



Governor Kim Reynolds
Lt. Governor Adam Gregg
Adam Steen, Director

Date: March 3, 2022


To: Tammy Hollingsworth, Auditor of State
Victoria Newton, Treasurer of State
Executive Council

From: Mariah Flowers, Fleet Manager
DAS Fleet Services
Department of Administrative Services

Re: ALLOCATION REQUEST - 29C20 Claim for Executive Council Consideration

Vehicle / Event	#348/Deer
Event Date	January 6, 2022
Summary	Vehicle #348 struck a deer. (232244)
Amount Requested	\$9,708.62 - Estimate
Supporting Documentation	29C20 Email Notification, Accident Report, Repair Estimate(s), Photos

If you have any questions or are in need of additional information, please do not hesitate to contact me.

Thank you,


Mariah Flowers, Fleet Manager
DAS Fleet Services
Mariah.Flowers@iowa.gov
515-414-6582



Risk, DAS <das.risk@iowa.gov>

FW: State vehicle damage due to an act of nature/deer.

1 message

Adams Jeannie <jadams@dps.state.ia.us>

Fri, Jan 21, 2022 at 2:47 PM

To: "executivecouncil@tos.iowa.gov" <executivecouncil@tos.iowa.gov>, "tammy.hollingsworth@aos.iowa.gov" <tammy.hollingsworth@aos.iowa.gov>

Cc: "Risk, DAS" <das.risk@iowa.gov>, Guill Bryan <guill@dps.state.ia.us>

All,

Please find attached information that Trp. Ranbarger (#348) hit a deer while on duty today. An estimate will be obtained Monday from a local auto body shop, as soon as I receive it I will forward along.

Thank you

Jeannie Adams

ISP Fleet & Supply, Fleet Asset Manager

Department of Public Safety

30 N.E. 48th Place

Des Moines, Iowa 50313

Direct #: 515-725-0643

Cell Phone: 515-204-3019

Shop: 515-281-3277

Fax: 515-242-6321

Email: jadams@dps.state.ia.us

From: Burns Frank <burns@dps.state.ia.us>**Sent:** Friday, January 21, 2022 1:20 PM**To:** DAS.Risk (DAS.Risk@iowa.gov) <DAS.Risk@iowa.gov>; vehicledamage <vehicledamage@dps.state.ia.us>; post11sup <post11sup@dps.state.ia.us>**Subject:** State vehicle damage due to an act of nature/deer.

Please see the attached items. Trooper Mark Ranbarger #348 hit a deer at 12:10 AM this morning. I am sending this to meet the 24 hour notification requirements for vehicle damage due to an act of nature.

Trooper Ranbarger is scheduled to have an estimate done by Quality Auto Rebuilders in Marion on Monday, 1-24-2022 at 9:00 AM. I will forward that estimate when it is completed.

Thank you,

Frank

★183★

Sergeant Frank J. Burns #183

Iowa State Patrol Post 11

5400 16th Ave SW Cedar Rapids, IA 52404

burns@dps.state.ia.us

Office 319.396.1944

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7 attachments



348 6.jpg
2521K



348 2.jpg
2474K



348 1.jpg
2599K



348 Vehicle-Deer Damage.docx
32K



DOT Form 432037 Line of duty accident.pdf
250K



348 State vehicle damage report 1-21-22.doc
97K



348 crash report.pdf
267K

State Vehicle Damage Report

Attach this completed form to an email along with the items identified below and send to: vehicledamage@dps.state.ia.us ; das.risk@iowa.gov

- One Repair Estimate from Approved State Bid Shop
- DOT MARS Report (if reportable)
- Memo from the Driver of the State Vehicle
- 3-4 photos of the vehicle damage

***Sworn Officers only: Complete a Line of Duty Form #432037 and send to DOT if 10-50 was reportable!!!

STATE VEHICLE: (Mark if Act of Nature ☒) CASE #:

