# 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 supplemental emergency allocation in the amount of $9,205.63, subject to an audit of actual invoices. On July 27, 2026, Vehicle #478 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 # 4461
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 #478 on July 27, 2026
Department of Administrative Services
Claim dated July 27, 2026
AOS Claim ID: 4461

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 $9,205.63, 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 - C270017 - 478-346850 - 07/27/2026

**From** notifications@origamirisk.com <notifications@origamirisk.com>
**Date** Wed 7/29/2026 10:39 AM
**To** 29C20@aos.iowa.gov <29C20@aos.iowa.gov>
**Cc** ExecutiveCouncil [TOS] <ExecutiveCouncil@tos.iowa.gov>

1 attachment (2 MB)
29C20 Allocation Request Abstract.pdf;



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

| | |
|---|---|
| DAS Claim # | C270017 |
| Vehicle / Event | 478-346850 / Deer |
| Event Date | 07/27/2026 at 06:15 |
| Summary | Deer |
| Amount Requested | 9,205.63 |
| 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: C270017 as of 07/29/2026

| Claim Number | DAS Vehicle Number | State Driver | Vehicle Agency | Loss Date | Status | Total Incurred |
|---|---|---|---|---|---|---|
| C270017 | 478-346850 | Burn, Robert | Public Safety - Administrative Services | 7/27/2026 | Open | 0.00 |

## ADMIN Only Claim Status

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

## ADMIN Only

| | | | |
|---|---|---|---|
| Notification Date: | 07/29/2026 9:52 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: | 07/27/2026 | 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? | |
|---|---|---|---|---|---|---|---|
| **07/29/2026 9:52 AM** | Initial Estimate | 9,205.63 | | All Makes Collision | 21089D | No | ✖ |
| | | **9,205.63** | | | | | |

## 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: 07/27/2026

### Triggers Allocation Request to AOS (AON2)

Allocation Request Date: 07/29/2026

Allocation Request Amount: 9,205.63

### 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 AON notification sent to AOS/TOS via email.

## 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: | C270017 |
| Claimant: | Burn, Robert |
| Accident Date: | 07/27/2026 |
| Accident Time: | 6:15 AM |
| Accident Street/Location: | Hwy 2 |
| Accident City: | Bedford |
| Accident State: | Iowa |
| Accident Postal: | 50833 |
| Accident County: | Taylor |

| | |
|---|---|
| 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: | Robert | Driver's DoB: | 01/01/1900 |
| Driver's Last Name: | Burn | Driver's Phone Number: | (999) 999-9999 |
| Drivers License Number: | 994CC9878 | 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: | **1GNSKLED3PR346850** | Tow Required? | No |
| DAS Vehicle Number: | 478-346850 | Towed by what Company? | |
| Vehicle License Plate Number (if different than vehicle number) | | Towed to where? | |
| VIN: | 1GNSKLED3PR346850 | Vehicle Mileage: | 100,738 |
| Vehicle Year: | 2023 | Brief Description of Vehicle Damage: | Front right damage |
| Vehicle Make: | CHEVROLET | | |
| Vehicle Model: | TAHOE | | |
| 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: | 03-Dawn | 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 |
|---|---|---|---|
| 202600176729 MARS.pdf | Accident Details | Police Accident Report | |
| 478 EST.pdf | Estimates | Estimate - Initial | |
| #478 Damage Report 202600176729 .doc | Accident Details | Memos/Other Docs | |
| #478 Memo 202600176729.doc | Accident Details | Memos/Other Docs | |
| Pic 1.jpg | Accident Details | Accident Photos | |
| AON Initial Notification 2026-07-27.pdf | 29C20 | 29C20 Initial Notification | |
| 478 AON Notification Email.pdf | 29C20 | 29C20 Initial Notification | |
| 29C20 Allocation Request Summary - 2026-07-27.pdf | 29C20 | 29C20 Allocation Request Summary | |

