



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	#1733/Deer
Event Date	October 30, 2022
Summary	Vehicle #1733 struck a deer. (247271)
Amount Requested	\$7,445.05 - 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,

A handwritten signature in blue ink, appearing to read "Mariah Flowers".

Mariah Flowers, Fleet Manager
DAS Fleet Services
Mariah.Flowers@iowa.gov
515-414-6582



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

Fwd: Deer Collision 10/30/2022

1 message

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

Wed, Nov 2, 2022 at 11:15 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 1733 struck a deer on 10/30/22. 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>

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

From: **Anderson, Mitchell** <mitch.anderson@dnr.iowa.gov>

Date: Sun, Oct 30, 2022 at 1:45 PM

Subject: Deer Collision 10/30/2022

To: DAS Risk <DAS.Risk@iowa.gov>

Cc: Gregory Harson <gregory.harson@dnr.iowa.gov>, Steven Griebel <steven.griebel@dnr.iowa.gov>, Deborah Vitko <deborah.vitko@dnr.iowa.gov>

Hello,

I was involved in a deer collision this morning while driving truck number 1733 (2019 Chevrolet Silverado Classic). The truck received apparent damage to the grille, passenger headlight assembly, and front passenger quarter panel. The closest contracted auto body shop is Kabrick Auto LLC / Ken Borth Auto in Spencer. I will be driving it there this evening and calling them first thing tomorrow for an estimate.

Attached is the DAS Vehicle Accident Report Form, Osceola County Sheriff's Office accident report, as well as a few pictures of the damage. I will forward the estimate from the body shop as soon as it's received.

Let me know if you need anything else.

Thank you,
Mitchell Anderson

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Mitch Anderson | Conservation Officer
 District One / Law Enforcement Bureau
Iowa Department of Natural Resources
 P: 712-260-1003
 502 E. 9th Street, Des Moines, IA 50319

Vehicle Accident Report

Time and location of accident			
Accident Date (Mo/Day/Year)	7	Time	No. of Vehicles
10/30/2022		06:38	1
County	State		
Osceola	IA		
Vehicle 1 (State vehicle)			
Driver's Name		Work Street Address	
Mitchell Anderson		122 252nd Ave	
Driver's License No./State		City, State, Zip	
816AK9441		Spirit Lake, IA 51360	
Date of Birth	Department	Work Phone	Home Phone
05/07/2000	DNR	712-260-1003	319-929-9363
License Plate No.	VIN	Year, Make, Model	
1733	2GCVKNEC9K1165231	2019 Chevrolet Silverado Classic	
Estimate (\$) of Damage		Description of Damage	
\$3,500		Head on collision with deer. Damage to grill, front passenger quarter panel, passenger headlight, and front bumper mount.	
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	
<p>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.</p>	
	<p>At approximately 06:38 on 10/30/22 I was west bound on 240th Street near house number 5558 in Osceola County when a White-tailed deer ran onto the road in front of me. The deer entered the roadway from the north. I hit my breaks and steered towards the opposite lane with no oncoming traffic to avoid striking the deer on the driver's front half of the truck. After the truck was struck I exited the vehicle to review the damage and contacted the Osceola County Sheriff's Office for an accident report. Once the deputy arrived and their report was started I drove back to Okoboji.</p>

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, make, 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

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Law Enforcement Case Number:
2203496

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

Date of Accident 10/30/2022		Time of Accident 07:05 Hrs.		County OSCEOLA - 72		Accident occurred within corporate limits of (city)											
UNIT 1	Driver's Name - Last ANDERSON					First MITCHELL			Middle TRAVIS								
	Address 3279 59TH STREET TRL					City VINTON			State IA	Zip 52349							
	Date of Birth 05/07/2000		Driver's License Number 816AK9441		CDL	Citation Charge 1			Citation Charge 2								
	Male <input checked="" type="radio"/>	Female <input type="radio"/>	State IA	Class C	Endorsements	Restrictions J	Yes <input type="radio"/>	No <input checked="" type="radio"/>	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 DNR					First			Middle								
	Address 109 SE 13TH ST					City DES MOINES			State IA	Zip 50319							
	License Plate No. DAL686	State IA	Year 2023	VIN: UNKNOWN		Color SIL		Year 2020	Make CHEV	Model SILVERADO	Style PK						
	Trailer Plate No.	State	Year	VIN:		Tow 1	Tow #	Towed To		Approx. Cost to Repair or Replace \$3,500.00							
	Insurance Company Name IOWA DNR					Insurance Co. Phone Number		Insurance Policy Number SELF INSURED									
Initial Travel Direction		Veh. Act.	Veh. Config. 02	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	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													
	Trailer Plate:	State	Year	VIN													
	Converter Dolly	Dolly Plate:		State	Plate Year	VIN											
PERSONS INVOLVED	DRIVER OF UNIT 1					Phone Number: (712) 260-1003		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:								

