Executive Council of Iowa

CAPITOL BUILDING
DES MOINES, IOWA 50319
PHONE: 515 281-5368
FAX: 515 281-7562

August 3, 2026

Accounting Department
Office of the Treasurer
Lucas Building
321 E 12th Street
Des Moines, IA, 50319

The Executive Council, in a meeting held on today's date, approved Department of Administrative Services request for an emergency allocation in the amount of $6,173.55, subject to an audit of actual invoices. On June 3, 2026, Vehicle #1156 sustained damage due to a collision with a racoon. Request was to cover repair costs.

EXECUTIVE COUNCIL OF IOWA

Merary De Guerrero

Merary De Guerrero
Acting Executive Secretary

cc: Kyle Wear, DAS Fleet Chief Financial Officer
Ryan Betts, Fleet Services Risk Program Manager
Matt Bender, Department of Management
Heather Hackbarth, Department of Management

AOS Claim #4393
TOS Job #

OFFICE OF AUDITOR OF STATE
STATE OF IOWA

Rob Sand
Auditor of State

State Capitol Building
Des Moines, Iowa 50319-0006

Telephone (515) 281-5834

July 16, 2026

Kristi Onstot
Executive Council

Subject: Vehicle #1156 Struck a Raccoon on June 3, 2026
Department of Administrative Services
Claim dated June 10, 2026
AOS Claim ID: 4393

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-mentioned 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 $6,173.55, subject to an audit of actual invoices.

Sincerely,

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

IOWA | Department of Administrative Services

KIM REYNOLDS, GOVERNOR
CHRIS COURNOYER, LT. GOVERNOR

MARK CAMPBELL, DIRECTOR

Date: June 10, 2026

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

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

Vehicle / Event	#1156 / Raccoon
Event Date	June 3, 2026
Summary	Vehicle 1156 - struck a raccoon (Claim # 341938)
Amount Requested	**$6,173.55 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

Outlook

Fw: Vehicle 1156 Accident

From DAS Risk <das.risk@das.iowa.gov>
Date Thu 6/4/2026 11:08 AM
To Hollingsworth, Tammy [AOS] <Tammy.Hollingsworth@aos.iowa.gov>; ExecutiveCouncil [TOS] <ExecutiveCouncil@tos.iowa.gov>

1 attachment (241 KB)
1396_001.pdf;

Please accept this email as the initial 24 hour notification for an AON claim.
Vehicle 1156 struck a raccoon on 6/3/2026. I will forward all information as soon as it is received.

Effective May 4, 2026 my email address will change to: das.risk@das.iowa.gov

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@das.iowa.gov
https://das.iowa.gov

IOWA | 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.

From: Frahm, Jordan [HHS] <jordan.frahm@hhs.iowa.gov>
Sent: Thursday, June 4, 2026 7:45 AM
To: das.risk@iowa.gov <das.risk@iowa.gov>
Cc: jason.hopkins@hhs.iowa.gov <jason.hopkins@hhs.iowa.gov>; Keller, Marla [HHS] <marla.keller@hhs.iowa.gov>
Subject: Vehicle 1156 Accident

You don't often get email from jordan.frahm@hhs.iowa.gov. Learn why this is important

Jordan Frahm
Treatment Program Supervisor
Civil Commitment Unit for Sex Offenders (CCUSO)
Division of State-Operated Specialty Care
Iowa Department of Health and Human Services (HHS)
1251 West Cedar Loop
Cherokee, IA 51012
712-415-2707
hhs.iowa.gov
Jordan.Frahm@hhs.iowa.gov

Iowa Department of Administrative Services
DAS

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 Iowa 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 Iowa 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 Iowa that causes death, personal injury, or total property damage of $1,500 or more must be reported on an Iowa 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 accident

Accident Date (Mo/Day/Year)	Time	No. of Vehicles
06/03/2026	2220	1
County Buena Vista	State Iowa	

