



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

Date: September 8, 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	#246/Deer
Event Date	March 17, 2022
Summary	Vehicle #246 struck a deer. (235205)
Amount Requested	\$7,980.90 - 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: 246 damage

1 message

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

Wed, Mar 23, 2022 at 8:18 AM

To: "executivecouncil@tos.iowa.gov" <executivecouncil@tos.iowa.gov>, Tammy Hollingsworth

<Tammy.Hollingsworth@aos.iowa.gov>

Cc: "Risk, DAS (das.risk@iowa.gov)" <das.risk@iowa.gov>

All

Attached is a follow up to 246's accident on 3-17-2022. While on active duty Trooper Missman(#246) hit a deer. Please let me know if you have any questions.

Than 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<mailto:jadams@dps.state.ia.us>

[jobs]<<https://dps.iowa.gov/divisions/administrative-services/dps-careers/47th-basic-academy>>

From: Morenz Neil <morenz@dps.state.ia.us>

Sent: Tuesday, March 22, 2022 6:31 PM

To: vehicledamage <vehicledamage@dps.state.ia.us>; DAS.Risk@iowa.gov

Cc: Smidt Aaron <smidt@dps.state.ia.us>; Niles Wesley <niles@dps.state.ia.us>

Subject: 246 damage

Trooper Missman vehicle damage

Sgt. Neil Morenz *230*
Iowa State Patrol District 7
Assistant District Commander
Crisis Negotiator
2437 235th St.
Fort Dodge, Iowa 50501
515-972-4213
morenz@dps.state.ia.us<mailto:rsteinka@dps.state.ia.us>

CARRY ON!.....Pastor AI

[cid:image002.jpg@01D5D02F.D496A360]

10 attachments

IMG_1910.JPG
3619K



IMG_1911.JPG
4196K



IMG_1912.JPG
4166K



IMG_1909.JPG
3769K



image001.gif
1K



image002.jpg
4K

image003.png
92K



 **MARS_Unit_Report-2022007196.pdf**
46K

 **246 State Vehicle Damage Report1.0.Form.doc**
95K

 **estimate 246.pdf**
177K

State Vehicle Damage Report

Attach this completed form to an email along with the items identified below and send to: **DPS – Vehicle Damage; DAS – Risk**

- 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 #: 2022007196

Date: <small>(Month/Day/Year)</small>	3/17/2022	Time: <small>(Time plus a.m./p.m.)</small>	9:32 p.m.
Vehicle Plate #:	246	Vehicle Mileage:	
Vehicle Description: <small>(Yr/Make/Model/ & Vin#)</small>	2021 Dodge Charger 2C3CDXKGZMH650376		
Assigned To:	Missman	Badge #	246
Driven By:	Missman	Badge #	246
Driver's Lic #:	950ZZ1989	Damage:	\$
Vehicle Towed: <small>(Yes / No)</small>	No	Towed By:	
Towed To:		Towing Cost:	\$
Seat Belt: <small>(Yes / No)</small>	Yes	Type of Vehicle: <small>(Marked/Semi /Unmarked)</small>	Unmarked
Injured/Injuries:	No		
Occupants: <small>(Other than driver)</small>			

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)	No
Injured/Injuries:			
Occupants: (Other than driver)			
Occupant(s) Wearing Seat Belt: (Yes/No)	Yes		

OTHER INFORMATION:

Witnesses:			
Accident Location: (Street/Hwy)	US 169 1/3 n of 180 th St NB		
County:	Kossuth		
Weather/Road Conditions:	clear/dry		
Narrative: Unit one a patrol car was traveling north on Highway 169. A deer came from the west ditch running east. The patrol car struck the deer causing damage to the front driver's side.			
Property Damage other than Vehicles:			
Cost:	\$		
Citations Issued To: (List Charge(s) and Statute Code(s))			

Investigating Officer:	Sgt Wes Niles
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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:

