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 Public Safety's request for an emergency allocation in the amount of $3,315.40, subject to an audit of actual invoices. On July 11, 2026, Vehicle #141 sustained damage due to deer collision. Request was to cover repair costs.

EXECUTIVE COUNCIL OF IOWA

Kristi Onstot

Kristi Onstot
Executive Secretary

cc: Lieutenant Richard Pierce, Iowa State Patrol, Department of Public Safety
Ryan Betts, Fleet Services Risk Program Manager, Department of Administrative Services
Matt Bender, Department of Management
Heather Hackbarth, Department of Management

AOS Claim # 4436
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 #141 on July 11, 2026
Department of Public Safety – Iowa State Patrol
Claim dated July 13, 2026
AOS Claim ID: 4436

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 Public Safety – Iowa State Patrol is covered by Chapter 29C.20 of the Code of Iowa. Therefore, we recommend an Executive Council allocation in the amount of $3,315.40, subject to an audit of actual invoices.

Sincerely,

Brian R. Brustkern, CPA
Deputy Auditor of State

cc: Lieutenant Richard Pierce, Iowa State Patrol, Department of Public Safety
Ryan Betts, Fleet Services Risk Program Manager, Department of Administrative Services
Heather Hackbarth, Department of Management

Outlook

29C20 Allocation Request - C270007 - 141-676211 - 07/11/2026

From notifications@origamirisk.com <notifications@origamirisk.com>
Date Wed 7/29/2026 11:35 AM
To 29C20@aos.iowa.gov <29C20@aos.iowa.gov>
Cc ExecutiveCouncil [TOS] <ExecutiveCouncil@tos.iowa.gov>

1 attachment (865 KB)
29C20 Allocation Request Abstract.pdf;

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

DAS Claim #	C270007
Vehicle / Event	141-676211 / Deer
Event Date	07/11/2026 at 00:58
Summary	Deer
Amount Requested	3,315.40
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: C270007 as of 07/29/2026

Claim Number	DAS Vehicle Number	State Driver	Vehicle Agency	Loss Date	Status	Total Incurred
C270007	141-676211	Leffler, Kevin	Public Safety - Administrative Services	7/11/2026	Open	0.00

ADMIN Only Claim Status

Overall Claim Status:	In Progress	Total Loss Status:	
Overall Claim Status Date:	07/24/2026	Total Loss Status Date:	
Overall Incident Status:	Closed-Claim Created	Restitution Status:	
Overall Incident Status Date:	07/24/2026	Restitution Status Date:	
29C20 Status:	Allocation Requested	Subrogation Status:	
29C20 Status Date:	07/29/2026	Subrogation Status Date:	
Repair Status:	Repairs in Progress	TORT Status:	
Repair Status Date:	07/24/2026	TORT Status Date:	

ADMIN Only

Notification Date:	07/24/2026 2:26 PM	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:	07/24/2026	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?	
07/24/2026 2:27 PM	Initial Estimate	3,315.40	3,315.40	Wittrock Motor Company	21087D	No	✖
		3,315.40	**3,315.40**				

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: 07/15/2026

Triggers Allocation Request to AOS (AON2)

Allocation Request Date: 07/29/2026

Allocation Request Amount: 3,315.40

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: 29c20 initial notification sent via email prior to origami implementation.

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:	C270007
Claimant:	Leffler, Kevin
Accident Date:	07/11/2026
Accident Time:	12:58 AM
Accident Street/Location:	300th Street
Accident City:	Carroll
Accident State:	Iowa
Accident Postal:	51401
Accident County:	Carroll

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:	Kevin
Driver's Last Name:	Leffler
Drivers License Number:	788YY3692
Drivers License State:	Iowa
Driver's DoB:	01/01/1900
Driver's Phone Number:	(999) 999-9999
Driver's State of Iowa Email Address:	**ryan.betts@das.iowa.gov**

Other Driver Details

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

State Vehicle Details

Vehicle:	**1C4SDJFT8PC676211**
DAS Vehicle Number:	141-676211
Vehicle License Plate Number (if different than vehicle number)	
VIN:	1C4SDJFT8PC676211
Vehicle Year:	2023
Vehicle Make:	DODGE
Vehicle Model:	DURANGO
Fund Source:	
Tow Required?	No
Towed by what Company?	
Towed to where?	
Vehicle Mileage:	43,846
Brief Description of Vehicle Damage:	Damage to passenger side of vehicle - deer ran into patrol vehicle.

