## Fiscal Estimate - 2019 Session

| ☑ Original ☐ Updated   | Corrected Supplem   | ental     |
|--|---|-----------|
| LRB Number <b>19-5595/1</b>  | Introduction Number SB-880  |           |
| <b>Description</b> motor vehicle accident reporting requirements and                               | financial responsibility for certain motor vehicle ad                 | ccidents  |
| Fiscal Effect  |   |           |
| Appropriations Revenue Decrease Existing Decrease Appropriations Revenue Create New Appropriations | ase Existing absorb within agency's buc                               |           |
|  | sive Mandatory Towns Village  Se Revenue Counties Others  School WTCS | Cities    |
| Fund Sources Affected  GPR FED PRO PRS S   | Affected Ch. 20 Appropriation SEG SEGS                                | ıs        |
| Agency/Prepared By   | Authorized Signature  | Date      |
| DOT/ Robert Combs (608) 266-1449   | Joan Meier (608) 267-6978   | 3/13/2020 |

# Fiscal Estimate Narratives DOT 3/13/2020

| LRB Number    | 19-5595/1               | Introduction Number    | SB-880             | Estimate Type       | Original         |
|---------------|-------------------------|------------------------|--------------------|---------------------|------------------|
| Description   |                         | ·                      |                    |                     |                  |
| motor vehicle | accident reporting requ | irements and financial | responsibility for | or certain motor ve | ehicle accidents |

#### **Assumptions Used in Arriving at Fiscal Estimate**

Currently the department utilizes a \$1,000 threshold regarding crash reporting and certain requirements for individuals who are required to make deposits of security for past accidents. Increasing that threshold to \$1,500 will not have significant policy or administrative impact on the department.

#### **Long-Range Fiscal Implications**

None.

### **Fiscal Estimate Worksheet - 2019 Session**

Detailed Estimate of Annual Fiscal Effect

| ☑ Original ☐ Updated  | ☐ Corrected                                 | Supplemental        |  |
|---|---|---------------------|--|
| LRB Number 19-5595/1  | Introduction Number                         | SB-880              |  |
| Description motor vehicle accident reporting requiremaccidents                    | ents and financial responsibility for certa | in motor vehicle    |  |
| I. One-time Costs or Revenue Impacts fannualized fiscal effect):                  | for State and/or Local Government (d        | o not include in    |  |
| None.  II. Annualized Costs:  |   |                     |  |
|   | Increased Costs                             | Decreased Costs     |  |
| A. State Costs by Category  |   |                     |  |
| State Operations - Salaries and Fringes   | \$0   | \$                  |  |
| (FTE Position Changes)  |   |                     |  |
| State Operations - Other Costs  |   |                     |  |
| Local Assistance  |   |                     |  |
| Aids to Individuals or Organizations  |   |                     |  |
| TOTAL State Costs by Category   | \$0   | \$                  |  |
| B. State Costs by Source of Funds   |   |                     |  |
| GPR   | 0   |                     |  |
| FED   |   |                     |  |
| PRO/PRS   |   |                     |  |
| SEG/SEG-S   |   |                     |  |
| III. State Revenues - Complete this only (e.g., tax increase, decrease in license |   | ease state revenues |  |
|   | Increased Rev                               | Decreased Rev       |  |
| GPR Taxes   | \$0   | \$                  |  |
| GPR Earned  |   |                     |  |
| FED   |   |                     |  |
| PRO/PRS   |   |                     |  |
| SEG/SEG-S   |   |                     |  |
| TOTAL State Revenues  | \$0   | \$                  |  |
| NET AI  | NNUALIZED FISCAL IMPACT                     |                     |  |
|   | <u>State</u>                                | <u>Loca</u>         |  |
| NET CHANGE IN COSTS   | \$0   | \$                  |  |
| NET CHANGE IN REVENUE   | \$0   | \$                  |  |
| Agency/Prepared By  | Authorized Signature                        | Date                |  |
|   |   |                     |  |
| DOT/ Robert Combs (608) 266-1449  | Joan Meier (608) 267-6978                   | 3/13/2020           |  |