Executive Council of Iowa

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

September 8, 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 $10,096.74, subject to an audit of actual invoices. On July 25, 2026, Vehicle #326 sustained damage due to a deer collision. Request was to cover repair costs.

EXECUTIVE COUNCIL OF IOWA

Kristi Onstot

Kristi Onstot
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 # 4463
TOS Job # ____

OFFICE OF AUDITOR OF STATE
STATE OF IOWA

State Capitol Building
Des Moines, Iowa 50319-0006

Telephone (515) 281-5834
www.auditor.iowa.gov

Rob Sand
Auditor of State

August 14, 2026

Kristi Onstot
Executive Council

Subject: Deer Damage to Vehicle #326 on July 25, 2026
Department of Administrative Services
Claim dated July 27, 2026
AOS Claim ID: 4463

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 $10,096.74, 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 Beets, Fleet Services Risk Program Manager, Department of Administrative Services
Heather Hackbarth, Department of Management

Outlook

29C20 Allocation Request - C270019 - 326-259833 - 07/25/2026

From notifications@origamirisk.com <notifications@origamirisk.com>
Date Thu 7/30/2026 10:14 AM
To 29C20@aos.iowa.gov <29C20@aos.iowa.gov>
Cc ExecutiveCouncil [TOS] <ExecutiveCouncil@tos.iowa.gov>

1 attachment (868 KB)
29C20 Allocation Request Abstract.pdf;

Please see the 29C20 Allocation Request below. Supporting documentation is attached to this email.

DAS Claim #	C270019
Vehicle / Event	326-259833 / Deer
Event Date	07/25/2026 at 21:26
Summary	Deer
Amount Requested	10,096.74
Supporting Documentation	29C20 Initial Notification, Accident Report, Repair Estimate(s), Photos

If you have any questions or concerns, please do not hesitate to contact me.

Thank you.

Ryan Betts
Fleet Services Risk Program Manager
Iowa Department of Administrative Services
510 E 12th Street, Des Moines, IA 50319
(515) 281-8008
das.risk@das.iowa.gov

Claim: C270019 as of 07/30/2026

Claim Number	DAS Vehicle Number	State Driver	Vehicle Agency	Loss Date	Status	Total Incurred
C270019	326-259833	Janssen, Christopher	Public Safety - Administrative Services	7/25/2026	Open	0.00

ADMIN Only Claim Status

Overall Claim Status:	New	Total Loss Status:	
Overall Claim Status Date:	07/30/2026	Total Loss Status Date:	
Overall Incident Status:	Closed-Claim Created	Restitution Status:	
Overall Incident Status Date:	07/30/2026	Restitution Status Date:	
29C20 Status:	Allocation Requested	Subrogation Status:	
29C20 Status Date:	07/30/2026	Subrogation Status Date:	
Repair Status:	Under Review	TORT Status:	
Repair Status Date:	07/30/2026	TORT Status Date:	

ADMIN Only

Notification Date:	07/30/2026 10:06 AM	Potential Tort?	No
Entry User:	**Ryan Betts**	29C20 Claim?	Yes
Historical Claim?	No	Subrogation?	No
Group ID:		Restitution?	No
		Total Loss?	No
Accident Type:	Animal	SOI Driver at Fault?	No
Accident Type Description:			
Object Struck:		Driver's Agency:	**595-1 - Public Safety - Administrative Services**
Object Struck Description:		Driver's Agency Number:	595
Contributing Circumstances:	✔ 01-None Apparent	Driver's Agency Name:	DPS
		Driver's Agency Email:	**ryan.betts@das.iowa.gov**
Accident Description ADMIN:	Deer	Vehicle's Agency:	**595-1 - Public Safety - Administrative Services**
Incident Review Date:		Vehicle's Agency Number:	595

Populating this field will send an alert to the Driver's Agency Fleet contact that an accident has occurred