Other Vehicle Details

Vehicle 2 License Plate Number:	
Vehicle 2 VIN:	
Vehicle 2 Year:	
Vehicle 2 Make:	
Vehicle 2 Model:	
Vehicle 2 Require Tow:	
Vehicle 2 Towed by what Company?	
Vehicle 2 Towed to where?	

Other Vehicle Insurance Information

Insurance Company Name:	
Address:	
City:	
State:	
Zipcode:	
Agent's Name:	
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:	05-Darkness-Roadway Not Lighted	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
141 MEMO 7_11_26 Deer.doc	Accident Details	Memos/Other Docs	
MARS_Unit_Report-202600165463.pdf	Accident Details	Police Accident Report	
State Vehicle Damage Form #141 7_11_26.doc	Accident Details	Memos/Other Docs	
Estimate 141 7_11_26 Deer.pdf	Estimates	Estimate - Initial	
141 AON Notification.pdf	29C20	29C20 Initial Notification	
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	07/29/2026	152kb
141 AON Notification.pdf		29C20	Ryan Betts	07/29/2026	214kb
Estimate 141 7_11_26 Deer.pdf		Estimates	Ryan Betts	07/24/2026	159kb
Estimate 141 7_11_26 Deer.pdf		Estimates	Ryan Betts	07/24/2026	159kb
State Vehicle Damage Form #141 7_11_26.doc		Accident Details	Ryan Betts	07/24/2026	110kb
State Vehicle Damage Form #141 7_11_26.doc		Accident Details	Ryan Betts	07/24/2026	110kb
MARS_Unit_Report-202600165463.pdf		Accident Details	Ryan Betts	07/24/2026	149kb
MARS_Unit_Report-202600165463.pdf		Accident Details	Ryan Betts	07/24/2026	149kb
141 MEMO 7_11_26 Deer.doc		Accident Details	Ryan Betts	07/24/2026	59kb
141 MEMO 7_11_26 Deer.doc		Accident Details	Ryan Betts	07/24/2026	59kb

Form 4433003 (11-13)

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Form Number: **202600165463**

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)
07/11/2026	**00:58** Hrs.	**CARROLL - 14**	

UNIT 1

Driver's Name - Last	First	Middle
LEFFLER	**KEVIN**	**MERCER**

Address	City	State	Zip
3710 HIGHWAY 30 EAST	**DENNISON**	**IA**	**51442**

Date of Birth	Driver's License Number	CDL	Citation Charge 1	Citation Charge 2
06/24/1988	**788YY3692**	Yes ○ No ●		

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

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
141	**IA**	**2026**	**1C4SDJFT8PC676211**	**SIL**	**2023**	**DODG**	**DURANGO**	**4 DOOR**

Trailer Plate No.	State	Year	VIN:	Tow	Tow #	Towed To	Approx. Cost to Repair or Replace
				1			**$2,000.00**

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

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.
		03	**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

	State	Year	VIN
Trailer Plate:			
Trailer Plate:			

Converter Dolly	Dolly Plate:	State	Plate Year	VIN

PERSONS INJURED IN UNIT 1

	Phone Number: **(712) 263-4621**	Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Ejection Path	Trapped/extricated	Source of Transport	Died at scene/enroute
DRIVER OF UNIT **1**	Transported to:			Transported by:						**01**	

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:

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: **202600165463**

LOCATION

Date of Accident	Time of Accident	County	Accident occurred within corporate limits of (city)	Legal Intervention?	Private Property?
07/11/2026	**00:58** Hrs.	**CARROLL - 14**		☐	☐

Literal Description: **300TH ST WEST OF BIRCH ST**

County: **14** Route:

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

X Coordinate: **327763.875**

On Road, Street or Highway: | At Intersection with:

Y Coordinate: **4643104**

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

Location of First Harmful Event | Weather Conditions (up to two)

Manner of Crash/Collision: **01**

Light Conditions | Surface Conditions

ROADWAY CHARACTERISTICS

Major Contributing Circumstances Environment: **06**

Roadway

Type of Roadway Junction/Feature

FRA No.