Vehicle 1 (State vehicle)

Driver's Name		Work Street Address	
Andrew Lecck		1264 west Cedar Loop	
Driver's License No./State		City, State, Zip	
129AC9897		Cherokee, IA 51012	
Date of Birth	Department	Work Phone	Home Phone
12/30/1990	HHS/CCUSO	712-225-1598	719-428-9173
License Plate No.	VIN	Year, Make, Model	
1156	2C4RC1CG4MR	Crysler Town + Country	
Estimate ($) of Damage	534675	Description of Damage	
		Dent in front Bumper, Vehicle overheating during return Drive to CCUSO	

Vehicle 2 (other vehicle) if more than two vehicles-use additional 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			

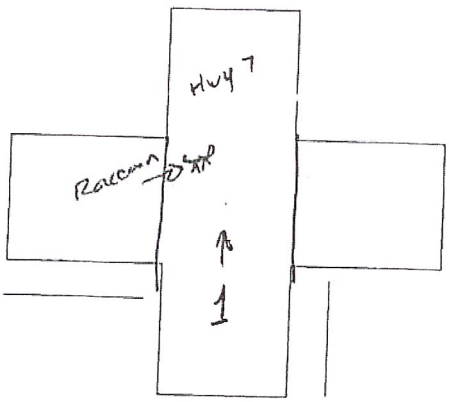
Property Damage other than vehicle (fence, utility pole, etc)	
Owner's Name, Address and Phone	Description of Property Damaged

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.



Driving Southeast on Hwy 7 between Aurelia + Alta. Large Raccoon Ran into Path of vehicle. Attempted to brake but was too late. Struck Raccoon Small bump. Vehicle Continued to drive fine until return trip to CCuso Vehicle began to overheat.

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 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 Information	
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@iowa.gov

CHEROKEE COLLISION CENTER

Worktile ID: 3aa22bc8
Federal ID: 42-1468487

Your Complete Auto Repair Center
111 INDIAN STREET, CHEROKEE, IA 51012
Phone: (712) 225-3877
FAX: (712) 225-3878

Estimate

RO Number: 8079

Customer:	Insurance:	Adjuster:	Estimator:	Terri Weaver
State Of Iowa		Phone:	Create Date:	6/8/2026
Dept. of Administrative Services,		Claim:		
DesMoines, IA 50319-0250		Loss Date:		
(515) 418-5776		Deductible:		

2021 CHRY Voyager LX FWD 4D VAN 6-3.6L Gasoline Sequential MPI

VIN:	2C4RC1CG4MR534675	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		**PAINT IDENTIFICATION**						
2	E01	Remove/Replace	Buff for Color Match Reading	1	2.00	Other	0.2	Body	
3	E01	Refinish	Color Mix, Match and Spray out card Exterior						1.0
4	E01	Repair	Set up Stands/Jigs for Componet(s) in Booth				0.2	Body	
5	E01	Remove/Replace	STAT gun application				0.5	Body	
6	E01		**FRONT BUMPER & GRILLE**						
7	E01	Remove/Replace	O/H front bumper				3.9	Body	
8	E01	Remove/Replace	Bumper cover	1	703.95	A/M	0.0	Body	3.3
9	E01		Add for Clear Coat						1.3
10	E01	Remove/Replace	Flexible Additive (per fascia)	1	8.00	Other	0.1	Body	
11	E01	Remove/Replace	Raw Plastic Paint Prep Kit	1	99.00	Other	0.5	Body	
12	E01	Remove/Replace	Shutter assembly	1	294.32	A/M	0.0	Body	
13	E01	Remove/Replace	Absorber	1	94.00	A/M	0.0	Body	
14	E01	Remove/Replace	Lower grille	1	118.00	OEM	0.0	Body	
15	E01	Remove/Replace	Air shield	1	134.00	OEM	0.0	Body	
16	E01		**FRONT LAMPS**						
17	E01	Remove/Install	RT R&I headlamp assy				0.3	Body	
18	E01	Remove/Install	LT R&I headlamp assy				0.3	Body	
19	E01		**RADIATOR SUPPORT**						
20	E01	Remove/Replace	Lower tie bar	1	81.34	A/M	0.6	Body	
21	E01		**COOLING**						
22	E01	Remove/Install	Trans cooler				0.0	Body	
23	E01	Remove/Replace	RT Side seal w/o hybrid	1	57.90	OEM	0.2	Body	
24	E01	Remove/Replace	LT Side seal w/o hybrid	1	63.20	OEM	0.2	Body	
25	E01	Remove/Replace	Radiator all	1	481.00	OEM	3.4	Mech	

