

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Wells</i>	DATE <i>8-19-09</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101093</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleaved 8/26/09, [Signature]</i> <i>attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>8-28-09</i>
	<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

August 17, 2009

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

DANIEL T. COOPER  
CHAIRMAN, HOUSE WAYS AND MEANS  
COMMITTEE

FRANK W. FUSCO  
EXECUTIVE DIRECTOR

**RECEIVED**

AUG 19 2009

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 #1008543

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 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 • State Fleet Management  
140 Stoneridge Drive, Suite 650 • Columbia, SC 29210-8257  
Tel 803-737-0668 • Fax 803-737-1160

1008543

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: 8/5/2009 Time: est. 3:00 pm AM / PM

Vehicle Identification (if known) License Tag No.: SG92090

Year: 2008 Make: Chevy Model: Uplander

Driver Identification (if known) Name:

Approximate Age: Sex: U Description: female passenger

Location of Incident (such as street, highway, intersection, direction of travel)  
I-20 mile marker 149

Brief Description of Incident (please be specific; attach additional pages as necessary)  
Please see E-mail attached to this form.

☐ 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) 894-3641

Name (please print): Mr. Sam & Mrs. Beverly Jackson, Sr. Fax:

Address: P.O. Box 104 (cell # 803-518-3437)

City: Pellon State: SC ZIP: 29123

## SFPM Use Only

Date of Call Date: 8/17/2009 Time: 10:37am AM / PM Telephone: (803) 737-2095

Received by: Name: Vivian Roberson Signature:

**Roberson, Vivian**

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**From:** Nikki Setzler [NikkiSetzler@scsenate.gov]  
**Sent:** Monday, August 17, 2009 10:37 AM  
**To:** Roberson, Vivian  
**Cc:** 'jacksonss@pbtcmm.net'  
**Subject:** FW: SG 92090

**Importance:** High

108543

Vivian,

As per our conversation, any review or assistance will be greatly appreciated.  
Mr. Jackson can also be reached at 803-518-3437 if needed.

Alisa Painter  
Office of Senator Nikki Setzler  
Suite 510 Gressette Building  
Post Office Box 142  
Columbia, S.C. 29202  
803-212-6140

-----Original Message-----

**From:** jacksonss@pbtcmm.net [mailto:jacksonss@pbtcmm.net]  
**Sent:** Monday, August 10, 2009 8:15 AM  
**To:** Nikki Setzler  
**Subject:** SG 92090  
**Importance:** High

This state vehicle was traveling in excess of 75 mph on 8/5/09 on I-20 mile marker 149 westbound 3:00pm. The driver passed me doing 80 mph while talking on his cell. I pulled up along side & motioned for him to slow down. The lady passenger in front was laughing at our slowdown jester. I then followed driving @ 75 mph but SG 92090 easily pulled away.

I'm 63 years old & have never before made this type of complaint, but this is over the top. I reported this on 8/6/09 but did not get a delivery receipt.

Beverly & Sam Jackson Sr 803-518-3437  
P.O. Box 104 803-894-3641  
Pelion, SC 29123

MVE112NP EI-G EQUIPMENT DETAIL (General Information) 08/17/09  
 MROBERS  
 ===== 13:07:10

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 07/25/2009  
 Recv Date 05222008 Recv Odom 13 Current 11,711  
 Color SLATE Tag Sent PM Schedule B NORMAL SERVICE (VEHI  
 Contact JIMMY LEVER Last PM Done A 03032009 7424  
 \*\*\*\*\* Next PM Due A 03032010 12424  
 Assigned J02 SC DEPARTMENT OF HEA Fuel Type RE UNL REG/ETHANOL  
 Name/Div SUPPORT SERVICES Fuel Card (Curr) 4110072457494250  
 Location CO40 COLUMBIA / RICHLAND (Prev)



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

Mark Sanford  
Governor

Emma Forkner  
Director

August 26, 2009

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


Re: Vehicle complaint on SG92090 - Log #1008543

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 and the need to be more attentive to the highway speed limits. The driver has acknowledged his error, accepted responsibility, and assured management that this will not happen again.

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. Canhen, Bureau Chief  
Administrative Services

RMC: jym

Log # 93 ✓