



## Illinois Department of Corrections

### Administrative Directive

Number: <b>02.75.149</b>	Title: <b>Vehicle Accidents</b>	Effective: <b>10/1/2020</b>
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<b>Authorized by:</b>	<i>[Original Authorized Copy on File]</i> <b>Rob Jeffreys</b> Acting Director
<b>Supersedes:</b>	02.75.149 effective 7/1/2013

<b>Authority:</b> 625 ILCS 5/ 730 ILCS 5/3-2-2	<b>Related ACA Standards:</b> 5-ACI-1B-17, 5-ACI-3A-24-26
<b>Referenced Policies:</b>	<b>Referenced Forms:</b> IL 401-1579 – Auto Liability Cover Letter IL 401-1580 – Auto Liability Transmittal Sheet SR-1 – Illinois Motorist Report

#### I. POLICY

The Department shall promptly report accidents involving State owned vehicles or privately owned, rented or leased vehicles used while on State business in accordance with this directive.

#### II. PROCEDURE

##### A. Purpose

The purpose of this directive is to establish a written procedure governing the responsibility of staff for the prompt reporting of vehicle accidents.

##### B. Applicability

This directive is applicable to all facilities, offices, programs and parole services within the Department.

##### C. Facility Reviews

A facility review of this directive shall be conducted at least annually.

##### D. Designees

Individuals specified in this directive may delegate stated responsibilities to another person or persons unless otherwise directed.

##### E. General Provisions

1. Every accident involving any vehicle operated in the conduct of State business shall be promptly reported regardless of lack of injury or property damage.
2. The following material shall be kept in the glove compartment or other designated area of all State owned or leased vehicles:
  - a. A copy of this directive;
  - b. At least two Illinois Motorist Reports (SR-1); and
  - c. At least two copies of the Auto Liability Cover Letter, IL 401-1579.

	Illinois Department of Corrections Administrative Directive	Page 2 of 4
Number: 02.75.149	Title: Vehicle Accidents	Effective: 10/1/2020

3. The Claims Administrator for the State of Illinois, designated by the Department of Central Management Services (CMS), will administer the State Auto Liability Plan and issue the Risk Management Auto Liability Procedures Manual.
4. The Chief Administrative Officer shall appoint a Vehicle Accident Coordinator.
  - a. The facility Vehicle Accident Coordinator shall:
    - (1) Ensure compliance with this Administrative Directive and the guidelines established in the Risk Management Auto Liability Procedures Manual;
    - (2) Ensure all employees who are authorized to use vehicles for State business are aware of the provisions of the High Risk Drivers Law, effective May 24, 1988; and
    - (3) Maintain a supply of required forms and provide assistance to employees in completing the required forms.
  - b. The facility shall maintain and provide the Fiscal Services Vehicle Unit with a current listing of the name of the Vehicle Accident Coordinator.

**F. Requirements**

1. When an employee is involved in an accident while driving a Department vehicle or while driving a privately owned, rented or leased vehicle on State business, the employee shall:
  - a. Stop immediately and shall not:
    - (1) Admit liability or accept responsibility; or
    - (2) Discuss the accident except with the police.
  - b. Notify the nearest law enforcement agency and request emergency medical services, if necessary.
  - c. Obtain names, addresses and telephone numbers of the following:
    - (1) Driver(s) of other vehicle(s) involved;
    - (2) Injured persons;
    - (3) Witnesses, including passengers of all involved vehicles; and
    - (4) Insurance company(ies). Names and Policy Numbers and effective dates of the policies for all involved vehicles shall be recorded in the appropriate section of the Illinois Motorist Report/SR-1 form. The effective dates of the policy shall be recorded in the Illinois Motorist Report/SR-1 in the Policy Number Section. An Illinois Motorist Report/SR-1 complete with this information shall be filled out and submitted in addition to any Police report.
  - d. Immediately notify the facility Vehicle Accident Coordinator, or if the accident occurred after normal office hours, notify the facility Vehicle Accident Coordinator at the beginning of the next working day.
  - e. Immediately notify the CMS Risk Management Division at (800) 442-1300 when a vehicle is involved in an accident and bodily injury or death to other parties or serious property

	Illinois Department of Corrections Administrative Directive	Page 3 of 4
Number: 02.75.149	Title: Vehicle Accidents	Effective: 10/1/2020

damage or loss has occurred.

