



OFFICE OF AUDITOR OF STATE
STATE OF IOWA

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: Deer Damage to Vehicle #320 on September 14, 2025
Department of Administrative Services
Claim dated September 15, 2025
AOS Claim ID: 4176

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 \$3,530.86, subject to an audit of actual invoices.

Sincerely,

A handwritten signature in black ink, appearing to read "Brian R. Brustkern".

Brian R. Brustkern, CPA
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



Department of
Administrative Services

KIM REYNOLDS, GOVERNOR
CHRIS COURNOYER, LT. GOVERNOR

ADAM STEEN, DIRECTOR

Date: September 15, 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	#320 / Deer
Event Date	September 15, 2025
Summary	Vehicle 320 - struck a deer (Claim # TBD)
Amount Requested	\$3,530.86 TOTAL
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>

Fwd: 320 Vehicle Damage

1 message

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

Mon, Sep 15, 2025 at 8:06 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 320 struck a deer on 9/14/2025. 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>**Department of
Administrative Services**

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.

----- Forwarded message -----

From: **Colburn Jave** <colburn@dps.state.ia.us>

Date: Sun, Sep 14, 2025 at 10:45 AM

Subject: 302 Vehicle Damage

To: Guill Bryan <guill@dps.state.ia.us>, Adams Jeannie <jadams@dps.state.ia.us>, vehicledamage <vehicledamage@dps.state.ia.us>, Risk, DAS <das.risk@iowa.gov>

Cc: Wittrock Blake <wittrock@dps.state.ia.us>

All Concerned,

Trooper Oetker #320 was involved in a car/deer this morning enroute to the Jasper Scales. No injury occurred and just damage to the patrol vehicle. He will get an estimate done on 9/15/25 and the packet will get sent to the appropriate groups. Thank you.

Respectfully,

Sergeant Colburn, Jave ★30★

Iowa State Patrol | CMVU- Area A

Iowa Department of Public Safety

260 NW 48th Place | Des Moines, IA 50313

Office: [515-725-0010](tel:515-725-0010)

Fax: [515-725-0011](tel:515-725-0011)

Mobile: [515-321-9624](tel:515-321-9624)

colburn@dps.state.ia.us

<https://dps.iowa.gov/>

<https://dpscareers.com/>



**Department of
Public Safety**

NOTICE This email message (including any file attachments transmitted with it) is for the sole use of the intended recipient(s) and may contain confidential and legally privileged information. Any unauthorized use or disclosure of this email by an unintended recipient is prohibited. If you have received this e-mail in error please notify the sender by return e-mail and destroy all copies of the original message. No representation is made that this email or any attachments are free of viruses. Virus scanning is recommended and is the responsibility of the recipient.

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 #: 2024022486

Date: 9/14-25 <small>(Month/Day/Year)</small>		Time: 0642 <small>(Time plus a.m./p.m.)</small>	a.m.
Vehicle Plate #:	320	Vehicle Mileage:	3283
Vehicle Description: <small>(Yr/Make/Model/ & Vin#)</small>	Gray 2024 Chevy Tahoe 1GNSKLED4RRR250776		
Assigned To:	Jave Colburn	Badge # 30	
Driven By:	Pat Oetker	Badge # 320	
Driver's Lic #:	658YY6157	Damage: Hood, grill, push bumper	DEER
Vehicle Towed: <small>(Yes / No)</small>	NO	Towed By:	
Towed To:		Towing Cost:	\$
Seat Belt: <small>(Yes / No)</small>		Type of Vehicle: <small>(Marked/Semi /Unmarked)</small>	
Injured/Injuries:	NO		
Occupants: <small>(Other than driver)</small>	NO		

VEHICLE #2:

DL #:		State:	IA
Vehicle Lic. #		State:	IA
Driver's Name:			
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:			
Cost:			
Citations Issued To: (List Charge(s) and Statute Code(s))			

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



MEMORANDUM

TO: Sgt. Colburn

FROM: Trp. Patrick Oetker #320

DATE: September 14, 2025

SUBJECT: 10-50

On Sunday September 14, 2025 at approximately 0643 hours I was driving southbound on NE 72nd Street approaching the curve at the intersection with NE 142nd Avenue in Polk County. As I began to enter the curve a deer ran from the east ditch, westbound, directly in front of me. I hit my brakes but was unable to avoid the collision with the deer. I struck the deer with my patrol Tahoe in the push bumper on the front of my vehicle. The deer bounced off the front bumper and went into the ditch on the west side of the road. I pulled onto NE 142nd Avenue and radioed to Des Moines State Radio that I was involved in a collision with a deer and to start a call for service. I went outside and assessed the damage to my patrol Tahoe. I saw damage to the front grill, the push bumper was pushed back and there was a dent in the hood from the push bumper. I could see the deer was still trying to walk, however several of its legs were broken so it was flopping around in the ditch. I used my patrol rifle to shoot the deer one time in the chest to kill it humanely. I took pictures of the damage to my vehicle and they will be attached with this memo email. Trooper Alex Hoffman #391 completed the MARS report in Tracs.

