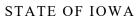
OFFICE OF AUDITOR OF STATE





Rob Sand Auditor of State

State Capitol Building
Des Moines, Iowa 50319-0004
Telephone (515) 281-5834

October 14, 2025

Kristi Onstot Executive Council L O C A L

Subject: Hail Damage to Vehicle #105552 on September 16, 2025

Department of Administrative Services Claim dated September 19, 2025

AOS Claim ID: 4174

In accordance with Executive Council policy, we have examined the claim for 29C.20 funds for the above-mentioned damage. It is our conclusion that the above damage incurred by the Department of Administrative Services is covered by Chapter 29C.20 of the Code of Iowa. Therefore, we recommend an Executive Council allocation in the amount of \$3,758.83, subject to an audit of actual invoices.

Sincerely,

Brian R. Brustkern, CPA

Bri R. Briss

Deputy Auditor of State

CC: Kyle Wear, Fleet Services CFO, Department of Administrative Services Ryan Betts, Fleet Services Risk Program Manager, Department of Administrative Services

Heather Hackbarth, Department of Management

KIM REYNOLDS, GOVERNOR CHRIS COURNOYER, LT. GOVERNOR ADAM STEEN, DIRECTOR

Date: September 19, 2025

To: Tammy Hollingsworth, Auditor of State

Victoria Newton, Treasurer of State

Executive Council

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

Vehicle / Event	#105552 / Hail
Event Date	September 16, 2025
Summary	Vehicle 105552 - sustained hail damage (Claim # 318563)
Amount Requested \$3,758.83 TOTAL (sales tax removed)	
Supporting Documentation	29C20 Email Notification, Accident Report, & Repair Estimate

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

Thank you,

Ryan Betts

DAS Fleet Risk Program Manager

ryan.betts1@iowa.gov

515-281-8008



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

105552 Hail Damage

1 message

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

Thu, Sep 18, 2025 at 11:12 AM

To: Tammy Hollingsworth <Tammy.Hollingsworth@aos.iowa.gov>, TOS ExecutiveCouncil <executivecouncil@tos.iowa.gov>

Please accept this email as initial 24 hr notification for AON, vehicle 105552 sustained hail damage on 9/16/2025. I will forward all information as soon as it is received.

DAS Risk

Central Procurement and Fleet Services Enterprise

Iowa Department of Administrative Services

510 E 12th St, Des Moines, IA 50319

515-281-8008 office

das.risk@iowa.gov

https://das.iowa.gov



All accidents must be reported via email or phone to Fleet Services within 24 hours. All accident reports and estimates are due within 72 hours of an accident. Agencies have 60 days to complete repairs to vehicles once approval is given.



Department of Administrative Services
DAS Fleet Services- Risk Management
109 SE 13th St
Des Moines, IA 50319

Vehicle Accident Report Form

- Render aid or assistance to the injured (per lowa Code 321.262).
- The State of Iowa is self-insured. Refer to the insurance card and accident report procedures online or in your glove box packet. If the accident involves another party, exchange information with the driver or property owner. Do not admit fault or attempt to settle your claim.
- Call local law enforcement, if a fatality, injury or property damage has occurred, and obtain a police report. On the Capitol complex, call lowa State Patrol, Post 16 at 515-281-5608.
- Within the first 24 hours, report accident or damage to DAS Fleet Services (515-281-3162 or DAS.Risk@iowa.gov), your agency fleet contact, and supervisor. Damage caused by an act of nature or unavoidable cause MUST be reported to DAS Fleet Services within 24 hours of the incident to qualify for contingent fund use (per Iowa Code 29C.20).
- For an estimate, locate the nearest contracted auto body repair shop in the Contracted Service Providers map. A contracted auto body shop within 30 miles should be used if available.
- If towing is necessary, contact DAS Fleet Services (515-281-3162) for assistance. After hours, call National Automobile Club (NAC) FleetRescue* (866-329-3471) or local law enforcement.
- Within 72 hours, print and submit a completed Accident Report Form, including a cost estimate from the auto body shop to DAS.Risk@iowa.gov.
- Any accident in the State of lowa that causes death, personal injury, or total property damage of \$1,500 or more must be reported on an lowa Accident Report Form UNLESS the accident is investigated by a law enforcement agency and a report is filed. Failure to return an accident report form within 72 hours may result in suspension of driving privileges.