2022007196

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

Date of Accident 03/17/2022		Time of Accident 21:32 Hrs.		County KOSSUTH - 55		Accident occurred within corporate limits of (city)																								
UNIT 1	Driver's Name - Last MISSMAN					First JOSHUA					Middle TODD																			
	Address 2004 200TH AVE					City ALGONA					State IA		Zip 50511-0000																	
	Date of Birth 10/09/1986		Driver's License Number 950ZZ1989			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 A	Endorsements	Restrictions K	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 type="radio"/>		Reason for Re-Exam Request:																			
	Owner's Name - Last STATE OF IOWA					First					Middle																			
	Address 2437 235TH ST					City FORT DODGE					State IA		Zip 50501																	
	License Plate No. 246		State IA	Year 2022	VIN: 2C3CDXKG2MH650376			Color GRY		Year 2021	Make DODG	Model CHARGER	Style POLICE																	
	Trailer Plate No.		State	Year	VIN:			Tow 1	Tow #		Towed To		Approx. Cost to Repair or Replace \$5,000.00																	
	Insurance Company Name SELF INSURED- STATE OF IOWA					Insurance Co. Phone Number					Insurance Policy Number																			
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. 01																	
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: (641) 863-0165					Sex		Seating Position		Injury Status		Occupant Protection		Airbag Deployment		Ejection		Ejection Path		Trapped/extricated		Source of Transport		Died at scene/enroute	
						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:																			

Law Enforcement Case Number:
2022007196

L O C A T I O N	Date of Accident 03/17/2022	Time of Accident 21:32 Hrs.	County KOSSUTH - 55	Accident occurred within corporate limits of (city)										Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>																																																																																			
	Literal Description US 169 N 1/3 MILE N OF 180TH NB												County: 55		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: 399988.281																																																																																					
	On Road, Street or Highway:						At Intersection with:						Y Coordinate: 4764584.5																																																																																					
	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;"> NBSBEBWB </div> <div style="display: flex; justify-content: space-around;"> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> </div>																																																																																			
<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>																																																																																																		
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																																																																																				
Manner of Crash/Collision														Roadway																																																																																				
Light Conditions Surface Conditions														Type of Roadway Junction/Feature																																																																																				
														FRA No.																																																																																				
First Harmful Event (Crash)														Sex																																																																																				
31														Struck by Unit No.																																																																																				
WORKZONE RELATED? <input type="radio"/> Yes <input type="radio"/> No														Injury Status																																																																																				
Activity														Non-Motorist Type																																																																																				
Location														Location (prior to impact)																																																																																				
Type														Action (prior to crash)																																																																																				
Workers Present														Condition																																																																																				
														Safety Equipment																																																																																				
														Contributing Circumstances																																																																																				
														Source of Transport																																																																																				
														Died at scene/enroute																																																																																				
N O N M O T O R I S T S	Name 001														Phone Number														DOB:																																																																					
	Address:														Alcohol Test Given														Test Results:														Drug Test Given														Result														Charged														Yes No													
	Transported to:														Transported by:																																																																																			
	Name														Phone Number														DOB:																																																																					
	Address:														Alcohol Test Given														Test Results:														Drug Test Given														Result														Charged														Yes No													
Transported to:														Transported by:																																																																																				
N P R O P E R T Y C Y U L D A M R G	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													
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	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 03/17/2022														Incident Clearance Date 03/17/2022																																																								
Signature of Officer SERGEANT W NILES														Badge Number 158														Time Officer Notified of Accident 21:32 Hrs.														Roadway Clearance Time 21:32 Hrs.														Incident Clearance Time 22:15 Hrs.																																										
Name of Agency IOWA STATE PATROL - DIST 07														Date of Report 03/17/2022														Time Officer Arrived At Scene 21:52 Hrs.														Total Roadway Clearance Time 000:00														Total Incident Clearance Time 000:43																																										
Report Reviewed By N MORENZ														Date of Review 03/18/2022														Investigation made at scene? Y <input checked="" type="radio"/> N <input type="radio"/>														T.I. No.														Other Technical Investigating Agency																																										

INVESTIGATING OFFICER'S REPORT
OF MOTOR VEHICLE ACCIDENT

Form 4433003 (11-13)

Sheet 3 of 3

Law Enforcement Case Number:

2022007196

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

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Unit one a patrol car was traveling north on Highway 169. A deer came from the west ditch running east. The patrol car struck the deer causing damage to the front driver's side.