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Form Number:

2025022169

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

Date of Accident 09/14/2025		Time of Accident 06:42 Hrs.		County POLK - 77		Accident occurred within corporate limits of (city)											
UNIT 1	Driver's Name - Last OETKER					First PATRICK					Middle JOSEPH						
	Address 215 EAST 7TH STREET					City DES MOINES					State IA		Zip 50319				
	Date of Birth 06/22/1984		Driver's License Number 658YY6157			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 L	Restrictions B	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					First					Middle						
	Address 109 SE 13TH ST					City DES MOINES					State IA		Zip 50319				
	License Plate No. 320		State IA	Year 2025	VIN: 1GNSKLED4RRR250776			Color GRY		Year 2024	Make CHEV		Model TAHOE		Style UT		
	Trailer Plate No.		State	Year	VIN:			Tow 1	Tow #		Towed To		Approx. Cost to Repair or Replace \$5,000.00				
	Insurance Company Name STATE OF IOWA					Insurance Co. Phone Number (515) 725-1086					Insurance Policy Number STATE OF IOWA						
Initial Travel Direction		Veh. Act.	Veh. Config. 03	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 31		Second Event		Third Event		Fourth Event	Most Harmful Event 31		
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: (515) 725-1086											
						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:						

2025022169

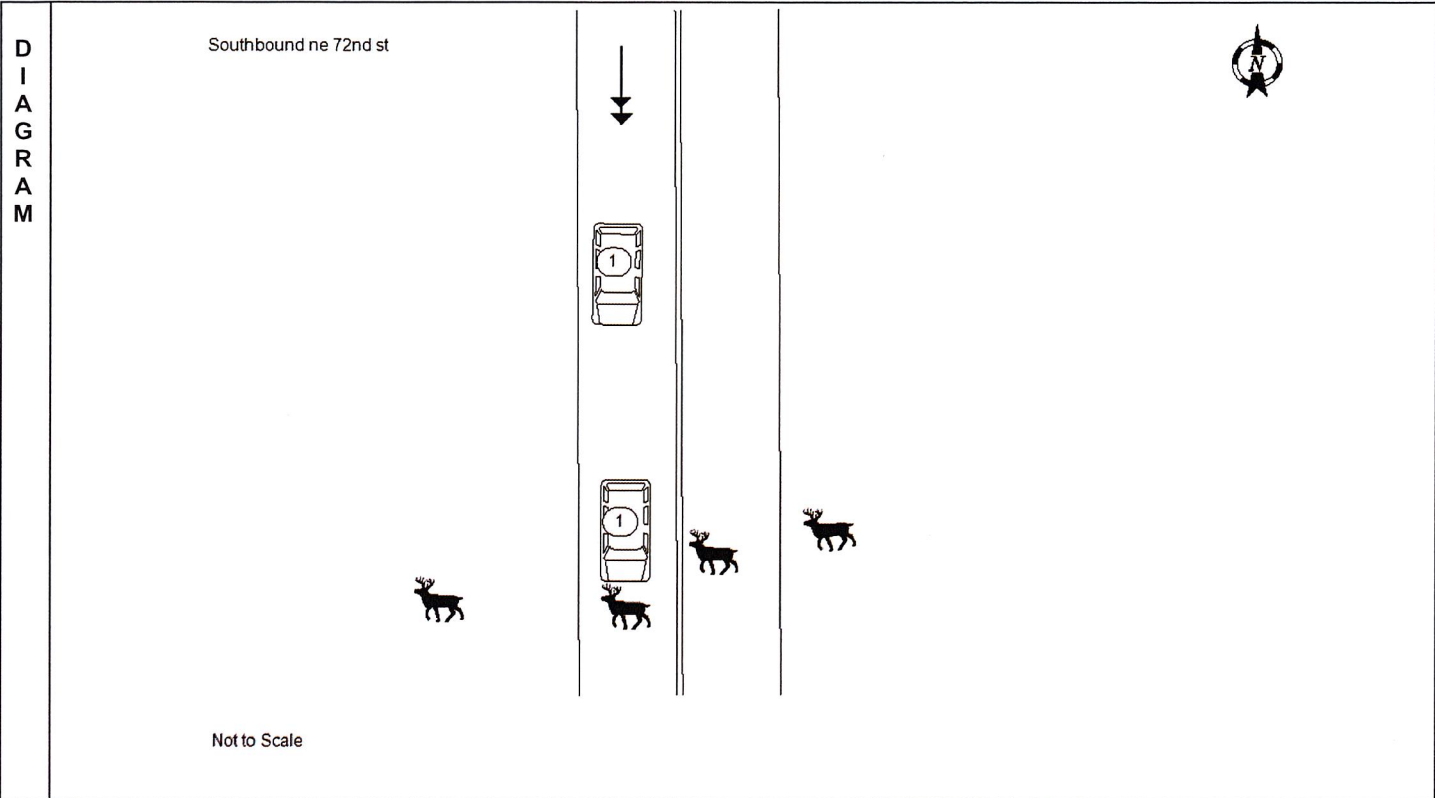
LOCATION	Date of Accident 09/14/2025	Time of Accident 06:42 Hrs.	County POLK - 77	Accident occurred within corporate limits of (city)								Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>											
	Literal Description NE 142ND AVE AND NE 72ND ST										County: 77	Route:												
	If accident occurred outside of city limits show general vicinity N NE E SE S SW W NW <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> of nearest city										X Coordinate: 461534.781													
	On Road, Street or Highway:					At Intersection with:					Y Coordinate: 4629924													
	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 neccessary. of										If Divided Highway, Provide Route (Cardinal) Travel Direction													
											NB SB EB WB													
	Milepost Number	Definable intersection, Or bridge, or railroad crossing																						
NONMOTORISTS	ACCIDENT ENVIRONMENT				ROADWAY CHARACTERISTICS				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															
	Location of First Harmful Event		Weather Conditions (up to two)		Major Contributing Cirmcumstances Environment 06																			
	Manner of Crash/Collision 01				Roadway																			
	Light Conditions		Surface Conditions		Type of Roadway Junction/Feature																			
					FRA No.																			
	First Harmful Event (Crash) 31		WORKZONE RELATED?	Yes <input type="radio"/> No <input type="radio"/>	Activity	Location	Type	Workers Present																
	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:																			
PROPERTY DAMAGE	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												
WITNESSES	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													
	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 09/14/2025			Incident Clearance Date 09/14/2025														
Signature of Officer TROOPER A HOFFMAN			Badge Number 391		Time Officer Notified of Accident 06:50 Hrs.		Roadway Clearance Time Hrs.			Incident Clearance Time Hrs.														
Name of Agency IOWA STATE PATROL - CMVU			Date of Report		Time Officer Arrived At Scene 06:55 Hrs.		Total Roadway Clearance Time			Total Incident Clearance Time														
Report Reviewed By			Date of Review		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)