Vehicle Accident Report

Time and location of accide	ent				
Accident Date (Mo/Day/Year)		Time	No. of Vehicles		
09/16	6/2025	6:00 PM 1			
County		State			
Fl	oyd	Iowa			
Vehicle 1 (State vehicle)					
Driver's Name		Work Street Address			
Jenny R	. Kenney	3020 Ca	rroll Ave		
Driver's License No./State		City, State, Zip			
862Z	Z0114	Salix, IA	A 51052		
Date of Birth	Department	Work Phone	Home Phone		
02/27/1981	DIAL	515-971-3643	712-840-6954		
License Plate No.	VIN	Year, Make, Model			
105552	1FMCUOGN1SUA94562	2025 Ford Escape			
Estimate (\$) of Damage		Description of Damage			
		Hail damage			
Vehicle 2 (other vehicle) if	more than two vehicles-use a	dditional forms			
Driver's Name		Street Address			
Driver's License No./State		City, State, Zip			
Date of Birth	Work Phone	Home Phone	License Plate No.		
Description of Damage					

Property Damage other than vehicle (fence, utility pole,	etc)		
Owner's Name, Address and Phone	Description of Property Damaged		
Injured Persons (attach additional sheets if necessary)			
Vehicle No. 1/ Name and Address	Describe Injuries		
Vehicle No. 2/ Name and Address	Describe Injuries		
Witness			
Name	Address/Phone		
Name	Address/Phone		

Accident Diagram					
Complete diagram below, include a description of what happened. Use the outline below to sketch the scene of your accident, writing in street or highway names or numbers. Use number 1 to indicate the State vehicle.					

Accident Information Exchange Sheet						
Other Vehicle information						
Driver's Name						
Street Address						
Driver Phone						
Driver's License No./State						
Vehicle Plate No.						
Vehicle year, make, model						
VIN						
Insurance Company Name						
Policy No.						
Agent name						
Agent phone						
Owner's Name/Address (if different)						
Submit this information a	along with the accident report to DAS Fleet Service within 72 hours of the accident.					
Complete the next section, tear at the dotted line and give to the other party involved.						
State Vehicle Insurance Info	rmation					
Driver's Name						
Driver's License No./State						
Vehicle Plate No.						
Vehicle year, makel, model						
VIN						
The State of Iowa is self-insured. If you have any questions regarding an accident, please contact DAS Fleet Services at 515-281-3162 of DAS.Risk@jowa.gov						



American Collision

2222 6th Street, Sioux City, IA 51101 Phone: (712) 255-1895 Workfile ID: Federal ID: State ID: 016c0b49 46-1606758 IA

Preliminary Estimate

Customer: Iowa freedom to flourish

Written By: Drake Craft

Insured:

Owner:

Iowa freedom to flourish

Policy #:

Claim #:

Type of Loss:

Point of Impact:

Date of Loss:

Days to Repair: 0

Iowa freedom to flourish (712) 840-6954 Cell Inspection Location:

American Collision 2222 6th Street

Sioux City, IA 51101

Repair Facility

(712) 255-1895 Business

Insurance Company:

VEHICLE

2025 FORD Escape Active FWD 4D UTV 3-1.5L Turbocharged Gasoline Port/Direct Injection

VIN:

1FMCU0GN1SUA94562

Interior Color:

Mileage In:

Vehicle Out:

License:

State:

Exterior Color:

Mileage Out:

Job #:

IΑ

Production Date:

Condition:

300 11.

TRANSMISSION

Automatic Transmission

Overdrive

POWER

Power Steering

Power Brakes

Power Windows

Power Locks

Power Mirrors

DECOR

Dual Mirrors Privacy Glass

Console/Storage Overhead Console

CONVENIENCE

Air Conditioning

Intermittent Wipers

Cruise Control

Tilt Wheel

Rear Defogger

Keyless Entry

Message Center

Steering Wheel Touch Controls

Rear Window Wiper

Telescopic Wheel

Climate Control

Backup Camera

Remote Starter
RADIO

AM Radio

FM Radio

Stereo

Search/Seek

Auxiliary Audio Connection

Satellite Radio

SAFETY

Drivers Side Air Bag

Passenger Air Bag

Anti-Lock Brakes (4)

4 Wheel Disc Brakes

Traction Control

Stability Control

Front Side Impact Air Bags

Head/Curtain Air Bags

Hands Free Device

Xenon or L.E.D. Headlamps

Blind Spot Detection

Lane Departure Warning

SEATS

Cloth Seats

Bucket Seats

Reclining/Lounge Seats

WHEELS

Aluminum/Alloy Wheels

PAINT

Clear Coat Paint

OTHER

Rear Spoiler

California Emissions

Preliminary Estimate

Customer: Iowa freedom to flourish

2025 FORD Escape Active FWD 4D UTV 3-1.5L Turbocharged Gasoline Port/Direct Injection

Line		Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1	HOOD							
2		R&I	R&I hood assy				0.6	
3	*	Subl	Hood PDR		1	<u>725.00</u> T		
4		R&I	Insulator				0.3	
5	ROOF							
6		R&I	RT Roof molding				0.4	
7	*	Subl	Roof panel PDR		1	<u>1,075.00</u> T		
8		R&I	LT Roof molding				0.4	
9		R&I	R&I headliner				3.7	
10	PILLARS, ROC	KER &	FLOOR					
11	*	Rpr	RT Aperture panel				<u>3.0</u>	3.0
12			Add for Clear Coat					1.2
13	MISCELLANEO	US OP	ERATIONS					
14	#		Hazardous waste removal		1	10.00		
15	#		De Nib and Finesse (.5 per panel)		1			3.0
16	#		Corrosion protection primer		1			1.0
17	#		Cavity Wax		1	51.83	0.4	
				SUBTOTALS		1,861.83	8.8	8.2