**Abra - Fort Dodge**

2723 - 5th Ave. S., Fort Dodge, IA 50501
Phone: (515) 576-5645
FAX: (515) 955-5466

Workfile ID: 5cd62fe5
Federal ID: 421460937

Final Bill**RO Number: 15062**

Customer: iowa state patrol jjg770 Insurance: creative risk vehicle 246 Adjuster: Phone: Claim: APDSO10235205-001 Loss Date: Deductible: Estimator: William Kiley Create Date: 3/18/2022
(641) 863-0165

2021 DODG Charger Police AWD (Fleet) 4D SED 6-3.6L Gasoline Sequential MPI gray

VIN: 2C3CDXKG2MH650376 Interior Color: Mileage In: 2,590 Vehicle Out:
License: JJG Exterior Color: gray Mileage Out:
State: IA Production Date: 10/2021 Condition: Job #:

Line	Ver	Operation	Description	Qty	Extended Price \$	Part Type	Labor	Type	Paint
1	E01		FRONT BUMPER						
2	E01	Remove/Replace	O/H front bumper				3.4	Body	
3	E01	Remove/Replace	Bumper cover	1	769.00	OEM	0.0	Body	3.4
4	E01		Add for Clear Coat						1.4
5	E01		Add for Two Tone						1.4
6	E01	Remove/Install	Lower grille w/adaptive cruise				0.0	Body	
7	E01	Remove/Replace	LT Bumper bracket	1	32.75	OEM	0.1	Body	
8	E01	Remove/Replace	LT Support outer	1	9.25	OEM	0.0	Body	
9	E01	Remove/Replace	LT Support inner	1	32.75	OEM	0.0	Body	
10	E01	Remove/Replace	Closure panel	1	185.00	OEM	0.0	Body	
11	E01	Remove/Replace	Energy absorber	1	106.00	OEM	0.0	Body	
12	E01		GRILLE						
13	E01	Remove/Replace	Upper grille black crossbars	1	382.00	OEM	0.0	Body	
14	E01	Remove/Replace	Nameplate "DODGE" black	1	75.85	OEM	0.0	Body	
15	E01		FRONT LAMPS						
16	E01	Remove/Replace	LT Headlamp assy HID	1	984.00	OEM	0.4	Body	
17	E01	Remove/Install	RT R&I headlamp assy				0.3	Body	
18	E01		RADIATOR SUPPORT						
19	E01	Remove/Replace	Radiator support	1	325.00	OEM	1.0	Body	1.0
20	E01	Remove/Replace	Evacuate & recharge				1.4	Body	
21	E01	Remove/Replace	Refrigerant recovery				0.4	Body	
22	E01	Remove/Replace	Aim headlamps				0.5	Body	
23	E01	Remove/Replace	LT Mount bracket	1	14.60	OEM	0.5	Body	
24	E01	Remove/Replace	LT Air guide 1-piece guide all	1	25.40	OEM	0.1	Body	

T = Taxable Item, RPD = Related Prior Damage, AA = Appearance Allowance, UPD = Unrelated Prior Damage, PDR = Paintless Dent Repair, A/M = Aftermarket, Rechr = Rechromed, Reman = Remanufactured, OEM = New Original Equipment Manufacturer, Recor = Re-cored, RECOND = Reconditioned, LKQ = Like Kind Quality or Used, Diag = Diagnostic, Elec = Electrical, Mech = Mechanical, Ref = Refinish, Struc = Structural

