

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

**ACTION REFERRAL**

TO <i>Wells</i>	DATE <i>9-12-07</i>
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<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER <b>000146</b>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>9-19-07</i>
2. DATE SIGNED BY DIRECTOR <i>Cleveland 11/29/07</i> <i>attached.</i> 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <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.			

STATE OF SOUTH CAROLINA  
*State Budget and Control Board*  
GENERAL SERVICES DIVISION

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DIRECTOR

STATE FLEET MANAGEMENT  
140 STONERIDGE DR., SUITE 650  
COLUMBIA, SC 29210

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

WARREN J. MCCORMACK  
STATE FLEET MANAGER

September 6, 2007

**RECEIVED**

SEP 12 2007

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

*Log: WJMS  
dir. mgr*

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

RE: State Vehicle: SG84360 Log #0708362

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 State 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 then 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,

Warren J. McCormack  
State Fleet Manager

WJM/vr

Enclosures

# Vehicle Incident Report Form

State Budget and Control Board  
General Services Division  
Office of State Fleet Management  
140 Stoneridge Drive, Suite 650  
Columbia, SC 29210-8257

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.

<b>Date of Observation</b>	Date: 9/6/2007	Time: 12:30-12:45 PM	AM / PM
<b>Vehicle Identification (if known)</b>	License Tag No.: SG84360		
Year: 2005	Make: Ford	Model: Clubwagon 15 Pass Van	
<b>Driver Identification (if known)</b>	Name: _____		
Approximate Age: _____	Sex: <input checked="" type="checkbox"/> F <input type="checkbox"/> M	Description: appeared to be a black female	
<b>Location of Incident (such as street, highway, intersection, direction of travel)</b>	A side road onto Taylor Road right before the YMCA		
<b>Brief Description of Incident (please be specific; attach additional pages as necessary)</b>	As this van approached the stop sign it never stopped, only rolled right through. My husband and I were in a large vehicle and she would of seen us if she had looked. If we had not been traveling at less than the speed limit we would of hit her in the right back quarter panel. I am handicapped myself and was afraid she might be transporting children or other handicapped adults. This road is heavily traveled and near a school, I don't know were this drivers mind was, but it was not behind the wheel of that van.		
<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: _____	Name (please print): Allison	Telephone: _____	
	Address: _____	Fax: _____	
City: _____	State: SC	ZIP: _____	
<b>SFM Use Only</b>			
<b>Date of Call</b>	Date: 9/6/2007	Time: 1:25	AM / PM Telephone: 737-2095
<b>Received by:</b>	Name: Vivian Roberson	Signature: _____	





*State of South Carolina*  
*Department of Health and Human Services*

Log # 146



Mark Sanford  
Governor

Emma Forkner  
Director

November 29, 2007

Mr. Warren McCormack, State Fleet Manager  
State Fleet Management  
1 40 Stoneridge Drive, Suite 650  
Columbia, South Carolina 29210

Re: Vehicle complaint on SG84360 - Log #0708362

Dear Mr. McCormack:

I apologize for the delay in responding to your request regarding the above referenced vehicle. The vehicle is leased to the SENIOR Solutions in Anderson County under the Medicaid Transportation Program.

SENIOR Solutions reported to our Agency that after a conversation with the driver regarding the incident, the driver does not recall an incident occurring. They further stated that the employee has been employed with their Agency since March of 2007 and is one of their best drivers, however this incident will remain in their files in case any other incidents should occur in the future.

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. Carron, Bureau Chief  
Administrative Services

RMC: jym