## Key Workflow Contacts

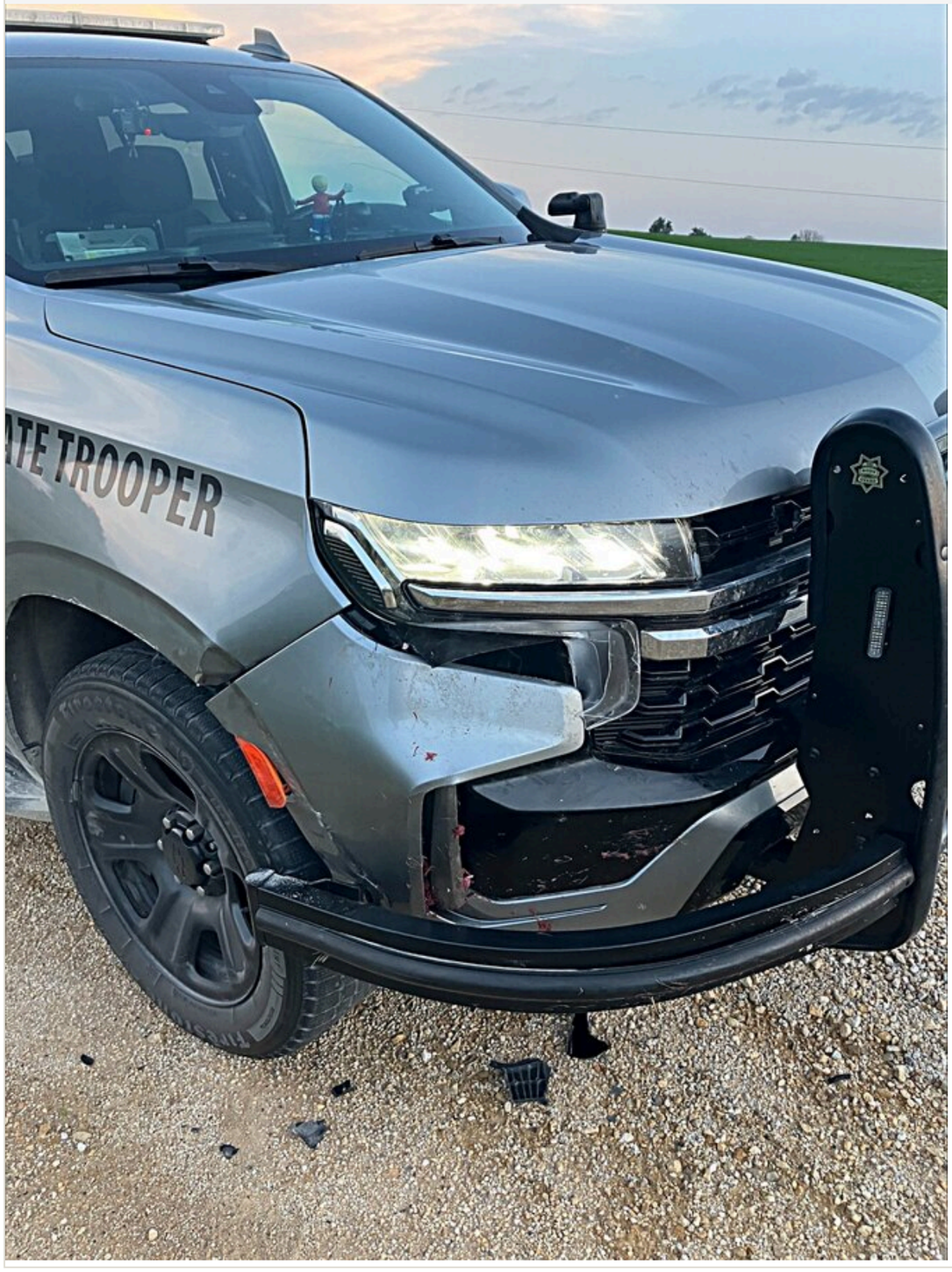
| | |
|---|---|
| Fleet Admin MGR Contact: | **Fucaloro, Mariah** |
| Fleet Admin Contact: | **Betts, Ryan** |
| Fleet Finance Contact: | **Wear, Kyle** |
| Fleet Inbox: | **Betts, Ryan** |
| AOS 29C20 Contact: | , |
| TOS 29C20 Contact: | **ExecutiveCouncil@TOS.Iowa.Gov,** |
| DPS Primary Contact: | **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 |
| 478 AON Notification Email.pdf | | 29C20 | Ryan Betts | 07/29/2026 | 268kb |
| AON Initial Notification 2026-07-27.pdf | | 29C20 | Ryan Betts | 07/29/2026 | 163kb |
| Pic 1.jpg | | Accident Details | Ryan Betts | 07/29/2026 | 842kb |
| #478 Memo 202600176729.doc | | Accident Details | Ryan Betts | 07/29/2026 | 2210kb |
| #478 Memo 202600176729.doc | | Accident Details | Ryan Betts | 07/29/2026 | 2210kb |
| #478 Damage Report 202600176729 .doc | | Accident Details | Ryan Betts | 07/29/2026 | 74kb |
| #478 Damage Report 202600176729 .doc | | Accident Details | Ryan Betts | 07/29/2026 | 74kb |
| 478 EST.pdf | | Estimates | Ryan Betts | 07/29/2026 | 806kb |
| 478 EST.pdf | | Estimates | Ryan Betts | 07/29/2026 | 806kb |
| 202600176729 MARS.pdf | | Accident Details | Ryan Betts | 07/29/2026 | 265kb |
| 202600176729 MARS.pdf | | Accident Details | Ryan Betts | 07/29/2026 | 265kb |