Date: (Month/Day/Year)	01-21-2022	Time: (Time plus a.m./p.m.)	12:10 AM
Vehicle Plate #:	HUG 478	Vehicle Mileage:	66,842
Vehicle Description: (Yr/Make/Model/ & Vin#)	2019 Dodge Charger. VIN# 2C3CDXKT9KH622777		
Assigned To:	Mark Ranbarger	Badge #	348
Driven By:	Mark Ranbarger	Badge #	348
Driver's Lic #:	777 ZZ 6359	Damage:	\$7,000
Vehicle Towed: (Yes / No)	NO	Towed By:	NA
Towed To:	Driven home	Towing Cost:	\$NA
Seat Belt: (Yes / No)	YES	Type of Vehicle: (Marked/Semi /Unmarked)	Unmarked
Injured/Injuries:	Uninjured		
Occupants: (Other than driver)	None		

VEHICLE #2:

DL #:		State:	
Vehicle Lic. #		State:	
Driver's Name:			
Driver's Address:			
Owner's Name:			
Owner's Address:			

Owner's Phone:			
Insurance Info: (Carrier/Policy #/Phone)			
Veh Description: (Yr/Make/Model & Vin#)			
Damage:	\$	Seat Belt: (Yes / No)	
Injured/Injuries:			
Occupants: (Other than driver)			
Occupant(s) Wearing Seat Belt: (Yes/No)			

OTHER INFORMATION:

Witnesses:			
Accident Location: (Street/Hwy)			
County:			
Weather/Road Conditions:			
Property Damage other than Vehicles:	None		
Cost:	\$		
Citations Issued To: (List Charge(s) and Statute Code(s))			

Investigating Officer:	
------------------------	--

VEHICLE #3: (If needed) (For more vehicles, please make extra copies of this portion)

DL #:		State:	
Vehicle Lic. #		State:	
Driver's Name:			
Driver's Address:			
Owner's Name:			

Owner's Address:			
Owner's Phone:			
Insurance Info: (Carrier/Policy #/Phone)			
Veh Description: (Yr/Make/Model & Vin#)			
Damage:	\$	Seat Belt: (Yes / No)	Yes
Injured/Injuries:			
Occupants: (Other than driver)			
Occupant(s) Wearing Seat Belt: (Yes/No)	Yes		

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Law Enforcement Case Number:

2022001818

MAIL REPORTS TO: Iowa Department of Transportation, Office of Driver Services, P.O. Box 9204, Des Moines, Iowa 50306-9204

Date of Accident 01/21/2022		Time of Accident 00:10 Hrs.		County LINN - 57		Accident occurred within corporate limits of (city)										
UNIT 1	Driver's Name - Last RANBARGER						First MARK				Middle EVAN					
	Address 219 S HILLCREST CIR						City CENTER POINT				State IA		Zip 52213			
	Date of Birth 02/20/1981		Driver's License Number 777ZZ6359		CDL Yes <input type="radio"/> No <input checked="" type="radio"/>		Citation Charge 1				Citation Charge 2					
	Male <input checked="" type="radio"/> Female <input type="radio"/>	State IA	Class C	Endorsements	Restrictions	Citation Charge 3				Citation Charge 4						
	Alcohol Test Given: 1		Test Results:		Drug Test Given: 1		Test Result:		Re-exam: Yes <input type="radio"/> No <input checked="" type="radio"/>		Reason for Re-Exam Request:					
	Owner's Name - Last STATE OF IOWA-DPS						First				Middle					
	Address 109 SE 13TH ST.						City DES MOINES				State IA		Zip 50319			
	License Plate No. HUG478		State IA	Year 2023	VIN: 2C3CDXKT9KH622777		Color GRY		Year 2019	Make DODG	Model CHARGER POLI	Style SEDAN				
	Trailer Plate No.		State	Year	VIN:		Tow 1	Tow #		Towed To		Approx. Cost to Repair or Replace \$7,000.00				
	Insurance Company Name ST. PAUL						Insurance Co. Phone Number				Insurance Policy Number STATE OF IOWA-SELF					
Initial Travel Direction		Veh. Act.	Veh. Config. 01	Cargo Body Type 01		Veh. Defect	Point of Initial Impact		Most Damaged Area		Extent of Damage		Total Occ. in Veh. 1			
Special Veh. Func.		Emergency Status		Bus Use	Driver Condition		Vision Obscured		Contributing Circumstances Driver (up to two) 88		Driver Distractions 02		Speed Limit			
Traffic Controls		Horizontal Alignment		Vertical Alignment		SEQUENCE OF EVENTS		First Event		Second Event		Third Event		Fourth Event	Most Harmful Event	
COMMERCIAL	Carrier Name/Lessee															
	Street Address						City				State		Zip Code			
	Number of Axles		Gross Vehicle Weight Rating				US DOT Number		MC Number		Underride/Override					
	Haz Mat Involvement		Haz Mat Placard		Placard Number		Haz. Mat Released		Haz Mat Class		Haz Mat Name					
	Trailer Plate:		State	Year	VIN		Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Ejection Path	Trapped/extricated	Source of Transport	Died at scene/enroute
	Trailer Plate:		State	Year	VIN											
Converter Dolly		Dolly Plate:		State	Plate Year	VIN										
PERSONS INVOLVED	DRIVER OF UNIT 1						Phone Number: (319) 396-1944									
	Transported to:						Transported by:									
	Name				Phone Number				DOB:							
	Address				Transported to:				Transported by:							
	Name				Phone Number				DOB:							
	Address				Transported to:				Transported by:							
	Name				Phone Number				DOB:							
	Address				Transported to:				Transported by:							
	Name				Phone Number				DOB:							
	Address				Transported to:				Transported by:							