Vehicle's Agency Name: DPS

Vehicle's Agency Email: ryan.betts@das.iowa.gov

Estimate Approvals

Add Estimate

Entry Date	Estimate Type	Estimate Amount	Approved Estimate Amount	Body Shop Name	MA Number	CRS Claim?	
07/30/2026 10:09 AM	Initial Estimate	10,096.74		Karl Chevrolet	21113D	No	✖
		10,096.74					

ADMIN Only Invoicing

Repair Costs

Bodyshop Repair Amount:

Towing Amount:

Storage Amount:

Other Amount:

Final Total: 0.00

Triggers creation/email of Payment Request Cover Sheet (REP5)

Bodyshop Payment Date:

Bodyshop Name:

Bodyshop MA Number:

Communication Preference:

ADMIN Only 29C20

Triggers Initial Notification to AOS from the Incident Form!!

Claim Type: Deer

AOS Notification Date: 07/25/2026

Triggers Allocation Request to AOS (AON2)

Allocation Request Date: 07/30/2026

Allocation Request Amount: 10,096.74

Triggers 29C20 status update only (AON3)

AOS Recommendation date:

AOS Claim Number:

Triggers Reimbursement Request to AOS (AON4-Standard or AON5-Total Loss)

Reimbursement Request Date:

Reimbursement Amount Requested:

Triggers 29C20 Status update only (AON6)

Reimbursement Letter Received Date:

Other Information

29C20 Notes: AON notification sent to AOS/TOS via email on 7/27.

ADMIN Only Total Loss

Triggers ACV Request (TL1)

Total Loss NADA Amount:

Total Loss ACV Request Date:

Triggers Vehicle Prep email to DPS or Driver (TL2)

Is equipment teardown needed?

Vehicle Prep Request Date:

Does the Vehicle have a GPS Unit?

Triggers Dispatch to Auction email (TL3)

Has the Inspection Report been completed?

Dispatched to Auction Date:

Current Vehicle Location Name:

Current Vehicle Location Address:

Current Vehicle Location City:

Current Vehicle Location State:

Current Vehicle Location Zipcode:

Current Vehicle Location Phone:

Triggers tasks for any special handling (TL5)

Total Loss ACV Amount:

Total Loss Salvage Amount:

Total Loss Vehicle Sold Date:

Other Information

Special Instructions:

Admin Only - Tort Claims

Admin Only - Restitution

ADMIN Only Subrogation

Triggers Subrogation Request email to Insurance Company (SUB2)

Subrogation Request Date:

Total Subrogation Demand:

Subrogation Vehicle Owner:

Subrogation Insurance:

Other Information

Subrogation Notes:

Triggers Subrogation Acceptance email to Insurance Company (SUB3)

Subrogation Acceptance Date:

Subrogee Claim Number:

Accepted Subrogation amount:

ADMIN Only CRS Info

CRS Claim Created:

CRS Department Name:

CRS Claimants:

CRS Date of Loss:

CRS Claim Created:

CRS Claim Type:

CRS Fee:

CRS Reviewed:

CRS Review Notes:

Accident Details

Claim Number:	C270019
Claimant:	Janssen, Christopher
Accident Date:	07/25/2026
Accident Time:	9:26 PM
Accident Street/Location:	Hwy 20
Accident City:	none
Accident State:	Iowa
Accident Postal:	99999
Accident County:	Delaware

More than 1 driver involved?	No
More than 1 vehicle involved?	No
Accident Description Quick:	Deer
Accident Description Full:	Deer

Click **Edit Collision Diagram** below to complete an a diagram of the accident.

State Driver Details

Driver's First Name:	Christopher	Driver's DoB:	01/01/1900
Driver's Last Name:	Janssen	Driver's Phone Number:	(999) 999-9999
Drivers License Number:	789YY7683	Driver's State of Iowa Email Address:	**ryan.betts@das.iowa.gov**
Drivers License State:	Iowa		

Other Driver Details

Driver 2 First Name:		Driver 2 DoB:	
Driver 2 Last Name:		Driver 2 Phone Number:	
Driver 2 License Number:		Driver 2 Email Address:	
Driver 2 License State:			

