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 this date, approved payment of the following cost item:

Department of Administrative Services ……...……..... $10,773.70
On May 16, 2026, Vehicle #411 was damaged by hail. Request was to cover repair costs.

This represents full and final payment, $1,185.80 will be reverted and this allocation closed.

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 ID 4385
TOS Job # 3135

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: Hail Damage to Vehicle #411 on May 16, 2026
Department of Administrative Services
Claim dated May 28, 2026
AOS Claim ID: 4385

In accordance with Executive Council policy, we have examined the invoices and supporting documentation for final payment related to the damages and have found the items to be in order as shown below:

Documented request		$ 10,773.70
Executive Council Allocation		$ 11,959.50
Less:		
Previous payments	$ 0.00	
This payment	10,773.70	
Total		$ 10,773.70
Remaining Executive Council allocation		$ 1,185.80

We recommend reimbursement be made in the amount of $10,773.70. This represents full and final payment of the loss. The remaining allocation should be reverted to the State Treasury.

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

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: REIMBURSEMENT REQUEST - 29C20

AOS Claim #	4385
DAS Claim #	339980
Vehicle / Event	411-580690 / Hail
Event Date	5/16/2026 at
Summary	Hail
Amount Requested	10,773.70

The Department of Administrative Services, Central Procurement Fleet Services Enterprise, has paid all vendors to date. We are seeking an allocation for those funds under 29C20 Contingency Fund – Disaster Aid. Please deposit into the following account: **0665-005-5790-0657**.

If you have any questions or need 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
(515) 281-8008
das.risk@das.iowa.gov

Check Search

Back

Filters

Bank Account

Check / EFT
000002001024267

Issue Date
MM/DD/YYYY

External Disbursement ID

External Issue Date
MM/DD/YYYY

Status

Disbursement Type

Record Date
MM/DD/YYYY

Transaction Code

Transaction Dept

Transaction ID

Apply Reset

Grid Actions

1 - 1 of 1 Records

View per Page - 20 50 100

Page 1 of 1

Bank Account	Check / EFT	Issue Date	Status	Record Date	Amount	Transaction Code	Transaction Dept	Transaction ID	Disbursement Type
0100	000002001024267	06/12/2026	Paid	06/12/2026	$10,773.70	EFT	005	ADC06122600000881718	EFT

All Makes Collision Center

524 23rd Ave
Council Bluffs, IA 51501
Phone (712) 256-3195

Invoice

No: 3749

Scheduled In Date: 6/8/2026
Completed Date: 6/10/2026
Service Rep: Kortnie Getzschman
Page 1
PO No:

Name

State of Iowa

Service Item

23 Dodge Charger Police 4 DR Sedan
Lic: Unit#
VIN: 2C3CDXKG2PH580690 Color:
Mileage In: Mileage Out:
Paint Code : _____

Insurance Information

Claim No: 411
Policy No:
Date of Loss:
Deductible: 0.0000

Insurance Company

Ext:

Insured

Claim # 339980

Ext:

Adjuster

Type	Description	Qty	Each	Amount	Sales Tax%	Sales Tax	Total
RL	Refinish Labor	23.3	100.00	2,330.00	7.00%	0.00	2,330.00
BL	Body Labor	74.5	55.00	4,097.50	7.00%	0.00	4,097.50
NP	NonTaxable Part			2,881.20	0.00%	0.00	2,881.20
NS	NonTaxable Sublet			1,465.00	0.00%	0.00	1,465.00
ESTIMATE TOTALS				**$10,773.70**		**$0.00**	**$10,773.70**

Type	Description	Qty	Each	Amount	Sales Tax%	Sales Tax	Total
RL	Refinish Labor	23.3	100.00	2,330.00	7.00%	0.00	2,330.00
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NP	NonTaxable Part			2,881.20	0.00%	0.00	2,881.20
NS	NonTaxable Sublet			1,465.00	0.00%	0.00	1,465.00
INVOICE TOTALS				**$10,773.70**		**$0.00**	**$10,773.70**

An express mechanic's lien is hereby acknowledged on the above vehicle to secure the amount of costs incurred by in collecting amounts owed for repairs on the above vehicle. I also hereby make, constitute and appoint you and/or your employees as my true lawful attorney for me and in my name, place, and stead to ask, demand, collect, sign for and receive all such sums of money which are or shall be due owing, payable and belonging to me, or detained from me, related to the vehicle herein described. This includes full power and authority to sign my name to all checks, drafts, and/or negotiable instruments related to or arising out of work done by you and/or your employees on the above mentioned vehicle.

Signature: _____ Date: _____

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: Hail Damage to Vehicle #411 on May 16, 2026
Department of Administrative Services
Claim dated May 28, 2026
AOS Claim ID: 4385

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 $11,959.50, 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

Claim: 339980 as of 07/30/2026

Claim Number	DAS Vehicle Number	State Driver	Vehicle Agency	Loss Date	Status	Total Incurred
339980	411-580690	David Gohlinghorst		5/16/2026	Open	10,061.70

ADMIN Only Claim Status

Overall Claim Status:	In Progress	Total Loss Status:	
Overall Claim Status Date:	07/10/2026	Total Loss Status Date:	
Overall Incident Status:		Restitution Status:	
Overall Incident Status Date:		Restitution Status Date:	
29C20 Status:	Reimbursement Requested	Subrogation Status:	
29C20 Status Date:	07/30/2026	Subrogation Status Date:	
Repair Status:	Repairs in Progress	TORT Status:	
Repair Status Date:	07/10/2026	TORT Status Date:	