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

Form Number: 2025022169



**N
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Unit #1 was southbound NE 72nd st in Polk County Iowa. A deer enters the roadway from the east running to the west. Unit #1 strikes the deer causing damage to the push bumper, grill and hood. Unit #1 was driven from the scene with no injuries reported.



**Karl Chevrolet Collision Center
Ankeny**

Workfile ID: /cre/sae
Federal ID: 42-1092272

Your Dealer for Life
1101 Southeast Oralabor Road, Ankeny, IA 50021
Phone: (515) 299-4337
FAX: (515) 964-2293

Estimate

RO Number:

Customer:	Insurance:	Adjuster:	Estimator:	Joe Singleton
ISP 320		Phone:	Create Date:	9/15/2025
		Claim:		
		Loss Date:		
(515) 509-4051		Deductible:		

2024 CHEV Tahoe Commercial 4WD (Fleet) 4D UTV 8-5.3L Gasoline Direct Injection

VIN: 1GNSKLED4RR250776	Interior Color:	Mileage In:	Vehicle Out:
License:	Exterior Color:	Mileage Out:	
State: IA	Production Date:	Condition:	Job #:

Line	Ver	Operation	Description	Qty	Extended Price \$	Part Type	Labor	Type	Paint
1	E01	Remove/Replace	setina bar NOTE: has wiring to redo on install of new one for lights	1	1,282.02	Other	6.0	Body	
2	E01		FRONT BUMPER & GRILLE						
3	E01	Remove/Install	R&I bumper cover				1.7	Body	
4	E01	Remove/Replace	Grille assy	1	667.55	OEM	0.4	Body	
5	E01		HOOD						
6	E01	Repair	Hood (ALU)				5.0	Body	3.2
7	E01		Add for Clear Coat						1.3
8	E01		Add for Underside(Complete)						1.6
9	E01		seam sealer	1	50.00	Other	1.0	Body	
10	E01		Pre Repair Scan- Per OEM Guideline				0.5	Mech	
11	E01		color tint						
12	E01		Post Repair Scan- Per OEM Guideline				0.5	Mech	