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

MAIL REPORTS TO: Iowa Department of Transportation, Office of Driver Services, P.O. Box 9204, Des Moines, Iowa 50306-9204

Law Enforcement Case Number:

2022001818

L O C A T I O N	Date of Accident 01/21/2022	Time of Accident 00:10 Hrs.	County LINN - 57	Accident occurred within corporate limits of (city)		Legal Intervention? <input type="checkbox"/> Private Property? <input type="checkbox"/>		
	Literal Description LEWIS ACCESS RD NB JUST NORTH OF CEDAR HEIGHTS RD.					County: 57 Route: _____		
	If accident occurred outside of city limits show general vicinity <div style="display: flex; justify-content: space-around; align-items: center;"> NNEESESSWWNW </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/> </div> of nearest city					X Coordinate: 599007.687		
	On Road, Street or Highway:			At Intersection with:			Y Coordinate: 4668904	
	Note: Unless accident occurred at an intersection which is completely described above, use the space below to give the exact location from a milepost or definable intersection, bridge, or railroad crossing, using two distances and directions if necessary. of					If Divided Highway, Provide Route (Cardinal) Travel Direction		
<div style="display: flex; justify-content: space-around; align-items: center;"> NNEESESSWWNW </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/> </div> and <div style="display: flex; justify-content: space-around; align-items: center;"> NNEESESSWWNW </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/> </div>					<div style="display: flex; justify-content: space-around; align-items: center;"> NBSBEBWB </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/> </div>			
Milepost Number		Definable intersection, bridge, or railroad crossing						

ACCIDENT ENVIRONMENT				ROADWAY CHARACTERISTICS																									
Location of First Harmful Event		Weather Conditions (up to two)		Major Contributing Circumstances Environment				Sex		Struck by Unit No.		Injury Status		Non-Motorist Type		Location (prior to impact)		Action (prior to crash)		Condition		Safety Equipment		Contributing Circumstances		Source of Transport		Died at scene/enroute	
Manner of Crash/Collision		Surface Conditions		Roadway																									
Light Conditions				Type of Roadway Junction/Feature																									
First Harmful Event (Crash)	WORKZONE RELATED?	Yes	No	Activity	Location	Type	Workers Present																						
31		<input type="radio"/>	<input type="radio"/>																										

