



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

Date: November 29, 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	#2857/Hail
Event Date	September 17, 2022
Summary	Vehicle 2857 sustained hail damage. (244801)
Amount Requested	\$5,838.33 - 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

29C20Risk, DAS <das.risk@iowa.gov>
Draft

Mon, Sep 19, 2022 at 2:05 PM

Please accept this email as initial 24 hr notification for AON, vehicle 2857 sustained hail damage. I will forward all information as soon as it is received.

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.

Thank you,

**DAS Fleet Services, Risk**

Iowa Department of Administrative Services
Division of Business and Property Services
Office: 515-725-2243
Das.Risk@iowa.gov
<https://das.iowa.gov>

2 attachments **Accident Report 9-17-2022.PDF**
104K **Estimate- Keast.pdf**
684K



REPORT OF MOTOR VEHICLE ACCIDENT

Did accident occur on private property? Yes No

See instructions on completing (please print or type)

Step 1.

Accident Date (Mo/Day/Year) 09/17/2022	Day of Week Saturday	Time 10:00	AM/PM PM	Number of Vehicles 1	Total Killed 0	Total Injured 0	Total Estimated Damage \$3000
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Step 2.

No. 1 (YOUR VEHICLE)				No. 2 (OTHER VEHICLE)			
Date of Birth 11-13-74	Sex F	Dr. Lic. State IA	Driver License Number 648AH6401	Date of Birth	Sex	Dr. Lic. State	Driver License Number
Last Name of Driver 1 Windmuller		First Name Brenda		Last Name of Driver 2		First Name	
Number and Street 36442 Hwy 6		City Oakland	State IA	Number and Street		City	State
Last Name of Owner 1 State of Iowa		First Name DAS		Last Name of Owner 2		First Name	
Number and Street		City	State	Number and Street		City	State
No. of Occupants 0	Plate Number 2857	State of Registration Iowa	Year	No. of Occupants	Plate Number	State of Registration	Year
Vehicle Identification Number (VIN) 1FADP3F29HL325740			Estimated Cost of Repairs \$3000	Vehicle Identification Number (VIN)			Estimated Cost of Repairs
Vehicle Year and Make 2017 Ford Focus			Step 3: Vehicle Type Code	Vehicle Year and Make			Step 3: Vehicle Type Code

Step 4.

LOCATION OF ACCIDENT

County Pottawattamie Accident occurred within corporate limits of (city) _____

If accident occurred outside of city limits, describe distance to city _____ miles N NE E SE S SW W NW of nearest city Oakland, IA

Name of Road, Street, or Highway 36442 Highway 6 At intersection with _____

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.

Feet _____ or _____ Miles _____ and _____ or _____ Miles _____ of _____

Milepost Number _____ Or Definable Intersection, bridge, or railroad crossing _____

Step 5.

Accident codes (on page 2) for your own vehicle:

<input checked="" type="checkbox"/> A Direction of Travel	<input type="checkbox"/> B Vehicle Action	<input type="checkbox"/> C Driver Condition	<input type="checkbox"/> D Vision Obscured
<input type="checkbox"/> E Traffic Controls	<input type="checkbox"/> F First Harmful Event	<input type="checkbox"/> G Location of Accident	<input type="checkbox"/> H Manner of Crash
<input type="checkbox"/> I Light Conditions	<input type="checkbox"/> J Weather Conditions <u>06</u>	<input type="checkbox"/> K Surface Conditions	<input type="checkbox"/> L Type of Roadway Junction/Feature

Step 6.

Identify Damaged Property Other Than Vehicles NIA Owner _____ Amount of Damage _____

Step 7.

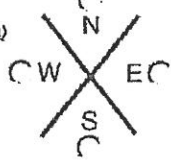
Injury Section: Fill Out Space Below For Every Person Injured Or Killed In The Accident
(Attach additional sheets if necessary)

Name and Address	In Vehicle Number	Date of Birth	Gender	Describe Injuries	Insert Correct Code: (See Step 7 of Instructions)							Date of Death
					Seating Position	Type Non-Motorist	Injury Status	Occupant Protection	Airbag Deployment	Ejection		
<u>NIA</u>												

Step 8.

Indicate On This Diagram What Happened
Use one of these outlines to sketch the scene of your accident, writing in street or highway names or numbers.

- Initial Travel Direction
(prior to coded Vehicle Action)
- 1 - North
 - 2 - East
 - 3 - South
 - 4 - West
 - 8 - Unknown



Original Direction of Travel: (Example: Vehicle going north then turning left, code 'N' for Original Direction of Travel)

Vehicle 1 _____ Vehicle 2 _____
_____ Street or Highway

Street or Highway

Street or Highway

Description

Vehicle was parked in driveway. At approximately . . . pm on Saturday September 17th a hail storm came through our area. The vehicle received damage to the windshield and body as a result of the storm.

Did Peace Officer investigate? Yes No Department _____

If you did not have automobile liability insurance coverage for this accident, please check this box

If you had automobile liability insurance coverage for this accident, please complete insurance information below.

Failure To Complete Insurance Coverage Information Requested Below May Result In A Suspension Of Your Driving And/Or Registration Privileges.

Step 9.

Name of Insurance Company (Not Agent) Providing Insurance To Cover Your Liability For Damage Or Injury To Others:

Name of Agent Who Sold Policy _____

Agent Address _____

Policy No. _____ Policy Period: From _____ Agent Phone No. _____

V.I.N. No. (if not previously given) _____

Name of Driver _____

Name of Owner _____

Name of Policyholder _____

Step 10.

Date 9/19/2022	Signature of Driver of Vehicle No. 1 <i>Brent [Signature]</i>	If Signed By Person Other Than Driver, Give Reason
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IMPORTANT: This accident should also be reported directly to your insurance company. Failure to report may jeopardize your automobile liability insurance.

DAS FLEET SERVICES
 109 S.E. 13TH ST.
 DES MOINES IA 50319
 (515)281-3162

Keast Motors Inc.
 405 S. Hwy
 Oakland IA 51560
 (712)482-6491

Repair Order No
39746

Opened 10/5/2022
 Closed
 Printed
 10/18/2022 10:20:34 AM

Vehicle: 2017 Ford Focus SEDAN 4-DR
 Vin: 1FADP3F29HL325740 Miles In: Out:

Covered Costs		0.00
Total Labor	686.50	
Total Parts	429.33	
Total Sublet	4682.50	
Shop Fee	0.00	
Disposal	0.00	
Other	40.00	
Discount	0.00	
Ext Svc	0.00	
Sub Total	5838.33	
Taxes	0.00	
Deductible	0.00	
Deposit	0.00	
Total	5838.33	

Trouble Notes	Body	Tech Notes	Type	Units	Price	Total
VEHICLE PRESENTED WITH HAIL DAMAGE...		DAMAGE REPAIRED....				
LABOR...MECHANICAL		Labor		1.50	85.00	127.50
LABOR...BODY		Labor		8.60	65.00	559.00
10182022 PDR		Sublet		1.00	4,682.50	4,682.50
CP9Z5803100D WINDSHIELD		Parts		1.00	429.33	429.33

Signature: X *Brenda [Signature]* Date: _____

2017 Ford Focus
 # 2857