ADMIN Only

Notification Date:	07/12/2026 2:22 PM	Potential Tort?	No
Entry User:	**System Process**	29C20 Claim?	Yes
Historical Claim?	Yes	Subrogation?	No
Group ID:		Restitution?	No
		Total Loss?	No
Accident Type:	Hail	SOI Driver at Fault?	No
Accident Type Description:	Hail		
Object Struck:		Driver's Agency:	**595-1 - Public Safety - Administrative Services**
Object Struck Description:		Driver's Agency Number:	595
Contributing Circumstances:		Driver's Agency Name:	DPS
		Driver's Agency Email:	**jadams@dps.state.ia.us**
Accident Description ADMIN:	Hail	Vehicle's Agency:	
		Vehicle's Agency Number:	595
Incident Review Date:			

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: jadams@dps.state.ia.us

Estimate Approvals

Add Estimate

Entry Date	Estimate Type	Initial Estimate Amount	Approved Estimate Amount	Body Shop Name	MA Number	CRS Claim?	
07/13/2026 5:48 PM	Initial Estimate	11,959.50	10,773.70	Other		Yes	✖
		11,959.50	**10,773.70**				

ADMIN Only Invoicing

Repair Costs

Bodyshop Repair Amount: 10,773.70

Towing Amount:

Storage Amount:

Other Amount:

Final Total: 10,773.70

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

Bodyshop Payment Date:

Bodyshop Name: All Makes Collision

Bodyshop MA Number: 21089D

Communication Preference: Email

ADMIN Only 29C20

Triggers Initial Notification to AOS from the Incident Form!!

Claim Type: Hail

AOS Notification Date:

Triggers Allocation Request to AOS (AON2)

Allocation Request Date: 05/16/2026

Allocation Request Amount: 11,959.50

Triggers 29C20 status update only (AON3)

AOS Recommendation date: 07/16/2026

AOS Claim Number: 4385

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

Reimbursement Request Date: 07/30/2026

Reimbursement Amount Requested: 10,773.70

Triggers 29C20 Status update only (AON6)

Reimbursement Letter Received Date:

Other Information

29C20 Notes:

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: 0.00

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: 0.00

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: 0.00

ADMIN Only CRS Info

CRS Claim Created:

CRS Department Name:

CRS Claimants:

CRS Date of Loss:

CRS Claim Created:

CRS Claim Type:

CRS Fee: 0.00

CRS Reviewed:

CRS Review Notes:

Accident Details

Claim Number: 339980

Claimant: David Gohlinghorst

Accident Date: 05/16/2026

Accident Time:

Accident Street/Location:

Accident City:

Accident State:

Accident Postal:

Accident County:

More than 1 driver involved?

More than 1 vehicle involved?

Accident Description Quick:

Accident Description Full:

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

State Driver Details

Driver's First Name:	David
Driver's Last Name:	Gohlinghorst
Drivers License Number:	
Drivers License State:	

Driver's DoB:	
Driver's Phone Number:	
Driver's State of Iowa Email Address:	

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:	**2C3CDXKG2PH580690**
DAS Vehicle Number:	411-580690
Vehicle License Plate Number (if different than vehicle number)	
VIN:	2C3CDXKG2PH580690
Vehicle Year:	2023
Vehicle Make:	DODGE
Vehicle Model:	CHARGER
Fund Source:	

Tow Required?	
Towed by what Company?	
Towed to where?	
Vehicle Mileage:	
Brief Description of Vehicle Damage:	Hail

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:

Weather Conditions:

Light Conditions:

Surface Conditions:

Vision Obscured:

Apparent Driver Conditions:

Other Comments from Driver:

Was anyone Injured?

Were you Injured?

Was anyone else injured?

Where there any Witnesses?

Were there any Witnesses?

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:

Attach photos or other incident related documents.

Upload File

File Name	Folder	Document Type	Description
AOS 4385 Allocation Letter.pdf	29C20	29C20 Allocation Letter from AOS	
AOS 4385 Final Invoice.pdf	Invoices	Invoice - Bodyshop Final	
AOS 4385 Proof of Payment.pdf	Proof of Payment	Proof of Payment - Bodyshop	
29C20 Reimbursement Request Summary - 2026-07-27.pdf	29C20	29C20 Reimbursement 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 Reimbursement Request Summary - 2026-07-27.pdf		29C20	Ryan Betts	07/30/2026	154kb
AOS 4385 Proof of Payment.pdf		Proof of Payment	Ryan Betts	07/30/2026	374kb
AOS 4385 Final Invoice.pdf		Invoices	Ryan Betts	07/30/2026	529kb
AOS 4385 Allocation Letter.pdf		29C20	Ryan Betts	07/30/2026	413kb

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July 16, 2026

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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

All Makes Collision Center

524 23rd Ave
Council Bluffs, IA 51501
Phone (712) 256-3195

Invoice

No: 3749

Scheduled In Date: 6/8/2026
Completed Date: 6/10/2026
Service Rep: Kortnie Getzschman
Page 1
PO No:

Name

State of Iowa

Service Item

23 Dodge Charger Police 4 DR Sedan
Lic: Unit#
VIN: 2C3CDXKG2PH580690 Color:
Mileage In: Mileage Out:
Paint Code : _____

Insurance Information

Claim No: 411
Policy No:
Date of Loss:
Deductible: 0.0000

Insurance Company

Ext:

Insured

Claim # 339980

Ext:

Adjuster

Type	Description	Qty	Each	Amount	Sales Tax%	Sales Tax	Total
RL	Refinish Labor	23.3	100.00	2,330.00	7.00%	0.00	2,330.00
BL	Body Labor	74.5	55.00	4,097.50	7.00%	0.00	4,097.50
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Signature: _____ Date: _____