- f. Complete the SR-1 provided by the responding law enforcement agency per the instructions on the form. If an SR-1 was not provided, a blank form shall be completed including the bar code number on the original SR-1 that shall be obtained by contacting the law enforcement agency. Questions shall be directed to the facility Vehicle Accident Coordinator.
- (1) The nature and extent of all damages and injuries shall be clearly and completely stated. Whenever a doctor's statement of injuries or a garage estimate of the cost of repairs is immediately available, this information shall be given; otherwise the employee's own careful estimate shall be given.
  - (2) For the purpose of this report, a motor bus, bicycle or animal drawn vehicle shall be recorded as a vehicle and a person on skates, coaster wagon, sled, etc. shall be classified as a pedestrian. The type of conveyance and its exact location in the street or on the roadway shall be described.
  - (3) If the accident involved a fixed object, the object, its exact location and whether it was protected by flags, signs or lights shall be described fully.
  - (4) A second SR-1 or a sheet of paper the same size shall be used to report additional vehicles, injured persons, witnesses, names of hospitals, investigating officers or any other specific information that may aid in an investigation. Copies of accident reports prepared by local law enforcement agencies may be attached, but do not take the place of the SR-1.
- NOTE:** If a vehicle accident occurs on correctional center grounds or on private property and the law enforcement agency chooses not to make a report, a blank SR-1 shall be obtained from the vehicle packet or Vehicle Accident Coordinator and completed in accordance with the above.
- g. Complete the IL 401-1579 per the instructions on the form. Questions shall be directed to the facility Vehicle Accident Coordinator.
- NOTE:** The Department or facility 5 digit number (426XX) shall be recorded in the upper right side of the IL 401-1579. Staff of transition centers, the Office of Adult Education and Vocational Services and Correctional Industries shall assign the property inventory system's location function code to the facility code.
- h. Submit an incident report documenting the event to his or her immediate supervisor.
- i. Forward the original completed and signed SR-1, incident report and IL 401-1579, and any other appropriate documentation, to the facility Vehicle Accident Coordinator within three calendar days of the accident.
- j. If, after the initial IL 401-1579 has been filed, the employee obtains additional or corrected information, the employee should contact the facility Vehicle Accident Coordinator to complete the Auto Liability Transmittal Sheet, IL 401-1580.
- (1) Updated or corrected information, the accident date, the State driver's name and social security number and the claimant's name shall be indicated on the IL 401-1580.
  - (2) Information previously provided on the IL 401-1579 need not be repeated.

	Illinois Department of Corrections Administrative Directive	Page 4 of 4
Number: 02.75.149	Title: Vehicle Accidents	Effective: 10/1/2020

- (3) Upon completion, the original IL 401-1580 shall be forwarded to the facility Vehicle Accident Coordinator.
  - (4) The Vehicle Accident Coordinator shall forward the completed IL 401-1580 to the Fiscal Services Vehicle Unit, CMS Risk Management and the Illinois Department of Transportation, as required.
2. Upon receipt of the IL 401-1579 and the SR-1 from the driver, the facility Vehicle Accident Coordinator shall submit the appropriate reports within seven calendar days following the accident.
- a. If damages exceed \$500 or if there are personal injuries, a copy of the IL 401-1579, the signed SR-1 and, if filed, the IL 401-1580 shall be forwarded to the:

Department of Transportation  
Crash Records Section  
1340 North 9<sup>th</sup> Street  
Springfield, Illinois 62766-0001
  - b. For all accidents, a copy of the signed SR-1, the original IL 401-1579, incident report and, if filed, the original IL 401-1580 shall be forwarded to the:

Department of Central Management Services  
Risk Management Division  
Auto Liability Section  
801 South 7<sup>th</sup> Street  
Springfield, Illinois 62706
  - c. A copy of the IL 401-1579, the SR-1, the IL 401-1580, if filed, and, if appropriate, an incident report shall be forwarded to the Fiscal Services Vehicle Unit:

Department of Corrections  
Fiscal Services Vehicle Unit  
1301 Concordia Court  
PO Box 19277  
Springfield, Illinois 62794-9277
  - d. A copy of all completed reports and forms shall be retained in the facility pending file.
  - e. The Fiscal Services Vehicle Unit shall be notified upon receipt of a property release or applicable insurance documents from any party involved in the accident. Releases shall be approved by CMS Division of Vehicles and shall not be executed without prior approval from the Fiscal Services Vehicle Unit.
  - f. Copies of all subrogation letters sent to the other party or parties shall be submitted to the Fiscal Services Vehicle Unit. If no response is received within 30 days of a second request, a memorandum shall be submitted to the Fiscal Services Vehicle Unit.
  - g. Copies of all summonses, liens and complaints regarding the accident shall be promptly submitted to the CMS Risk Management Division and the Fiscal Services Vehicle Unit. The CMS Risk Management Division shall be responsible for contact with the Department's legal counsel and the Attorney General's Office as required.
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