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

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

NON MOTORISTS

Name	Phone Number	DOB:
001		

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:

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? Y ○ N ◉ | Type of Primary Incident | Roadway Clearance Date: **07/11/2026** | Incident Clearance Date: **07/11/2026**

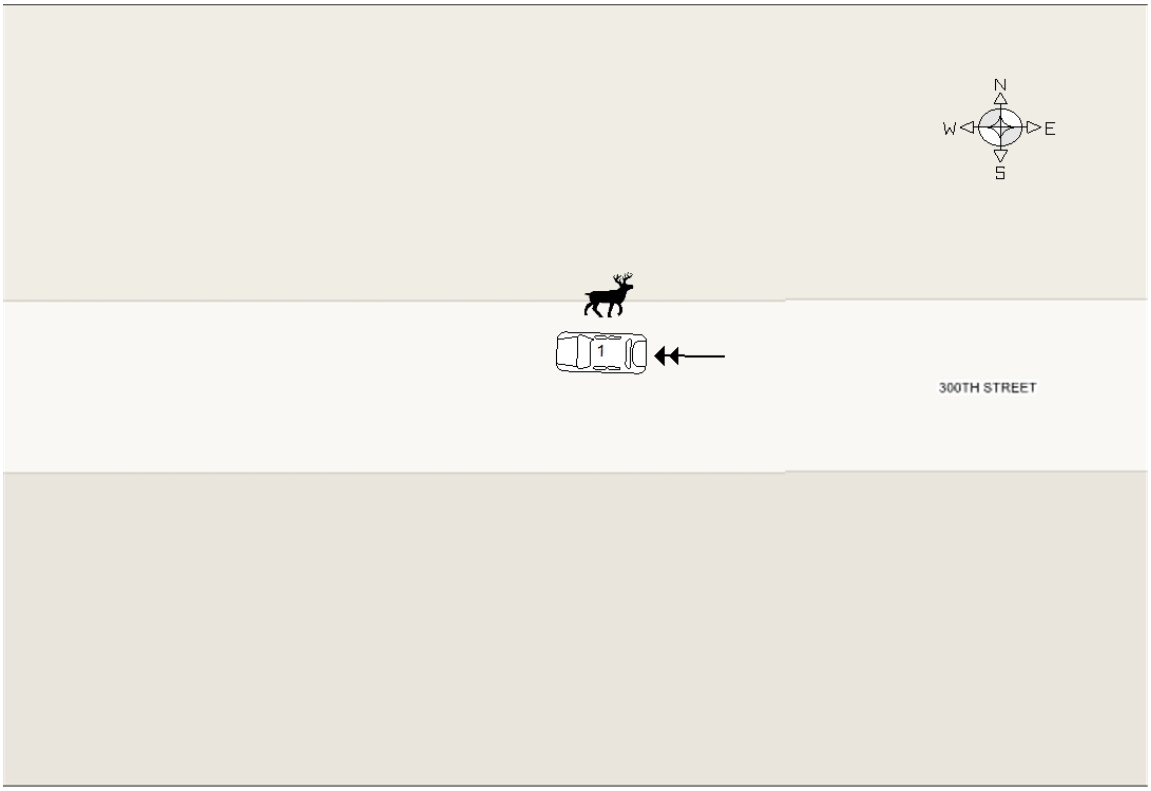
Signature of Officer	Badge Number	Time Officer Notified of Accident	Roadway Clearance Time	Incident Clearance Time
TROOPER L BOYD	**323**	**01:00** Hrs.	**01:00** Hrs.	**01:00** Hrs.
Name of Agency	Date of Report	Time Officer Arrived At Scene	Total Roadway Clearance Time	Total Incident Clearance Time
IOWA STATE PATROL - DIST 04	**07/11/2026**	**01:00** Hrs.	**000:00**	**000:00**
Report Reviewed By	Date of Review	Investigation made at scene? Y ○ N ◉	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: **202600165463**

DIAGRAM



NARRATIVE

Unit 1 was west bound on 300th street. A deer ran out of the north ditch and struck the side of unit 1.

WITTROCK MOTOR COMPANY

BODYSHOP@WITTROCKMOTORS.COM
1019 Hwy 30 West, PO Box 396, Carroll, IA 51401
Phone: (712) 792-9234
FAX: (712) 792-4434

Workfile ID: c9dca1f6
Federal ID: 42-1431870
State ID: 1-14-007142

Preliminary Estimate

Customer: STATE OF IOWA **Job Number:**

Written By: JOEL PIETIG

Insured:	STATE OF IOWA	Policy #:		Claim #:	
Type of Loss:		Date of Loss:		Days to Repair:	0
Point of Impact:	03 Right T-Bone (Right Side)				

Owner:
STATE OF IOWA

Inspection Location:
WITTROCK MOTOR COMPANY
1019 Hwy 30 West
PO Box 396
Carroll, IA 51401
Repair Facility
(712) 792-9234 Business

Insurance Company:

VEHICLE

2023 DODG Durango Pursuit AWD (Fleet) 4D UTV 8-5.7L Gasoline Sequential MPI SILVER

VIN:	1C4SDJFT8PC676211	Interior Color:		Mileage In:	44,156	Vehicle Out:	
License:	141	Exterior Color:	SILVER	Mileage Out:			
State:	IA	Production Date:		Condition:	Good	Job #:	