N O N M O T O R I S T S	Name 001			Phone Number			DOB:			Sex		Struck by Unit No.		Injury Status		Non-Motorist Type		Location (prior to impact)		Action (prior to crash)		Condition		Safety Equipment		Contributing Circumstances		Source of Transport		Died at scene/enroute														
	Address:						Alcohol Test Given																									Test Results:			Drug Test Given			Result			Charged		Yes No	
	Transported to:						Transported by:																									<input type="radio"/>		<input type="radio"/>										
	Name			Phone Number			DOB:			Sex		Struck by Unit No.		Injury Status		Non-Motorist Type		Location (prior to impact)		Action (prior to crash)		Condition		Safety Equipment		Contributing Circumstances		Source of Transport		Died at scene/enroute														
	Address:						Alcohol Test Given																									Test Results:			Drug Test Given			Result			Charged		Yes No	
Transported to:						Transported by:																										<input type="radio"/>		<input type="radio"/>										

N P R O P E R T Y U N I T D A M A G E	If Property other than vehicles damaged explain		Object Damaged										Estimate of Damage				
	Owner's Last Name			First Name			Middle Name			Phone Number							
	Address			City			State			Zip Code			Was owner or tenant notified? 1 = Yes 2 = No 9 = Unknown				
	If Property other than vehicles damaged explain		Object Damaged										Estimate of Damage				
	Owner's Last Name			First Name			Middle Name			Phone Number							
Address			City			State			Zip Code			Was owner or tenant notified? 1 = Yes 2 = No 9 = Unknown					

W I T N E S S	Last Name		First Name		Address		City		State		Zip Code		Phone Number	
	Last Name		First Name		Address		City		State		Zip Code		Phone Number	
	Last Name		First Name		Address		City		State		Zip Code		Phone Number	
	Last Name		First Name		Address		City		State		Zip Code		Phone Number	
	Last Name		First Name		Address		City		State		Zip Code		Phone Number	

Is This a Secondary Crash? Y <input type="radio"/> N <input checked="" type="radio"/>		Type of Primary Incident				Roadway Clearance Date 01/21/2022		Incident Clearance Date 01/21/2022	
Signature of Officer SERGEANT F BURNS		Badge Number 183		Time Officer Notified of Accident 00:10 Hrs.		Roadway Clearance Time 00:10 Hrs.		Incident Clearance Time 00:10 Hrs.	
Name of Agency IOWA STATE PATROL - DIST 11		Date of Report 01/21/2022		Time Officer Arrived At Scene 00:10 Hrs.		Total Roadway Clearance Time 000:00		Total Incident Clearance Time 000:00	
Report Reviewed By		Date of Review		Investigation made at scene? Y <input type="radio"/> N <input checked="" type="radio"/>		T.I. No.		Other Technical Investigating Agency	

INVESTIGATING OFFICER'S REPORT
OF MOTOR VEHICLE ACCIDENT

Sheet 3 of 3

Form 4433003 (11-13)

Law Enforcement Case Number:

2022001818

MAIL REPORTS TO: Iowa Department of Transportation, Office of Driver Services, P.O. Box 9204, Des Moines, Iowa 50306-9204

D
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M



Lewis Access Road. Just north of
Cedar Heights Road.
Not to scale*



N
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E

Unit 1, an unmarked Iowa State Patrol cruiser, was traveling north on Lewis Access Road when it was struck on the passenger side by a deer attempting to cross the roadway.

Unit 1 was able to be driven from the scene, and the driver was uninjured.

Date: 2/16/2022 04:14 PM
 Estimate ID: 2332010039
 Estimate Version: 2
 Supplement: 2 (F F) 2/16/2022 04:11:15 PM
 Profile ID: * IA

Property Damage Appraisers (PDA Bettendorf)

P.O. Box 248, Bettendorf, IA 52722
 (563) 355-2805
 Fax: (563) 888-1405
 Email: pdabettendorf@pdaorg.net

* Not An Authorization For Repair *
 Read Disclaimers Following Appraisal Calculations.