State Vehicle Details

Vehicle:	**2C3CDXKG8NH259833**	Tow Required?	No
DAS Vehicle Number:	326-259833	Towed by what Company?	
Vehicle License Plate Number (if different than vehicle number)		Towed to where?	
VIN:	2C3CDXKG8NH259833	Vehicle Mileage:	116,125
Vehicle Year:	2022	Brief Description of Vehicle Damage:	Front end damage.
Vehicle Make:	DODGE		
Vehicle Model:	CHARGER		
Fund Source:			

Other Vehicle Details

Vehicle 2 License Plate Number:		**Other Vehicle Insurance Information**	
Vehicle 2 VIN:		Insurance Company Name:	
Vehicle 2 Year:		Address:	
Vehicle 2 Make:		City:	
Vehicle 2 Model:		State:	
Vehicle 2 Require Tow:		Zipcode:	
Vehicle 2 Towed by what Company?		Agent's Name:	
Vehicle 2 Towed to where?		Agent's Phone:	

Vehicle 2 Mileage:	
Vehicle 2 Description of Damage:	
Agent's Email:	
Policy #	

Conditions

Location Type:	07-Open Country (Rural)	Surface Conditions:	01-Dry
Weather Conditions:	01-Clear	Vision Obscured:	01-Not Obscured
Light Conditions:	02-Dusk	Apparent Driver Conditions:	01-Apparently Normal
		Other Comments from Driver:	

Was anyone Injured?

Were you Injured?	No
Was anyone else injured?	No

Where there any Witnesses?

Were there any Witnesses?	No
If yes, were you able to collect their information?	
If you weren't able to collect their information, why not?	

Witness List

Was any Property Damaged other than the Vehicles listed above?

Was any property damaged:	No

Attach photos or other incident related documents.

Upload File

File Name	Folder	Document Type	Description
AON Initial Notification 2026-07-27.pdf	29C20	29C20 Initial Notification	
IMG_4335.JPEG	Accident Details	Accident Photos	
MARS_Unit_Report-2026-00176063.pdf	Accident Details	Police Accident Report	
IMG_4334 (1).JPEG	Accident Details	Accident Photos	
#326 Memo.docx	Accident Details	Memos/Other Docs	
#326 - State Vehicle Damage Rpt form - updated_ - Copy.doc	Accident Details	Memos/Other Docs	
ISP CHARGER.pdf	Estimates	Estimate - Initial	
ISP. CHARGER.pdf	Accident Details	Accident Photos	
29C20 Allocation Request Summary - 2026-07-27.pdf	29C20	29C20 Allocation Request Summary	

Key Workflow Contacts

Fleet Admin MGR Contact:	**Fucaloro, Mariah**
Fleet Admin Contact:	**Betts, Ryan**
Fleet Finance Contact:	**Wear, Kyle**
Fleet Inbox:	**Betts, Ryan**
AOS 29C20 Contact:	**AOS,**
TOS 29C20 Contact:	**ExecutiveCouncil@TOS.Iowa.Gov,**
DPS Primary Contact:	**Adams, Jeannie**
Fleet Salvage Dispatch Contact:	**Kieffer, Michelle**
Fleet MA Contact:	**Rudawski, Michael**
Finance Invoice Payment Contact:	**DAS, Finance**

Files

File	Description	Folder	Attached By	Attach Date	Size
29C20 Allocation Request Summary - 2026-07-27.pdf		29C20	Ryan Betts	07/30/2026	152kb
ISP. CHARGER.pdf		Accident Details	Ryan Betts	07/30/2026	943kb
ISP. CHARGER.pdf		Accident Details	Ryan Betts	07/30/2026	943kb
ISP CHARGER.pdf		Estimates	Ryan Betts	07/30/2026	187kb
ISP CHARGER.pdf		Estimates	Ryan Betts	07/30/2026	187kb
#326 - State Vehicle Damage Rpt form - updated_ - Copy.doc		Accident Details	Ryan Betts	07/29/2026	93kb
#326 - State Vehicle Damage Rpt form - updated_ - Copy.doc		Accident Details	Ryan Betts	07/29/2026	93kb
#326 Memo.docx		Accident Details	Ryan Betts	07/29/2026	26kb
#326 Memo.docx		Accident Details	Ryan Betts	07/29/2026	26kb
IMG_4334 (1).JPEG		Accident Details	Ryan Betts	07/29/2026	10929kb
MARS_Unit_Report-2026-00176063.pdf		Accident Details	Ryan Betts	07/29/2026	155kb
MARS_Unit_Report-2026-00176063.pdf		Accident Details	Ryan Betts	07/29/2026	155kb
IMG_4335.JPEG		Accident Details	Ryan Betts	07/29/2026	7334kb
AON Initial Notification 2026-07-27.pdf		29C20	Ryan Betts	07/29/2026	163kb
AON Initial Notification 2026-07-27.pdf		29C20	Ryan Betts	07/29/2026	163kb