Estimate Totals	Discount \$	Markup \$	Rate \$	Total Hours	Total \$
Parts	(133.51)				1,866.06
Labor, Body			63.00	14.1	888.30
Labor, Refinish			115.00	6.1	701.50
Labor, Mechanical			75.00	1.0	75.00
Subtotal					3,530.86
Sales Tax					0.00
Grand Total					3,530.86
Net Total					3,530.86

Estimate Version	Total \$
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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

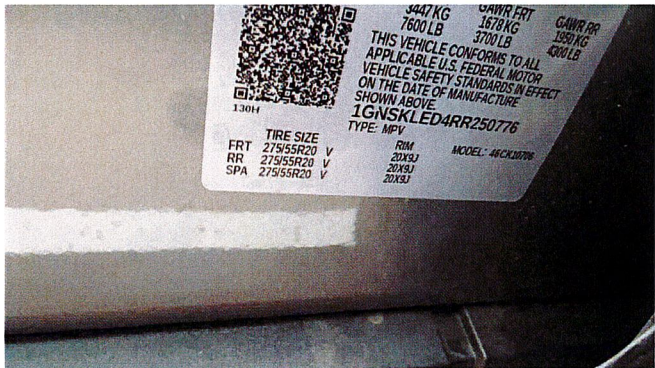
Karl Chevrolet Collision Center Ankeny

1101 Southeast Oralabor Road, Ankeny, IA 50021

Phone: (515) 299-4337, Fax: (515) 964-2293

Image Report

Owner:	ISP 320	Insurance:		Estimator:	Joe Singleton	Vehicle Out:
RO Number:		Claim Number:				
Year:	2024	Color:		License Plate:		Production Date:
Make:	CHEV	Body Style:	4D UTV	State:	IA	Mileage In:
Model:	Tahoe Commercial...	Engine:	8-5.3L Gasoline ...	VIN:	1GNSKLED4RR250776	Condition:



9/15/2025
Comments:



9/15/2025
Comments:



9/15/2025
Comments:



9/15/2025
Comments:



9/15/2025
Comments:



9/15/2025
Comments:

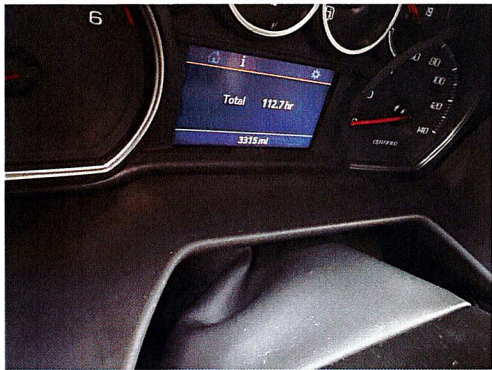
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Image Report

Owner:	ISP 320	Insurance:		Estimator:	Joe Singleton	Vehicle Out:
RO Number:		Claim Number:				
Year:	2024	Color:		License Plate:		Production Date:
Make:	CHEV	Body Style:	4D UTV	State:	IA	Mileage In:
Model:	Tahoe Commercial...	Engine:	8-5.3L Gasoline ...	VIN:	1GNSKLED4RR250776	Condition:



9/15/2025
Comments:



9/15/2025
Comments:



9/15/2025
Comments:



9/15/2025
Comments:



9/15/2025
Comments:



9/15/2025
Comments:

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Phone: (515) 299-4337, Fax: (515) 964-2293

Image Report

Owner:	ISP 320	Insurance:		Estimator:	Joe Singleton	Vehicle Out:
RO Number:		Claim Number:				
Year:	2024	Color:		License Plate:		Production Date:
Make:	CHEV	Body Style:	4D UTV	State:	IA	Mileage In:
Model:	Tahoe Commercial...	Engine:	8-5.3L Gasoline ...	VIN:	1GNSKLED4RR250776	Condition:



9/15/2025
Comments:



9/15/2025
Comments:



9/15/2025
Comments:



9/15/2025
Comments:



9/15/2025
Comments:



9/15/2025
Comments:

RO Number:

2024 CHEV Tahoe Commercial 4WD (Fleet) 4D UTV 8-5.3L Gasoline Direct Injection

Original	3,530.86
Insurance Total \$:	3,530.86
Received from Insurance \$:	0.00
Balance due from Insurance \$:	3,530.86
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