Damage Assessed By: Logan McDaniel
 Supplemented By: Logan McDaniel
 Classification: Field

Appraised For: JESSICA HACKBARTH

Condition Code: Good
 Date of Loss: 1/25/2022
 Contact Date: 1/25/2022
 Deductible: 0.00
 File Number: 2332010039
 Claim Number: APDSOI0232244-001

Type of Loss: Collision
 Arrival Date: 1/25/2022
 Date Assigned: 1/25/2022

Insured: State of Iowa Patrol
 Owner: State of Iowa Patrol
 Address: 5400 16th Ave SW, Cedar Rapids, IA 52404
 Telephone: Work Phone: (319) 396-1944

Mitchell Service: 911667

Description: 2019 Dodge Charger Police
 Body Style: 4D Sed
 VIN: 2C3CDXKT9KH622777
 Mileage: 66,884
 OEM/ALT: A

Vehicle Production Date: 3/19
 Drive Train: 5.7L Inj 8 Cyl 5A AWD
 License: HUG 478 IA

Parts Profile: Bettendorf
 Color: GRAY

Parts Profile Version: 2

Options: PASSENGER AIRBAG, POWER LOCK, POWER WINDOW, POWER STEERING, POWER BRAKE
 CRUISE CONTROL, TILT STEERING COLUMN, FM RADIO, ANTI-LOCK BRAKE SYS.
 ALUM/ALLOY WHEELS, TIRE INFLATION/PRESSURE MONITOR, CD PLAYER
 AUTO AIR CONDITION

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/Part Number	Dollar Amount	Labor Units
1	100387	BDY	OVERHAUL	Frt Bumper Cover Assy			4.0 #
2	102899	BDY	REMOVE/REPLACE	Frt Bumper Cover	** QRP Certified	629.00	INC #
3	AUTO	REF	REFINISH	Frt Bumper Cover			C 2.7 #
4				Line Discount %10.00		62.90-	
5	100377	BDY	REMOVE/INSTALL	R Front Combination Lamp			0.4 #
6	AUTO	BDY	REMOVE/INSTALL	Frt Bumper Cover			INC #
7	100718	BDY	REMOVE/REPLACE	R Front Side Marker Lamp Assembly	** QUAL REPL PART	34.00	INC #
8				Line Discount %10.00		3.40-	
S1 9	100013	BDY	REMOVE/INSTALL	Hood Assy			0.8 #
S1 10	100559	BDY	REPAIR	Hood Panel (Alum)	Existing		8.0*
S1 11		REF	REFINISH/REPAIR	Hood Panel (Alum)			C 2.7*
12				MODIFIED REFINISH WITH FULL CLEAR COAT			
S1 13	102478	BDY	REMOVE/INSTALL	Hood Insulator	Existing		INC r
S1 14	100379	REF	BLEND	L Fender Outside			C 0.8
15	101042	BDY	REMOVE/REPLACE	R Fender Panel	** QRP Certified	278.00	0.9 #
16	AUTO	REF	REFINISH	R Fender Outside			C 2.0
17	AUTO	REF	REFINISH	R Add To Edge Fender			C 0.5
18				Line Discount %10.00		27.80-	
S1 19	102438	BDY	REMOVE/REPLACE	R Fender Splash Shield	68205936AH	127.00	INC
S1 20				Line Discount %10.00		12.70-	

This estimate has been re-calculated with a modified profile.

ESTIMATE RECALL NUMBER: 01/26/2022 11:53:41 2332010039

Mitchell Data Version: OEM: JAN_22_V

Alternate Parts: 02/16/2022 16:06:51

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Software Version: 7.1.242

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Date: 2/16/2022 04:14 PM
 Estimate ID: 2332010039
 Estimate Version: 2
 Supplement: 2 (F F) 2/16/2022 04:11:15 PM
 Profile ID: * IA