Final Bill

RO Number: 15062

2021 DODG Charger Police AWD (Fleet) 4D SED 6-3.6L Gasoline Sequential MPI gray

25	E01		COOLING						
26	E01	Remove/Replace	LT Upper insulator	1	25.40	OEM			
27	E01	Remove/Replace	RT Upper insulator	1	25.40	OEM			
28	E01		HOOD						
29	E01	Remove/Replace	Hood (ALU)	1	1,205.00	OEM	1.5	Body	3.0
30	E01		Overlap Major Non-Adj. Panel						(0.2)
31	E01		Add for Clear Coat						0.6
32	E01		Add for Underside(Complete)						1.5
33	E01		Add for Clear Coat						0.3
34	E01		FENDER						
35	E01	Remove/Replace	LT Fender w/o wide body	1	348.00	OEM	1.6	Body	2.0
36	E01		Overlap Major Adj. Panel						(0.4)
37	E01		Add for Clear Coat						0.3
38	E01		Add for Edging						0.5
39	E01		Add for Clear Coat						0.1
40	E01	Remove/Install	RT R&I fender assy				1.5	Body	
41	E01	Blend	RT Fender w/o wide body						1.0
42	E01		ENGINE						
43	E01	Remove/Replace	Air cleaner assy w/police	1	309.00	OEM	0.5	Body	
44	E01	Remove/Replace	Shield	1	45.45	OEM	0.2	Body	
45	E01		FRONT DOOR						
46	E01	Repair	LT Door shell (HSS)				1.0	Body	2.1
47	E01		Overlap Major Adj. Panel						(0.4)
48	E01		Add for Clear Coat						0.3
49	E01	Remove/Install	LT Belt w'strip				0.3	Body	
50	E01	Remove/Install	LT Power mirror w/o heat, w/o memory, w/o blind spot blue				0.5	Body	
51	E01	Remove/Install	LT Handle, outside black				0.4	Body	
52	E01	Remove/Install	LT R&I trim panel				0.5	Body	
53	E01		Hazardous waste removal	1	5.00	Other			
54	E01	Remove/Replace	Cover Car	1	5.00	Other			
55	E01	Remove/Replace	Corrosion Protection	1	5.00	Other			
56	E01	Remove/Replace	Flex Additive/Adhesion Promoter	1	8.50	Other			
57	E01	Sublet	alignment check	1	29.95	Other			
58	E01		pre scan				0.5	Body	
59	E01		post scan				0.5	Body	

Estimate Totals	Discount \$	Markup \$	Rate \$	Total Hours	Total \$
Parts					4,923.35
Sublet/Miscellaneous					29.95
Labor, Body			64.00	17.1	1,094.40
Labor, Refinish			64.00	17.9	1,145.60
Material, Paint					787.60

T = Taxable Item, RPD = Related Prior Damage, AA = Appearance Allowance, UPD = Unrelated Prior Damage, PDR = Paintless Dent Repair, A/M = Aftermarket, Rechr = Rechromed, Reman = Remanufactured, OEM = New Original Equipment Manufacturer, Recor = Re-cored, RECOND = Reconditioned, LKQ = Like Kind Quality or Used, Diag = Diagnostic, Elec = Electrical, Mech = Mechanical, Ref = Refinish, Struc = Structural

Final Bill

RO Number: 15062

2021 DODG Charger Police AWD (Fleet) 4D SED 6-3.6L Gasoline Sequential MPI gray

Subtotal	7,980.90
Sales Tax	0.00
Grand Total	7,980.90
Net Total	7,980.90

Estimate Version	Total \$
Original	7,980.90

Insurance Total \$:	7,980.90
Received from Insurance \$:	0.00
Balance due from Insurance \$:	7,980.90
Customer Total \$:	0.00
Received from Customer \$:	0.00
Balance due from Customer \$:	0.00

T = Taxable Item, RPD = Related Prior Damage, AA = Appearance Allowance, UPD = Unrelated Prior Damage, PDR = Paintless Dent Repair, A/M = Aftermarket, Rechr = Rechromed, Reman = Remanufactured, OEM = New Original Equipment Manufacturer, Recor = Re-cored, RECOND = Reconditioned, LKQ = Like Kind Quality or Used, Diag = Diagnostic, Elec = Electrical, Mech = Mechanical, Ref = Refinish, Struc = Structural