TRANSMISSION
Automatic Transmission
4 Wheel Drive
POWER
Power Steering
Power Brakes
Power Windows
Power Locks
Power Mirrors
Heated Mirrors
Power Driver Seat
DECOR
Dual Mirrors
Privacy Glass
Console/Storage
Overhead Console
CONVENIENCE
Air Conditioning
Intermittent Wipers
Tilt Wheel
Cruise Control
Rear Defogger
Keyless Entry
Message Center
Steering Wheel Touch Controls
Rear Window Wiper
Telescopic Wheel
Climate Control
Dual Air Condition
Backup Camera
Parking Sensors
RADIO
AM Radio
FM Radio
Stereo
Search/Seek
Auxiliary Audio Connection
Satellite Radio
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
Blind Spot Detection
SEATS
Cloth Seats
Bucket Seats
Reclining/Lounge Seats
WHEELS
Styled Steel Wheels
PAINT
Clear Coat Paint
OTHER
Rear Spoiler
California Emissions
TRUCK
Rear Step Bumper
Trailer Hitch
Trailering Package

Customer: STATE OF IOWA **Job Number:**

2023 DODG Durango Pursuit AWD (Fleet) 4D UTV 8-5.7L Gasoline Sequential MPI SILVER

Line		Oper	Description	Part Number	Qty	Extended Price $	Labor	Paint
1	**FRONT DOOR**							
2	*	Rpr	RT Door shell				3.0	2.4
3			Add for Clear Coat					1.0
4		R&I	RT Belt molding				0.3	
5		R&I	RT Power mirror w/o memory, w/blind spot detection gloss black				0.3	
6	*	R&I	RT Glass run				0.2	
7		R&I	RT R&I carrier assy				0.4	
8		R&I	RT Handle, outside painted, all ceramic gray				0.3	
9		R&I	RT R&I trim panel				0.4	
10	#	R&I	Sticker on door				1.0	
11	**REAR DOOR**							
12		Repl	RT Outer panel	55369482AC	1	744.00	6.0	2.4
13			Overlap Major Adj. Panel					-0.4
14			Add for Clear Coat					0.4
15			Add for Inside					0.5
16			Add for Clear Coat					0.1
17		R&I	RT Door glass Dodge w/o deep tint				0.4	
18	**QUARTER PANEL**							
19	*	Blnd	RT Quarter panel					1.4
20		R&I	RT Wheel flare w/o body color				0.3	
21		R&I	LT Wheel flare w/o body color				0.3	
22		Repl	RT Wheel flare rivet	6500911	2	25.60		
23		Repl	LT Wheel flare rivet	6500911	2	25.60		
24	#	Refn	RT Roof rail					1.0
25			Add for Clear Coat					0.2
26	**REAR LAMPS**							
27		R&I	RT Tail lamp assy				0.3	
28		R&I	LT Tail lamp assy				0.3	
29	**REAR BUMPER**							
30		R&I	R&I bumper cover				1.2	
31	**VEHICLE DIAGNOSTICS**							
32	*	Subl	Pre-repair scan		1	80.00 T m		
33	*	Subl	Post-repair scan		1	80.00 T m		
34	#	Subl	Hazardous waste removal		1	4.00 T		
35	#	Repl	Cover Car		1	10.00 T	0.2	
36	#		Color tint / color match		1			1.0
37	#	Rpr	Color sand and buff				1.0	
38	#	Repl	Corrosion protection		1	10.00 T		
39	#		Door Skin Kit		1	75.00		
			Note: SEAM SEALER & PANEL BOND					
				SUBTOTALS		**1,054.20**	**15.9**	**10.0**

Customer: STATE OF IOWA **Job Number:**

2023 DODG Durango Pursuit AWD (Fleet) 4D UTV 8-5.7L Gasoline Sequential MPI SILVER

ESTIMATE TOTALS

Category	Basis		Rate	Cost $
Parts				870.20
Body Labor	15.9 hrs	@	$ 68.00 /hr	1,081.20
Paint Labor	10.0 hrs	@	$ 68.00 /hr	680.00
Paint Supplies	10.0 hrs	@	$ 50.00 /hr	500.00
Miscellaneous				184.00
Subtotal				3,315.40
Grand Total				**3,315.40**

