

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO Mells	DATE 4-14-10
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 101419	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR C: EF Cleared 4/23/10 letter attached.	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE 4-23-10
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			



MARK SANFORD, CHAIRMAN
GOVERNOR
CONVERSE A. CHELLIS, III, CPA
STATE TREASURER
RICHARD ECKSTROM, CPA
COMPTROLLER GENERAL

SC BUDGET AND CONTROL BOARD

STATE FLEET MANAGEMENT
Warren J. McCormack
STATE FLEET MANAGER

(803) 737-0668
FAX: (803) 737-1160

April 12, 2010

HUGH K. LEATHERMAN, SR.
CHAIRMAN, SENATE FINANCE
COMMITTEE

DANIEL T. COOPER
CHAIRMAN, HOUSE WAYS AND MEANS
COMMITTEE

FRANK W. FUSCO
EXECUTIVE DIRECTOR

RECEIVED

APR 14 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Ms. Emma Forkner
Department of Health and Human Services
1801 Main Street
Columbia, SC 29201

Reference: State Vehicle Tag # SG92090 Log#1004598

Dear Ms. Forkner:

We recently received the enclosed information concerning possible misuse of a state-owned vehicle. State Fleet Management has been directed by the South Carolina Budget and Control Board to forward all customer concerns to the appropriate agency for review of the facts regarding the incident.

Please provide our office a copy of your findings. We may forward a copy of your response to the citizen originating this action. If I may provide any further assistance or clarification on this subject, please advise.

Respectfully,

A handwritten signature in black ink, appearing to read 'Warren J. McCormack', is written over a light blue horizontal line.

Warren J. McCormack
State Fleet Manager

WJM/vr

Enclosures:

Vehicle Incident Report Form

100-15-98

State Budget and Control Board • General Services Division • State Fleet Management
1026 Sumter Street, 2nd Floor • Columbia, SC 29201-3746
Tel 803-737-0668 • Fax 803-737-1160

The State of South Carolina requires its employees to operate State vehicles in a safe and courteous fashion, obeying all transportation laws. Citizens who observe a State vehicle being operated improperly are asked to notify State Fleet Management of such incidents. Please notify our office by completing the form below and sending it to the address listed at the top of this page. We will forward a copy of the complaint to the appropriate agency for an investigation of the incident to determine if corrective action is required.

We at State Fleet Management sincerely appreciate your interest and concern for the proper operation of the vehicles belonging to the State, and we thank you for your time and effort.

Date of Observation	Date: 4/8/2010	Time: 9:49	(AM/PM)
Vehicle Identification (if known)	Make: Gray Chevy	Model: Van	License Tag No.: SG92090
Year:			
Driver Identification (if known)	Name:		
Approximate Age:	Sex: <input checked="" type="checkbox"/> U <input type="checkbox"/> F	Description: 2 passengers	
Location of Incident (such as street, highway, intersection, direction of travel) Hwy 385 North Mile Marker 28			
Brief Description of Incident (please be specific; attach additional pages as necessary) Driver was going 70 MPH in a 55 MPH zone			
<input type="checkbox"/> Please check the box at left to receive a copy of the Agency's response to this complaint. Although signature and address are optional, we can't give you a written response without an address or a fax number.			
Signature:	Telephone: (803) 467-9154		
Name (please print): John	Fax:		
Address: 110 Sunbelt Blvd.			
City: Columbia	State: SC	ZIP: 29203	
SFM Use Only			
Date of Call	Date: 4/8/10	Time: 9:52	(AM/PM)
Received by:	Name: Becky Givie	Signature: Rebecca B. Givie	Telephone: 7-0118

MVE112NP EI-G EQUIPMENT DETAIL (General Information) 04/12/10
MROBERS ===== 09:25:16

Action Code: _____ PRIORITY 00 * 0 MEMOS ON FILE* LH= YES
Tag SG92090 _____ Previous Tag Agency F16 Agy Id # 625188
SCEMIS Number 0D1 CH 1 0203 B&C BD-STATE FLEET MANAGEMENT

Class VAN PASS MINI Equip Type D1 VAN, MINI PASSENGER
Make CHEVROLET Body Style 50 VAN PASSENGER (WINDO
Model UPLANDER Status A ACTIVE
Year Make 2008 Model No _____ Use Type G GENERAL USE
VIN 1GNDU23W08D196633 Pass Capacity 7

Warranty W003 3 YEARS / 36000 MILES Exp Dt 05222011

P O Number 08CD800665 _____ Decal 37875 _____ Odometer type M Date 02/25/2010
Recv Date 05222008 Recv Odom 13 _____ Current 18,203
Color GRAY _____ Tag Sent _____ PM Schedule B NORMAL SERVICE (VEHI
Contact JIMMY LEVER _____ Last PM Done A 11032009 14861

Assigned J02 SC DEPARTMENT OF HEA Next PM Due B 11032010 19861
Name/Div SUPPRT SERVICES Fuel Type RE UNL REG/ETHANOL
Location CO40 COLUMBIA / RICHLAND Fuel Card (Curr) 4410080713830996
(Prev) 4110072457494250

4/19



South Carolina Department of
Health & Human Services

Emma Forkner • Director
Mark Sanford • Governor

April 23, 2010

Mr. Warren McCormack, State Fleet Manager
State Fleet Management
140 Stoneridge Drive, Suite 650
Columbia, South Carolina 29210

Re: Vehicle complaint on SG92090 - Log #1004598

Dear Mr. McCormack:

After an investigation of the reported incident, the driver of the above mention vehicle has been counseled regarding the nature of this complaint. The driver took the complaint very seriously and verbalized an understanding of the importance of being cognizant of her driving and the safety of others. She also maintains her disbelief that she was driving 15 miles over the speed limit; however, with the nature of this complaint, she will be scheduled to attend the Agency's next Defensive Driving Class.

Should you need any additional information or have any questions regarding our response, please do not hesitate to contact me directly at 898-2605.

Sincerely,


Robert M. Cannon, Bureau Chief
Administrative Services

RMC: jym