ESTIMATE TOTALS

Category	Basis		Rate	Cost \$
Parts				61.83
Body Labor	8.8 hrs	@	\$ 80.00 /hr	704.00
Paint Labor	8.2 hrs	@	\$ 80.00 /hr	656.00
Paint Supplies	8.2 hrs	@	\$ 60.00 /hr	492.00
Body Supplies	3.0 hrs	@	\$ 15.00 /hr	45.00
Miscellaneous				1,800.00
Subtotal				3,758.83
Sales Tax	\$ 3,758.83	@	7.0000 %	263,12
Grand Total			_	4,021.95
Deductible				0.00
CUSTOMER PAY				0.00
INSURANCE PAY			-	4,021.95

Preliminary Estimate

Customer: Iowa freedom to flourish

2025 FORD Escape Active FWD 4D UTV 3-1.5L Turbocharged Gasoline Port/Direct Injection

REPAIR AUTHORIZATION- DIRECTION TO PAY- WARRANTY

PART PRICES SUBJECT TO INVOICE-----AUTHORIZED AND ACCEPTED: You are hereby authorized to make repairs. In understand that payment in full will be due upon release of vehicle, including additional supplemental damage charges and hereby grant up and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto. I accept responsibility for any attorney or or collection fees related to the collection of unpaid balances. You will not be held responsible for loss or damage to vehicle to secure the amount of repairs thereto. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident, or any other cause beyond your control. Old parts removed from vehicle will be junked unless otherwise instructed! I authorize any and all supplements payable direct to you. I authorize you to act as power of attorney to sign insurance checks to pay for damages to the vehicle.

Authorized by	Date:	
,———		

WARRANTY

Craft Auto Body, Inc. will warranty the workmanship of it's employees on the repairs to your vehicle for as long as you own the vehicle. We use PPG paint, which carries a life of the vehicle warranty. There is NO Warranty on rust repair.

Preliminary Estimate

Customer: Iowa freedom to flourish

2025 FORD Escape Active FWD 4D UTV 3-1.5L Turbocharged Gasoline Port/Direct Injection

Estimate based on MOTOR CRASH ESTIMATING GUIDE and potentially other third party sources of data. Unless otherwise noted, (a) all items are derived from the Guide DR2MK20, CCC Data Date 09/16/2025, and potentially other third party sources of data; and (b) the parts presented are OEM-parts. OEM parts are manufactured by or for the vehicle's Original Equipment Manufacturer (OEM) according to OEM's specifications for U.S. distribution. OEM parts are available at OE/Vehicle dealerships or the specified supplier. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships with discounted pricing. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor data provided by third party sources of data may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. The symbol (<>) indicates the refinish operation WILL NOT be performed as a separate procedure from the other panels in the estimate. Non-Original Equipment Manufacturer aftermarket parts are described as Non OEM, A/M or NAGS. Used parts are described as LKQ, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries.

Some 2024 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The CCC ONE estimator has a list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

The following is a list of additional abbreviations or symbols that may be used to describe work to be done or parts to be repaired or replaced:

SYMBOLS FOLLOWING PART PRICE:

m=MOTOR Mechanical component. s=MOTOR Structural component. T=Miscellaneous Taxed charge category. X=Miscellaneous Non-Taxed charge category.

SYMBOLS FOLLOWING LABOR:

D=Diagnostic labor category. E=Electrical labor category. F=Frame labor category. G=Glass labor category. M=Mechanical labor category. S=Structural labor category. (numbers) 1 through 4=User Defined Labor Categories.

OTHER SYMBOLS AND ABBREVIATIONS:

Adj.=Adjacent. Algn.=Align. ALU=Aluminum. A/M=Aftermarket part. Blnd=Blend. BOR=Boron steel. CAPA=Certified Automotive Parts Association. CFC=Carbon Fiber.

D&R=Disconnect and Reconnect. HSS=High Strength Steel. HYD=Hydroformed Steel. Incl.=Included. LKQ=Like Kind and Quality. LT=Left. MAG=Magnesium. Non-Adj.=Non Adjacent. NSF=NSF International Certified Part. O/H=Overhaul. Qty=Quantity. Refn=Refinish. Repl=Replace. R&I=Remove and Install. R&R=Remove and Replace. Rpr=Repair. RT=Right. SAS=Sandwiched Steel. Sect=Section. STS=Stainless Steel. Subl=Sublet. UHS=Ultra High Strength Steel. N=Note(s) associated with the estimate line.

CCC ONE Estimating - A product of CCC Intelligent Solutions Inc.

The following is a list of abbreviations that may be used in CCC ONE Estimating that are not part of the MOTOR CRASH ESTIMATING GUIDE:

BAR=Bureau of Automotive Repair. EPA=Environmental Protection Agency. NHTSA= National Highway Transportation and Safety Administration. PDR=Paintless Dent Repair. VIN=Vehicle Identification Number.