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

RO Number: 8079

2021 CHRY Voyager LX FWD 4D VAN 6-3.6L Gasoline Sequential MPI

26	E01	Remove/Replace	Coolant / Gal	2	56.00	A/M	0.2	Body
27	E01	Remove/Replace	Fan assy w/o hybrid w/o towing pkg	1	314.00	OEM	0.0	Body
28	E01	Remove/Replace	Lower seal	1	44.35	OEM	0.2	Body
29	E01	Remove/Replace	Lower hose w/o hybrid	1	207.00	OEM	1.0	Mech
30	E01	Remove/Replace	Deduct for Overlap				(0.4)	Mech
31	E01	Repair	pressure test cooling system for leaks				0.5	Body
32	E01		**AIR CONDITIONER & HEATER**					
33	E01	Remove/Replace	Condenser from 05/13/2017	1	260.41	A/M	1.3	Mech
34	E01	Remove/Replace	AC Service evacuate & recharge				1.7	Mech
35	E01	Remove/Replace	R134 Freon/Refrigerant	2	45.00	A/M		
36	E01	Repair	pressure test AC system for leaks with sniffer				0.5	Body
37	E01		**ELECTRICAL**					
38	E01		Disconnect Battery				0.2	Mech
39	E01		Connect Battery				0.1	Mech
40	E01	Repair	Memory Funstion Reset				0.2	Body
41	E01		**RESTRAINT SYSTEMS**					
42	E01	Repair	Dis Arm Saftey Restraint System				0.4	Mech
43	E01	Remove/Install	RT Ft impact sensor				0.2	Mech
44	E01	Remove/Install	LT Ft impact sensor				0.2	Mech
45	E01	Repair	Re-Arm and Connect Saftey Restraint Systems				0.1	Mech
46	E01	Remove/Replace	Air bag system diagnosis			OEM	0.5	Mech
47	E01		**VEHICLE DIAGNOSTICS**					
48	E01	Repair	Battery support during PRE/POST scans				0.2	Mech
49	E01	Sublet	Pre-repair scan	1	120.00	Sublet		
50	E01	Sublet	Post-repair scan	1	120.00	Sublet		
51	E01		**MISCELLANEOUS OPERATIONS**					
52	E01	Remove/Replace	Job cost materials	1	178.08	OEM		
53	E01	Remove/Replace	Hazardous Waste Charge	1	8.50	Other		

Estimate Totals	Discount $	Markup $	Rate $	Total Hours	Total $
Parts					3,140.55
Sublet/Miscellaneous					240.00
Labor, Body			85.00	8.6	731.00
Labor, Refinish			150.00	5.6	840.00
Labor, Mechanical			125.00	8.9	1,112.50
Miscellaneous					109.50
Subtotal					**6,173.55**
Sales Tax					0.00
Grand Total					**6,173.55**
Net Total					**6,173.55**

Estimate Version	Total $

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

RO Number: 8079

2021 CHRY Voyager LX FWD 4D VAN 6-3.6L Gasoline Sequential MPI

Original	6,173.55
Insurance Total $:	6,173.55
Received from Insurance $:	0.00
Balance due from Insurance $:	6,173.55
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