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

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

Law Enforcement Case Number: 2203496	
Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>
County: 72	Route:
X Coordinate: 281420.312	Y Coordinate: 4797872

LOCATION	Date of Accident 10/30/2022	Time of Accident 07:05 Hrs.	County OSCEOLA - 72	Accident occurred within corporate limits of (city)
	Literal Description 240TH ST			
	If accident occurred outside of city limits show general vicinity <div style="display: flex; justify-content: space-around; align-items: center;"> NNEESESSWWNW </div> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> of nearest city			
	On Road, Street or Highway:		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. of <div style="display: flex; justify-content: space-around; align-items: center;"> NNEESESSWWNW </div> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> and <div style="display: flex; justify-content: space-around; align-items: center;"> NNEESESSWWNW </div> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>			

If Divided Highway, Provide Route (Cardinal) Travel Direction			
NB	SB	EB	WB
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ACCIDENT ENVIRONMENT		ROADWAY CHARACTERISTICS									
Location of First Harmful Event	Weather Conditions (up to two)	Major Contributing Circumstances Environment									
Manner of Crash/Collision	Surface Conditions	Roadway									
Light Conditions		Type of Roadway Junction/Feature									
		FRA No.									

First Harmful Event (Crash)	WORKZONE RELATED?	Yes	No	Activity	Location	Type	Workers Present	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
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NONMOTORISTS	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:																	

PROPERTY	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															

PROPERTY	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															

WITNESSES	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
	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 10/30/2022	Incident Clearance Date 10/30/2022
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Signature of Officer SERGEANT NATHAN KRIKKE	Badge Number 72-4	Time Officer Notified of Accident 07:07 Hrs.	Roadway Clearance Time 07:25 Hrs.	Incident Clearance Time 07:27 Hrs.
Name of Agency OSCEOLA COUNTY SHERIFF'S OFF	Date of Report 10/30/2022	Time Officer Arrived At Scene 07:15 Hrs.	Total Roadway Clearance Time 000:18	Total Incident Clearance Time 000:20
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

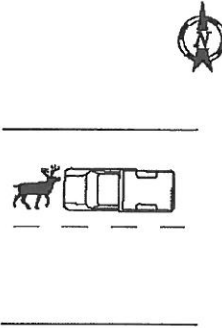
Form 4433003 (11-13)

Law Enforcement Case Number:

2203496

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

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Vehicle #1 was westbound on 240th Street when a deer entered the roadway from the north ditch and collided with Vehicle #1.

QUALITY CLAIMS SOLUTIONS

105 N Krohn Place
SIOUX FALLS, SD 57103
Phone: (877) 237-3727, FAX:(866) 371-2844
qcs@qcsdirect.com

Workfile ID: 100898a6

For:

QUALITY CLAIMS SOLUTIONS

DAS Fleet Services

Estimate of Record

Owner: STATE OF IOWA, STATE OF IOWA

Job Number:

Written By: David Kelley

Insured:	STATE OF IOWA, STATE OF IOWA	Policy #:	UNK	Claim #:	APDSOI0247271-001
Type of Loss:	Collision	Date of Loss:	11/7/2022 12:00 PM	Days to Repair:	0
Point of Impact:	12 Front				

Owner:
STATE OF IOWA, STATE OF IOWA
SPENCER, IA 51301

Inspection Location:
KEN BORTH AUTO
SPENCER, IA 51301
Other
(712) 262-7076 Evening

Repair Facility:

VEHICLE

2019 CHEV Silverado 1500 LD Work Truck Double Cab 4WD 4D P/U 8-5.3L Flex Fuel Direct Injection

VIN:	2GCVKNEC9K1165231	Production Date:		Interior Color:	
License:		Odometer:	74,788	Exterior Color:	
State:		Condition:			

TRANSMISSION

Automatic Transmission
Overdrive
4 Wheel Drive

POWER

Power Steering
Power Brakes
Power Windows
Power Locks

DECOR

Dual Mirrors
Tinted Glass

Console/Storage

CONVENIENCE

Air Conditioning
Tilt Wheel
Cruise Control
Message Center
Backup Camera

RADIO

AM Radio
FM Radio
Stereo
Search/Seek

Auxiliary Audio Connection

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

Positraction

SEATS

Reclining/Lounge Seats

WHEELS

Styled Steel Wheels

PAINT

Clear Coat Paint

TRUCK

Rear Step Bumper
Trailer Hitch
Trailer Package

Estimate of Record

Owner: STATE OF IOWA, STATE OF IOWA

Job Number:

2019 CHEV Silverado 1500 LD Work Truck Double Cab 4WD 4D P/U 8-5.3L Flex Fuel Direct Injection

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		FRONT BUMPER					
2		O/H front bumper				2.6	
3	**	Repl A/M Front bumper w/o park assist, w/o fog lamps paint to mtch	84029793	1	<u>750.00</u>	Incl.	2.6
		Note: A/M PARTS LOCATED AT KEYSTONE AUTOMOTIVE. PARTS IN STOCK OR AVAILABLE IN 1TO 2 DAYS AT TIME OF CHECK. PARTS MAY BE AVAILABLE THROUGH GM PRICE MATCH PROGRAM					
4		Add for Clear Coat					1.0
5	*	Repl RT Filler panel	84052265	1	61.83	Incl.	<u>0.0</u>
6	**	Repl A/M Bumper filler w/o skid plate w/o tow hooks	84029773	1	<u>406.00</u>	Incl.	
7		Repl RT Inner bracket	84029774	1	99.95	Incl.	
8		Repl Center bracket	23243085	1	55.00	Incl.	
9		Repl RT Guide	23465293	1	22.62	Incl.	
10		GRILLE					
11	*	Repl Grille body color paint to mtch-OPEN FOR VENDOR INVOICE	84374385	1	679.98	0.4	1.8
12		Add for Clear Coat					0.7
13		Dis/reassmble to refn				0.4	
14		Repl Emblem gold insert	23236301	1	130.99	Incl.	
15		FRONT LAMPS					
16		R&I LT R&I headlamp assy				0.3	
17	**	Repl A/M RT Headlamp assy chrome	84388724	1	<u>1,259.00</u>	0.5	
18		Aim headlamps				0.5	
19		HOOD					
20	*	Rpr Hood				<u>1.0</u>	3.0
21		Overlap Major Non-Adj. Panel					-0.2
22		Add for Clear Coat					0.6
23		R&I R&I hood assy				0.6	
24		RADIATOR SUPPORT					
25		Repl Baffle	23133705	1	14.13	0.1	
26		FRONT PANELS					
27	**	Repl A/M Panel assy Chevrolet	23461838	1	<u>390.00</u>	1.4	
		Note: LABOR: Time is after bumper and headlamp assemblies are removed. Time includes R&I/R&R shutter, rear seal and air baffle.					
28		Repl Rear seal Chevrolet	23364122	1	128.33	Incl.	
29		Repl Shutter	84363184	1	377.22	Incl.	
30		FENDER					
31	**	Repl A/M RT Fender	84214215	1	<u>666.00</u>	3.4	2.0
		Note: LABOR: Time includes R&R/R&I air cleaner assembly, mount bracket, coolant reservoir, fender liner, battery, battery tray, protector and hinge. Time is after bumper, hood and headlamp assembly are removed.					
32		Overlap Major Adj. Panel					-0.4
33		Add for Clear Coat					0.3

Estimate of Record

Owner: STATE OF IOWA, STATE OF IOWA

Job Number:

2019 CHEV Silverado 1500 LD Work Truck Double Cab 4WD 4D P/U 8-5.3L Flex Fuel Direct Injection

34		Add for Edging					0.5
35		Add for Inside					1.2
36	**	Repl A/M RT Fender liner	84082132	1	<u>111.00</u>	Incl.	
37	FRONT DOOR						
38		Blnd RT Outer panel double & crew cab					1.2
39		R&I RT R&I mirror				0.3	
40		R&I RT Run w'strip double & crew cab				0.3	
41		R&I RT Belt molding double & crew cab black				0.3	
42		R&I RT R&I trim panel				0.4	
43		R&I RT Handle, outside black				0.3	
44	#	Hazardous Waste		1	3.00		
45	#	R&I A/M LAMPS AND WIRING				1.0 M	
46	#	Cover Car		1	5.00	0.2	
				SUBTOTALS	5,160.05	14.0	14.3

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			5,160.05
Body Labor	13.0 hrs @	\$ 60.00 /hr	780.00
Paint Labor	14.3 hrs @	\$ 100.00 /hr	1,430.00
Mechanical Labor	1.0 hrs @	\$ 75.00 /hr	75.00
Subtotal			7,445.05
Total Cost of Repairs			7,445.05
Deductible			0.00
Total Adjustments			0.00
Net Cost of Repairs			7,445.05

MyPriceLink Estimate ID / Quote ID:

1018995344005931008 / 114353762

THIS IS NOT AN AUTHORIZATION TO BEGIN REPAIRS.

SUPPLEMENTS - Please be advised that the INSURANCE COMPANY requires notice of any supplements prior to the work being performed. Failure to notify INSURANCE COMPANY and allow INSURANCE COMPANY to review the supplemental charges may result in non-payment of the supplemental items.

ESTIMATE AUDIT - THIS DOCUMENT IS NOT AN APPRAISAL. INQUIRIES SHOULD BE DIRECTED TO THE INSURANCE COMPANY LISTED AT THE TOP OF THIS DOCUMENT.

REPAIR SHOPS CAN CONTACT QCS AUDITOR FOR ANY REPAIR RELATED INQUIRIES AT 1-877-237-3727.