Images

IMG_4335.JPEG

IMG_4334 (1).JPEG

IOWA | Department of Administrative Services

KIM REYNOLDS, GOVERNOR
CHRIS COURNOYER, LT. GOVERNOR

MARK CAMPBELL, DIRECTOR

Date: July 29, 2026

To: Tammy Hollingsworth, Auditor of State

Executive Council, Treasurer of State

Re: 29C20 Initial Notification

Vehicle / Event	326-259833 / Deer
Event Date	7/25/2026 at 9:26 PM
Summary	Deer
State Driver	Christopher Janssen

This document provides the initial 24 hour notification for an AON claim and provides the high level details provided in the initial report.

Additional details will be forthcoming from DAS Fleet Risk Management.

If you have any questions or concerns, please do not hesitate to contact me.

Thank you.

Ryan Betts
Fleet Services Risk Program Manager
Iowa Department of Administrative Services
510 E 12th Street, Des Moines, IA 50319
(515) 281-8008
das.risk@das.iowa.gov

Form 4433003 (11-13)

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Form Number: **2026-00176063**

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

Date of Accident	Time of Accident	County	Accident occurred within corporate limits of (city)
07/25/2026	**21:26** Hrs.	**DELAWARE - 28**	

UNIT 1

Driver's Name - Last	First	Middle
JANSSEN	**CHRISTOPHER**	**MICHAEL**

Address	City	State	Zip
15239 35TH ST	**OELWEIN**	**IA**	**50662**

Date of Birth	Driver's License Number	CDL	Citation Charge 1	Citation Charge 2
03/29/1975	**789YY7683**	Yes ○ No ◉		

Male	Female	State	Class	Endorsements	Restrictions	Citation Charge 3	Citation Charge 4
◉	○	**IA**	**C**	**L**			

Alcohol Test Given:	Test Results:	Drug Test Given:	Test Result:	Re-exam: Yes ○ No ◉	Reason for Re-Exam Request:
1		**1**			

Owner's Name - Last	First	Middle
STATE OF IOWA		

Address	City	State	Zip
109 SE 13TH ST	**DES MOINES**	**IA**	**50319**

License Plate No.	State	Year	VIN:	Color	Year	Make	Model	Style
326	**IA**		**2C3CDXKG8NH259833**	**GRY**	**2022**	**DODG**	**CHARGER**	**4D**

Trailer Plate No.	State	Year	VIN:	Tow	Tow #	Towed To	Approx. Cost to Repair or Replace
				1			**$1,500.00**

Insurance Company Name	Insurance Co. Phone Number	Insurance Policy Number
SELF INSURED		**SELF INSURED**

Initial Travel Direction	Veh. Act.	Veh. Config.	Cargo Body Type	Veh. Defect	Point of Initial Impact	Most Damaged Area	Extent of Damage	Total Occ. in Veh.
		01	**01**					**1**

Special Veh. Func	Emergency Status	Bus Use	Driver Condition	Vision Obscured	Contributing Circumstances Driver (up to two)	Driver Distractions	Speed Limit
					88	**02**	

Traffic Controls	Horizontal Alignment	Vertical Alignment	SEQUENCE OF EVENTS	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event
				31				**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