## Images

**Pic 1.jpg**



Form 4433003 (11-13)

# INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Form Number: **202600176729**

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) |
|---|---|---|---|
| **07/27/2026** | **06:15** Hrs. | **TAYLOR - 87** | |

## UNIT 1

| Driver's Name - Last | First | Middle |
|---|---|---|
| **BURN** | **ROBERT** | **BOYD** |

| Address | City | State | Zip |
|---|---|---|---|
| **2025 HUNT AVE** | **COUNCIL BLUFFS** | **IA** | **51503** |

| Date of Birth | Driver's License Number | CDL | Citation Charge 1 | Citation Charge 2 |
|---|---|---|---|---|
| **02/22/1974** | **994CC9878** | 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 |
|---|---|---|---|
| **2025 HUNT AVE** | **COUNCIL BLUFFS** | **IA** | **51503** |

| License Plate No. | State | Year | VIN: | Color | Year | Make | Model | Style |
|---|---|---|---|---|---|---|---|---|
| **478** | **IA** | **2026** | **1GNSKLED3PR346850** | **GRY** | **2023** | **CHEV** | **TAHOE** | **SUV** |

| Trailer Plate No. | State | Year | VIN: | Tow | Tow # | Towed To | Approx. Cost to Repair or Replace |
|---|---|---|---|---|---|---|---|
| | | | | **1** | | | **$9,000.00** |

| Insurance Company Name | Insurance Co. Phone Number | Insurance Policy Number |
|---|---|---|
| **STATE OF IOWA** | | |

| 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 | DOB: | 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** | Phone Number: **(712) 328-8001** | | | | | | | | | | **01** | |
| | 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

Form Number: **202600176729**

## LOCATION

| Date of Accident | Time of Accident | County | Accident occurred within corporate limits of (city) | Legal Intervention? | Private Property? |
|---|---|---|---|---|---|
| **07/27/2026** | **06:15** Hrs. | **TAYLOR - 87** | | ☐ | ☐ |

Literal Description: **HWY 2 EB 83MM**

County: **87** Route:

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

X Coordinate: **375170.656**

On Road, Street or Highway:

At Intersection with:

Y Coordinate: **4503799.5**

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:

## NONVEHICULAR 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: **07/27/2026**

Incident Clearance Date: **07/27/2026**

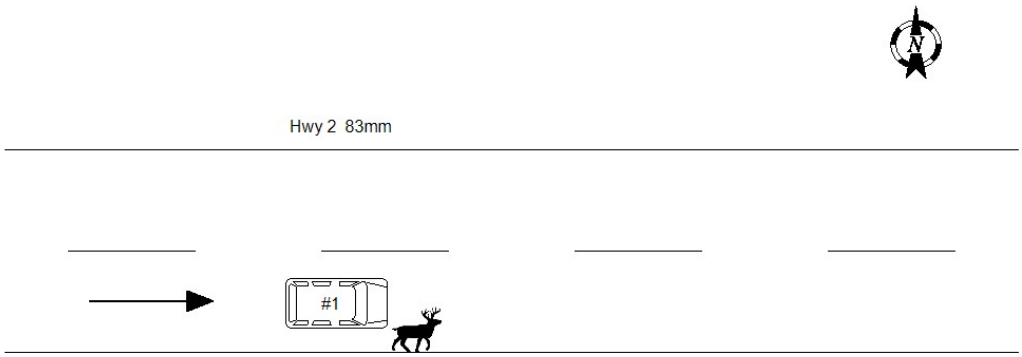
| Signature of Officer | Badge Number | Time Officer Notified of Accident | Roadway Clearance Time | Incident Clearance Time |
|---|---|---|---|---|
| **SERGEANT C SCHWEITZBERGER** | **333** | **06:18** Hrs. | **06:18** Hrs. | **09:30** Hrs. |
| Name of Agency | Date of Report | Time Officer Arrived At Scene | Total Roadway Clearance Time | Total Incident Clearance Time |
| **IOWA STATE PATROL - DIST 03** | **07/27/2026** | Hrs. | **000:00** | **003:12** |
| Report Reviewed By | Date of Review | Investigation made at scene? | T.I. No. | Other Technical Investigating Agency |
| **M CUNNINGHAM** | **07/27/2026** | Y ○ N ◉ | | |

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: **202600176729**

**DIAGRAM**




**NARRATIVE**

Unit 1 was traveling east on Hwy 2 near the 83 mile marker and struck a deer in the roadway.

All Makes Collision Center
524 23rd Ave Council Bluffs, IA 51501
Phone: (712) 256-3195

***** PRELIMINARY ESTIMATE *****

07/27/2026 12:07 PM

## Owner

**Owner:** State of Iowa

## Control Information

**Claim # :** 478 **Insured Policy # :**

## Inspection

**Inspection Date:** 07/27/2026 12:07 PM **Inspection Type:**

## Repairer

**Repairer:** ALL MAKES COLLISION
**Address:** 524 23rd ave
**City State Zip:** COUNCIL BLUFFS, IA 51501
**Email:** KARL.AAAUTO@LIVE.COM

**Contact:** KARL GETZSCHMAN
**Work/Day:** (712)256-3195
**Cell:** (712)355-0860
**Work/Day:**

**Target Complete Date/Time:**

**Days To Repair:** 9

## Vehicle

**OEM Part Price Quote ID:** 154300034

2023 Chevrolet Tahoe Police 4 DR Wagon
8cyl Gasoline 5.3
10 Speed Automatic

**Lic Expire:**
**Veh Insp# :**
**Condition:**
**Ext. Refinish:** Two-Stage

**VIN:** 1GNSKLED3PR346850
**Mileage Type:** Actual
**Code:** U7445C
**Int. Refinish:** Two-Stage

### Options

| | | |
|---|---|---|
| 1st Row LCD Monitor(s) | 2nd Row Head Airbags | 3rd Row Head Airbags |
| 4-Wheel Drive | 6 Passenger Seating | AM/FM Stereo |
| Air-Ride Suspension | Alarm System | All-Season Tires |
| All-Weather Mats (Floor) | Analog Gauges | Anti-Lock Brakes |
| Armrest(s) | Auto Headlamp Control | Auto Locking Hubs (4WD) |
| Auxiliary Battery | Black Exterior Trim | Black Grille |
| Bodyside Cladding | Bright Interior Trim | Camper/Towing Package |
| Cargo Lamp | Cargo/Trunk Liner | Center Console |
| Color-Keyed Bumper(s) | Cruise Control | Daytime Running Lights |
| Digital Clock | Driver Information Sys | Dual Airbags |
| Dual Power Seats | Dual Pwr Lumbar Supports | Elect. Stability Control |
| Electric Steering | Electronic Transfer Case | Emergency S.O.S. System |
| Extra HD Alternator | Full Size Spare Tire | Head Airbags |
| Heated Power Mirrors | Heated W/S Wiper Washers | Heavy Duty Battery |