S1 21	101240	GLS	REMOVE/REPLACE	W/Shield Glass	** QUAL REPL PART	454.57	2.7	#
S1 22				Line Discount %10.00		45.46-		
S1 23	104017	BDY	REMOVE/REPLACE	L W/Shield Sun Visor Holder	ORDER FROM DEALER	26.20		
S1 24				Line Discount %10.00		2.62-		
S1 25	101273	REF	REFINISH	R Door Opening Panel Complete			C	3.8
S2 26	931127	MCH	ADD'L LABOR OP	Pre Repair Scan	Sublet	119.95	*	0.5*
S2 27	931128	MCH	ADD'L LABOR OP	Post Repair Scan	Sublet	50.00	*	0.5*
28	101277	REF	BLEND	R Hinge Pillar			C	0.6
S1 29	101303	BDY	REPAIR	R Door Opening Panel	Existing			2.5* #
30	102049	BDY	REMOVE/INSTALL	R Rocker Moulding				INC
S1 31	102050	BDY	REMOVE/INSTALL	L Rocker Moulding				0.4
S1 32	101389	BDY	REMOVE/REPLACE	R Rocker Moulding Retainer 5@7.00	6509049AA	35.00		
S1 33				Line Discount %10.00		3.50-		
34	101424	BDY	REMOVE/REPLACE	R Frt Door Shell (Steel/HSS)	68268054AC	1,090.00	5.0	#
35	AUTO	REF	REFINISH	R Frt Door Outside			C	1.9
36	AUTO	REF	REFINISH	R Frt Add For Jambs & Interior			C	1.0
37				Line Discount %10.00		109.00-		
S1 38	900500	BDY *	ADD'L LABOR OP	Seam Seal New Door	Existing			0.5*
S1 39	102091	BDY	REMOVE/INSTALL	R Frt Otr Door Belt Moulding				INC #
40	102613	BDY	REMOVE/REPLACE	R Frt Door Rear View Mirror	** QUAL REPL PART	585.00		INC #
41	AUTO	BDY	REMOVE/INSTALL	R Frt Door Trim Panel				INC
42				Line Discount %10.00		58.50-		
S1 43	101469	BDY	REMOVE/REPLACE	R Frt Door Applique	57010426AE	107.00	INC	#
S1 44				Line Discount %10.00		10.70-		
S1 45	101637	BDY	REMOVE/REPLACE	R Frt Door Frt Weatherstrip	68040048AC	40.10	INC	
S1 46				Line Discount %10.00		4.01-		
47	101098	GLS	REMOVE/REPLACE	R Frt Door Moveable Glass	** QUAL REPL PART	262.08	INC	
48				Line Discount %10.00		26.21-		
49	100730	BDY	REMOVE/REPLACE	R Rear Door Shell (Steel/HSS)	68089372AE	1,130.00	5.0	#
50	AUTO	REF	REFINISH	R Rear Door Outside			C	1.8
51	AUTO	REF	REFINISH	R Rear Add For Jambs & Interior			C	1.0
52				Line Discount %10.00		113.00-		
S1 53	900500	BDY *	ADD'L LABOR OP	Seam Seal New Door	Existing	0.00	0.5*	
S1 54	100739	BDY	REMOVE/REPLACE	R Rear Up Door Adhesive Moulding	57010506AN	123.00	0.1	
S1 55				Line Discount %10.00		12.30-		
S1 56	100741	BDY	REMOVE/REPLACE	R Rear Door Applique	57010428AD	95.80	INC	#
S1 57	AUTO	BDY	REMOVE/INSTALL	R Rear Otr Door Belt Moulding				INC
S1 58				Line Discount %10.00		9.58-		
S1 59	100290	BDY	REPAIR	R Quarter Outer Panel	Existing			0.5* #
S1 60		REF	REFINISH/REPAIR	R Quarter Outer Panel			C	1.9*
61				MODIFIED REFINISH WITH FULL CLEAR COAT				
62	102843	BDY	REMOVE/INSTALL	R Quarter Shield	Existing		0.4	r
63	100462	BDY	REMOVE/INSTALL	R Rear Combination Lamp				INC #
64	100894	BDY	REMOVE/INSTALL	Rear Bumper Cover				1.6 #
65	936012		ADD'L COST	Hazardous Waste Disposal		4.00	*	
66	936014		ADD'L COST	Flex Additive		6.00	*	
67	933002	REF	ADD'L OPR	Clear Coat				2.5*
S1 68	900500	BDY *	ADD'L LABOR OP	Clean & Retape Molding	Existing	0.00	0.3*	
69	933018	REF	ADD'L OPR	Mask For Overspray		5.00	*	0.3*
70	AUTO		ADD'L COST	Paint/Materials		1,020.80	*	

* - Judgment Item
 # - Labor Note Applies
 ** QRP Certified - Quality Replacement Parts - Certified
 ** QUAL REPL PART - Quality Replacement Parts
 C - Included in Clear Coat Calc
 r - CEG R&R Time Used For This Labor Operation

This estimate has been re-calculated with a modified profile.