Trailer Plate:	State	Year	VIN

Converter Dolly	Dolly Plate:	State	Plate Year	VIN

PERSONS INJURED IN UNIT 1

	Phone Number	DOB:	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:
DRIVER OF UNIT **1**	**(319) 283-5521**										**01**			
Name	Phone Number	DOB:											Transported to:	Transported by:
Address														
Name	Phone Number	DOB:											Transported to:	Transported by:
Address														
Name	Phone Number	DOB:											Transported to:	Transported by:
Address														
Name	Phone Number	DOB:											Transported to:	Transported by:
Address														

Form 4433003 (11-13)

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

Form Number: **2026-00176063**

LOCATION

Date of Accident	Time of Accident	County	Accident occurred within corporate limits of (city)	Legal Intervention?	Private Property?
07/25/2026	**21:26** Hrs.	**DELAWARE - 28**		☐	☐

Literal Description: **US 20 W (288 MM WB)**

County: **28** Route:

If accident occurred outside of city limits show general vicinity: N ○ NE ○ E ○ SE ○ S ○ SW ○ W ○ NW ○ of nearest city

X Coordinate: **645362.25**

On Road, Street or Highway:

At Intersection with:

Y Coordinate: **4703569**

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

N ○ NE ○ E ○ SE ○ S ○ SW ○ W ○ NW ○ and N ○ NE ○ E ○ SE ○ S ○ SW ○ W ○ NW ○

If Divided Highway, Provide Route (Cardinal) Travel Direction: NB ○ SB ○ EB ○ WB ○

Milepost Number

Or Definable intersection, bridge, or railroad crossing

ACCIDENT ENVIRONMENT		ROADWAY CHARACTERISTICS
Location of First Harmful Event	Weather Conditions (up to two)	Major Contributing Circumstances Environment **06**
Manner of Crash/Collision **01**		Roadway
Light Conditions	Surface Conditions	Type of Roadway Junction/Feature
		FRA No.

First Harmful Event (Crash)	WORKZONE RELATED?	Yes	No	Activity	Location	Type	Workers Present
31		○	○				

NON MOTORISTS

Name	Phone Number	DOB:	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
001													

Address:	Alcohol Test Given	Test Results:	Drug Test Given	Result	Charged	Yes	No
						○	○

Transported to: | Transported by:

Name	Phone Number	DOB:	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

Address:	Alcohol Test Given	Test Results:	Drug Test Given	Result	Charged	Yes	No
						○	○

Transported to: | Transported by:

NON VEHICULAR PROPERTY DMG

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

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

WITNESS

Last Name	First Name	Address	City	State	Zip Code	Phone Number

Is This a Secondary Crash?	Type of Primary Incident	Roadway Clearance Date	Incident Clearance Date
Y ○ N ◉		**07/25/2026**	**07/25/2026**

Signature of Officer	Badge Number	Time Officer Notified of Accident	Roadway Clearance Time	Incident Clearance Time
SERGEANT B BILHARZ	**509**	**21:26** Hrs.	**21:26** Hrs.	**22:16** Hrs.

Name of Agency	Date of Report	Time Officer Arrived At Scene	Total Roadway Clearance Time	Total Incident Clearance Time
IOWA STATE PATROL - DIST 09	**07/25/2026**	**21:26** Hrs.	**000:00**	**000:50**

