

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

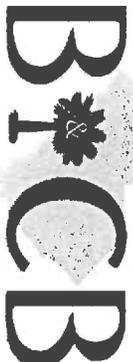
ACTION REFERRAL

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> DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action

APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	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,

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

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

108543

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

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

Importance: High

Vivian,

1028543

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@pbtccomm.net [mailto:jacksonss@pbtccomm.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 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 ✓