ESTIMATE RECALL NUMBER: 01/26/2022 11:53:41 2332010039

Mitchell Data Version: OEM: JAN_22_V

Alternate Parts: 02/16/2022 16:06:51

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Software Version: 7.1.242

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Date: 2/16/2022 04:14 PM
 Estimate ID: 2332010039
 Estimate Version: 2
 Supplement: 2 (F F) 2/16/2022 04:11:15 PM
 Profile ID: * IA

KEYSTONE-INS QUALITY PRT
 4725 44TH ST.
 MOLINE
 IL 61265
 (309) 517-2450 (800) 233-0518

40 ** CH1321452 585.00

SAFELITE PDA (B) PDA
 2400 FARMER DR.
 PRICING TYPE B
 COLUMBUS
 OH 43235
 (888) 800-4527

21 ** DW02175GTY 454.57
 47 ** DD11926GTY 262.08

KEYSTONE KEYSIQ
 2400 KERPER BLVD.
 STE. E100A
 DUBUQUE
 IA 52004
 (319) 566-5030 (800) 747-2500

2 ** CH1000A24C 629.00

KEYSTONE KEYSIQ
 810 SE CORP WOODS DR.
 STE. 120
 ANKENY
 IA 50021
 (800) 845-1515 (515) 727-7857

7 ** CH2551133C 34.00

KEYSTONE-INS QUALITY PRT
 810 SE CORP WOODS DR.
 STE. 120
 ANKENY
 IA 50021
 (800) 845-1515 (515) 727-7857

15 ** CH1241282C 278.00

Estimate Totals

I. Labor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals	II. Part Replacement Summary	Amount
Body	30.9	68.00	0.00	0.00	2,101.20 T	Taxable Parts	5,016.75
Refinish	23.5	68.00	5.00	0.00	1,603.00 T	Parts Adjustments	501.68-
Glass	2.7	68.00	0.00	0.00	183.60 T		
Mechanical	1.0	105.00	0.00	169.95	274.95 T	Total Replacement Parts Amount	4,515.07
Taxable Labor					4,162.75		
Labor Summary	58.1				4,162.75		
III. Additional Costs						IV. Adjustments	Amount
Taxable Costs						Insurance Deductible	0.00
Non-Taxable Costs						Customer Responsibility	0.00
Total Additional Costs							
					1,030.80		
Paint Material Method: Rates Init Rate = 44.00 , Init Max Hours = 99.9, Addl Rate = 0.00							
						I. Total Labor:	4,162.75
						II. Total Replacement Parts:	4,515.07
						III. Total Additional Costs:	1,030.80
						Gross Total:	9,708.62
						IV. Total Adjustments:	0.00
						Net Total:	9,708.62
						Less Original Net Total:	6,499.07
						Net Supplement Amount:	3,209.55
						S1: Logan McDaniel	2,934.60
						S2: Logan McDaniel	274.95

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF AFTERMARKET CRASH PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. ANY WARRANTIES APPLICABLE TO THESE REPLACEMENT PARTS ARE PROVIDED BY THE MANUFACTURER OR DISTRIBUTOR OF THESE PARTS RATHER THAN THE MANUFACTURER OF YOUR VEHICLE.

This estimate has been re-calculated with a modified profile.

ESTIMATE RECALL NUMBER: 01/26/2022 11:53:41 2332010039

Mitchell Data Version: OEM: JAN_22_V

Alternate Parts: 02/16/2022 16:06:51

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