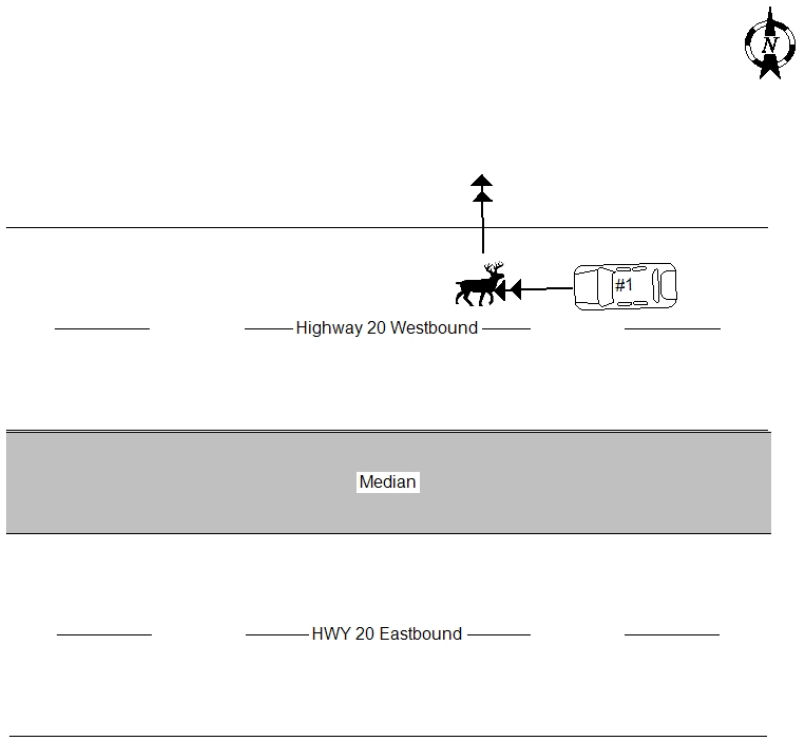
Report Reviewed By	Date of Review	Investigation made at scene?	T.I. No.	Other Technical Investigating Agency
		Y ◉ N ○		

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Form 4433003 (11-13)

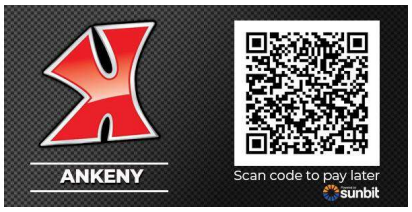
MAIL REPORTS TO: Iowa Department of Transportation, Office of Driver Services, P.O. Box 9204, Des Moines, Iowa 50306-9204 Form Number: **2026-00176063**

DIAGRAM



NARRATIVE

Unit #1 was westbound on Highway 20 in the outside lane. A deer was running north across the westbound lanes. Unit #1 struck the deer.



Karl Chevrolet Collision Center Ankeny

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

Workfile ID: c25ddb98
Federal ID: 42-1092272

Estimate

RO Number:

Customer:	Insurance:	Adjuster:	Estimator:	Joe Singleton
SOI ISP		Phone:	Create Date:	7/28/2026
		Claim:		
		Loss Date:		
		Deductible:		

2022 DODG Charger Police AWD (Fleet) 4D SED 6-3.6L Gasoline Sequential MPI

VIN:	2C3CDXKG8NH259833	Interior Color:	Mileage In:	116,309	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 & WINGS	1	840.43	Other	5.0	Body	
2	E01		**FRONT BUMPER & GRILLE**						
3	E01	Remove/Replace	O/H front bumper				3.4	Body	
4	E01	Remove/Replace	Bumper cover	1	420.50	A/M	0.0	Body	3.4
5	E01		Add for Clear Coat						1.4
6	E01		Add for Two Tone						1.4
7	E01	Remove/Replace	Lower grille w/o adaptive cruise	1	155.00	OEM	0.0	Body	
8	E01	Remove/Replace	Upper grille black crossbars	1	522.00	OEM	0.0	Body	
9	E01		**FRONT LAMPS**						
10	E01	Remove/Replace	RT Headlamp assy halogen	1	964.00	OEM	0.4	Body	
11	E01	Remove/Replace	LT Headlamp assy halogen	1	931.00	OEM	0.4	Body	
12	E01		**RADIATOR SUPPORT**						
13	E01	Remove/Replace	Radiator support	1	459.00	OEM	1.0	Body	1.6
14	E01	Remove/Replace	RT Air guide 1-piece guide all	1	36.55	OEM	0.1	Body	
15	E01	Remove/Replace	LT Air guide 1-piece guide all	1	37.70	OEM	0.1	Body	
16	E01	Remove/Replace	LT Mount bracket	1	21.75	OEM	0.5	Body	0.3
17	E01		Add for Clear Coat						0.1
18	E01	Remove/Replace	RT Mount bracket	1	21.75	OEM	0.5	Body	0.3
19	E01		Add for Clear Coat						0.1
20	E01		**COOLING**						
21	E01	Remove/Replace	Upper seal	1	16.35	OEM			
22	E01	Remove/Replace	Lower seal	1	16.35	OEM			
23	E01	Remove/Replace	Radiator	1	610.00	OEM	1.8	Body	
24	E01	Remove/Replace	Deduct for Overlap				(0.5)	Body	
25	E01		**AIR CONDITIONER & HEATER**						

