="checkbox"/> PED. <input type="checkbox"/> EQUUS <input type="checkbox"/> MNY <input type="checkbox"/> MCV		NAME (LAST, FIRST, MI.) DRIVER <input type="checkbox"/> PED. <input type="checkbox"/> EQUUS <input type="checkbox"/> MNY <input type="checkbox"/> MCV		DATE OF BIRTH mo / day / yr SEX SAF ¹ AIR		MAKE MODEL YEAR		MAKE MODEL YEAR		CIRCLE NUMBERS FOR DAMAGED AREAS 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT		CIRCLE NUMBERS FOR DAMAGED AREAS 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT			
STREET ADDRESS		STATE		ZIP		INJURY / ELECT		VIN		VEHICLE OWNER (LAST, FIRST, MI.) OWNER ADDRESS (street, city, state, zip)		VEHICLE OWNER (LAST, FIRST, MI.) OWNER ADDRESS (street, city, state, zip)		PLATE NO. STATE YEAR		PLATE NO. STATE YEAR		TOWED DUE TO DAMAGE OTHER FIRE HAZ MAT. COM. VEH.		TOWED DUE TO DAMAGE OTHER FIRE HAZ MAT. COM. VEH.	
CITY		STATE		ZIP		INJURY / ELECT		VIN		VEHICLE OWNER (LAST, FIRST, MI.) OWNER ADDRESS (street, city, state, zip)		VEHICLE OWNER (LAST, FIRST, MI.) OWNER ADDRESS (street, city, state, zip)		PLATE NO. STATE YEAR		PLATE NO. STATE YEAR		TOWED DUE TO DAMAGE OTHER FIRE HAZ MAT. COM. VEH.		TOWED DUE TO DAMAGE OTHER FIRE HAZ MAT. COM. VEH.	
TELEPHONE		DRIVER LICENSE NO.		EWS AGENCY		CLASS		CLASS		INSURANCE CO. POLICY NO.		INSURANCE CO. POLICY NO.		INSURANCE CO. POLICY NO.		INSURANCE CO. POLICY NO.		INSURANCE CO. POLICY NO.			
TAKEN TO		EWS AGENCY		EWS AGENCY		CLASS		CLASS		INSURANCE CO. POLICY NO.		INSURANCE CO. POLICY NO.		INSURANCE CO. POLICY NO.		INSURANCE CO. POLICY NO.		INSURANCE CO. POLICY NO.			

Was driver (owner) of other vehicle insured? YES NO NOT KNOWN
 Were you driving a vehicle owned by your employer, in the course of your employment? If yes, check square:
 DID POLICE OFFICER INVESTIGATE ACCIDENT? YES NO APPROXIMATE COST TO REPAIR YOUR VEHICLE \$ _____
LIST PERSONS KILLED OR INJURED

NAME	UNIT	AGE	SEX	ADDRESS

DESCRIBE INJURIES

NAME	ADDRESS

DESCRIBE INJURIES

NAME	ADDRESS

DESCRIBE INJURIES

NAME	ADDRESS

DESCRIBE DAMAGE TO PROPERTY OTHER THAN MOTOR VEHICLES

APPROXIMATE COST TO REPAIR	PROPERTY OWNERS NAME

APPROXIMATE COST TO REPAIR

PROPERTY OWNERS ADDRESS	DATE

SIGN HERE

ADDRESS	DATE

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

APPENDIX "A"

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APPENDIX B

SAMPLE REPRESENTATION REQUEST LETTER

Date

Office of the Attorney General
Court of Claims or General Law Division (select the appropriate law division)
Street
City, IL, Zip

RE: State Driver:
Case Name:
Date of Accident:
Suit Number:
County:

Dear Sirs:

On (date of accident), I was involved in an accident while operating a State owned, private, or leased vehicle in the course of my employment. As a result of this accident, suit number _____ has been filed against me.

It is requested that you represent me in the defense of this action, and I will cooperate fully at all times with any requests that you may have in regard to the defense of this suit.

Sincerely,

Employee's name
Department
Phone#

cc: DCFS Auto Accident Coordinator

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APPENDIX C

LITIGATION
SUMMONS AND COMPLAINTS

When a Summons and/or Complaint is received by any State employee or other authorized driver, resulting from an automobile accident as described in these procedures, the employee or other authorized driver shall provide the date, time and place of service of the Summons and Complaint, per paragraph 4.3 of the plan. The original should immediately be sent to the Attorney General's Office at one of the following appropriate locations, with a copy of both the cover letter and the Summons and Complaint submitted to Risk Management/Auto Liability.

For the following counties: Cook, Lake, McHenry, DuPage, Kane and Will:

CIRCUIT COURT COMPLAINTS

Office of the Attorney General
General Law Division
100 West Randolph Street, 13th Floor
Chicago, Illinois 60601

COURT OF CLAIMS COMPLAINTS

Office of the Attorney General
Court of Claims Division
100 West Randolph Street, 13th Floor
Chicago, Illinois 60601

For all counties not listed above:

CIRCUIT COURT COMPLAINTS

Office of the Attorney General
General Law Division
500 South Second Street
Springfield, Illinois 62706

COURT OF CLAIMS COMPLAINTS

Office of the Attorney General
Court of Claims Division
500 South Second Street
Springfield, Illinois 62706