Customer: STATE OF IOWA **Job Number:**

2023 DODG Durango Pursuit AWD (Fleet) 4D UTV 8-5.7L Gasoline Sequential MPI SILVER

Estimate based on MOTOR CRASH ESTIMATING GUIDE and potentially other third party sources of data. Unless otherwise noted, (a) all items are derived from the Guide DR3TG11, CCC Data Date 07/10/2026, and potentially other third party sources of data; and (b) the parts presented are OEM-parts. OEM parts are manufactured by or for the vehicle's Original Equipment Manufacturer (OEM) according to OEM's specifications for U.S. distribution. OEM parts are available at OE/Vehicle dealerships or the specified supplier. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships with discounted pricing. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor data provided by third party sources of data may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. The symbol (<>) indicates the refinish operation WILL NOT be performed as a separate procedure from the other panels in the estimate. Non-Original Equipment Manufacturer aftermarket parts are described as Non OEM, A/M or NAGS. Used parts are described as LKQ, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries.

Some 2024 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The CCC ONE estimator has a list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

The following is a list of additional abbreviations or symbols that may be used to describe work to be done or parts to be repaired or replaced:

SYMBOLS FOLLOWING PART PRICE:
m=MOTOR Mechanical component. s=MOTOR Structural component. T=Miscellaneous Taxed charge category. X=Miscellaneous Non-Taxed charge category.

SYMBOLS FOLLOWING LABOR:
D=Diagnostic labor category. E=Electrical labor category. F=Frame labor category. G=Glass labor category. M=Mechanical labor category. S=Structural labor category. (numbers) 1 through 4=User Defined Labor Categories.

OTHER SYMBOLS AND ABBREVIATIONS:
Adj.=Adjacent. Algn.=Align. ALU=Aluminum. A/M=Aftermarket part. Blnd=Blend. BOR=Boron steel. CAPA=Certified Automotive Parts Association. CFC=Carbon Fiber. D&R=Disconnect and Reconnect. HSS=High Strength Steel. HYD=Hydroformed Steel. Incl.=Included. LKQ=Like Kind and Quality. LT=Left. MAG=Magnesium. Non-Adj.=Non Adjacent. NSF=NSF International Certified Part. O/H=Overhaul. Qty=Quantity. Refn=Refinish. Repl=Replace. R&I=Remove and Install. R&R=Remove and Replace. Rpr=Repair. RT=Right. SAS=Sandwiched Steel. Sect=Section. STS=Stainless Steel. Subl=Sublet. UHS=Ultra High Strength Steel. N=Note(s) associated with the estimate line.

CCC ONE Estimating - A product of CCC Intelligent Solutions Inc.

The following is a list of abbreviations that may be used in CCC ONE Estimating that are not part of the MOTOR CRASH ESTIMATING GUIDE:
BAR=Bureau of Automotive Repair. EPA=Environmental Protection Agency. NHTSA= National Highway Transportation and Safety Administration. PDR=Paintless Dent Repair. VIN=Vehicle Identification Number.

Outlook

Fw: Sgt Leffler #141 deer damage 7-11-26

From DAS Risk <das.risk@das.iowa.gov>
Date Mon 7/13/2026 9:11 AM
To ExecutiveCouncil [TOS] <ExecutiveCouncil@tos.iowa.gov>; 29C20@aos.iowa.gov <29C20@aos.iowa.gov>

Please accept this email as the initial 24 hour notification for an AON claim. Vehicle 141 struck a deer on 7/11/2026. 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: Cunningham, Michael <mcunning@dps.state.ia.us>
Sent: Saturday, July 11, 2026 11:48 AM
To: DAS Risk <das.risk@das.iowa.gov>; vehicledamage <vehicledamage@dps.state.ia.us>
Cc: Leffler, Kevin <leffler@dps.state.ia.us>
Subject: Sgt Leffler #141 deer damage 7-11-26

All,

Sgt Leffler #141 had a deer run out in from of him and his patrol car received minor damage. It happened today, July 11th at 12:58 AM. I'll send in all the paperwork once the estimate is completed by Wittrock's in Carroll.

Lieutenant Mike Cunningham *36*
District Commander
Iowa State Patrol District 4
Iowa Department of Public Safety
3710 Hwy 30 East | Denison, Iowa 51442

Office: 712-263-4621
Fax: 712-263-2325
mcunning@dps.state.ia.us
https://dps.iowa.gov
https://dpscareers.com

IOWA | Department of Administrative Services

KIM REYNOLDS, GOVERNOR
CHRIS COURNOYER, LT. GOVERNOR

MARK CAMPBELL, DIRECTOR

Date: July 29, 2026

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

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

Vehicle / Event	141-676211 / Animal
Event Date:	7/11/2026 at 12:58 AM
Summary	Deer
Amount Requested	3,315.40
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