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:

2022 DODG Charger Police AWD (Fleet) 4D SED 6-3.6L Gasoline Sequential MPI

26	E01	Remove/Replace	Condenser assy	1	714.00	OEM	1.5	Body	
27	E01	Remove/Replace	AC Service evacuate & recharge R134a				1.4	Body	
28	E01	Remove/Replace	AC Service refrigerant recovery				0.4	Body	
29	E01	Remove/Replace	Deduct for Overlap				(1.0)	Body	
30	E01		**HOOD**						
31	E01	Remove/Replace	Hood (ALU)	1	717.09	A/M	1.5	Body	3.0
32	E01		Add for Clear Coat						1.2
33	E01		Add for Underside(Complete)						1.5
34	E01		Add for Clear Coat						0.3
35	E01	Remove/Replace	Striker	1	45.05	OEM	0.0	Body	
36	E01		**FENDER**						
37	E01	Remove/Replace	RT Fender w/o wide body	1	458.00	OEM	1.6	Body	2.0
38	E01		Overlap Major Adj. Panel						(0.4)
39	E01		Add for Clear Coat						0.3
40	E01		Add for Edging						0.5
41	E01		Add for Clear Coat						0.1
42	E01	Alignment	LT Fender w/o wide body				1.0	Body	
43	E01		replace decal				1.0	Body	
44	E01	Repair	LT Fender w/o wide body NOTE: clean and touch up edge at door				1.0	Body	
45	E01		**ELECTRICAL**						
46	E01	Remove/Replace	High note horn	1	58.35	OEM	0.2	Body	
47	E01	Remove/Replace	Low note horn	1	48.85	OEM	0.2	Body	
48	E01		**ENGINE**						
49	E01	Remove/Replace	Air cleaner assy w/police	1	437.00	OEM	0.5	Body	
50	E01		coolant	2	50.00	Other			
51	E01		**MISCELLANEOUS OPERATIONS**						
52	E01		Pre-scan				0.5	Mech	
53	E01		Post scan	1	70.00	Other	0.5	Mech	
54	E01	Sublet	Hazardous Waste	1	3.00	Other			

Estimate Totals	Discount $	Markup $	Rate $	Total Hours	Total $
Parts	(1,110.54)	126.06			6,666.24
Sublet/Miscellaneous					3.00
Labor, Body			63.00	22.0	1,386.00
Labor, Refinish			115.00	17.1	1,966.50
Labor, Mechanical			75.00	1.0	75.00
Subtotal					**10,096.74**
Sales Tax					0.00
Grand Total					**10,096.74**
Net Total					**10,096.74**

Estimate Version	Total $
Original	10,096.74

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:

2022 DODG Charger Police AWD (Fleet) 4D SED 6-3.6L Gasoline Sequential MPI

Insurance Total $:	10,096.74
Received from Insurance $:	0.00
Balance due from Insurance $:	10,096.74
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

IOWA | Department of Administrative Services

KIM REYNOLDS, GOVERNOR
CHRIS COURNOYER, LT. GOVERNOR

MARK CAMPBELL, DIRECTOR

Date: July 30, 2026

To: AOS, Auditor of State
Executive Council, Treasurer of State

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

Vehicle / Event	326-259833 / Animal
Event Date:	7/25/2026 at 9:26 PM
Summary	Deer
Amount Requested	10,096.74
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,

Ryan Betts
Fleet Services Risk Program Manager
Iowa Department of Administrative Services
510 E 12th Street, Des Moines, IA 50319
Office Phone: (515) 281-8008
das.risk@das.iowa.gov