| | | |
|---|---|---|
| Heavy Duty Brakes | Heavy Duty Cooling | Heavy Duty Suspension |
| Hi-Flow Air Cleaner | Illuminated Visor Mirror | In-Vehicle WiFi |
| Independnt Rear Suspensn | Inside Rearview Mirror | Interior Lighting |
| Intermittent Wipers | LED Headlamps | Lighted Entry System |
| Limited Slp Differential | Navigation System | OnStar System |
| Overhead Console | Parking Assist System | Power Brakes |
| Power Door Locks | Power Liftgate/Tailgate | Power Steering |
| Power Windows | Privacy Glass | Pwr Accessory Outlet(s) |
| Pwr Folding Ext Mirrors | Racks And Bins | Rain-Sensing W/S Wipers |
| Rear Center Arm Rest | Rear Lip Spoiler | Rear Step Bumper |
| Rear View Camera | Rear Window Defroster | Rear Window Wiper/Washer |
| Side Airbags | Side Steps | Single Exhaust System |
| Skid Plates | Split Folding Rear Seat | Split Front Bench Seat |
| Steel Wheels | Strg Wheel Radio Control | Tachometer |
| Theft Deterrent System | Three Zone Climate Ctrl | Tilt & Telescopic Steer |
| Tire Pressure Monitor | Touch Screen Display | Traction Control System |
| Trailer Hitch | Trip Computer | USB Audio Input(s) |
| Vehicle Tracking Service | Velour/Cloth Seats | Voice Activatd Cellphone |
| Wireless Audio Streaming | Wireless Phone Connect | |

**Damages**

| Line | Op | Guide | MC | Description | MFR.Part No. | Price | ADJ% | B% | Hours | R |
|---|---|---|---|---|---|---|---|---|---|---|
| **Front Bumper** | | | | | | | | | | |
| 1 | E | 1099 | | Cvr,Front Bumper Upr | 84790369 GM Part | $658.58 | | | INC | SM |
| 2 | L | 1099 | | Cvr,Front Bumper Upr | Refinish<br>1.8 Surface<br>0.4 Two-stage | | | | 2.2 | RF |
| 3 | E | 52 | | Cvr,Front Bumper Lwr | 87813942 GM Part | $907.45 | | | 1.7 | SM |
| 4 | E | 25 | | Reinf,Frt Bmpr Cover RT | 84711776 GM Part | $39.55 | | | INC | SM |
| 5 | E | 1538 | | Retainer,Front Bumper RT | 11612035 GM Part | $7.62 | | | | SM |
| 6 | E | 1649 | | Plate,Front Skid | 84373256 GM Part | $176.88 | | | INC | SM |
| 7 | E | 22 | | Brkt,Front Bumper Mtg RT | 85594226 GM Part | $29.46 | | | 1.5 | SM |
| **Front End Panel And Lamps** | | | | | | | | | | |
| 8 | E | 1023 | | Grille Assembly | 84329543 GM Part | $850.00 | | | 0.3 | SM |
| 9 | E | 42 | | Headlamp Assy,Led RT | 85733249 GM Part | $1,394.10 | | | INC | SM |
| 10 | | 2081 | | Brkt,Headlamp Mtg RT | Replace OEM | INC | | | | SM |
| **Radiator Support** | | | | | | | | | | |
| 11 | E | 136 | | Cover,Rad Supt Panel | 84775412 GM Part | $164.38 | | | INC | SM |
| 12 | E | 1042 | | Brkt,Rad Pnl Mounting | 84664455 GM Part | $260.71 | | | 0.6 | SM |
| **Front Body And Windshield** | | | | | | | | | | |
| 13 | I | 83 | | Panel,Hood<br>Aluminum | Repair | | | | 6.5* | SM |
| 14 | L | 83 | 13 | Panel,Hood | Refinish<br>3.2 Surface<br>0.6 Two-stage setup<br>0.6 Two-stage | | | | 4.4 | RF |
| 15 | E | 104 | | Fender,Front RT | 84384211 GM Part | $869.55 | | | 1.7 | SM |
| 16 | L | 104 | | Fender,Front RT | Refinish<br>2.0 Surface<br>0.5 Edge<br>0.5 Two-stage | | | | 3.0 | RF |
| **Front Body Interior Sheetmetal** | | | | | | | | | | |
| 17 | E | 109 | | Skirt,Inner Fender RT | 84856830 GM Part | $162.35 | | | INC | SM |

**Front Doors**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 18 | BR | 208 | Door Shell,Front RT Aluminum | Blend Refinish<br>1.0 Blend<br>0.5 Two-stage | | 1.5 | RF |
| 19 | RI | 268 | Mldg,Front Door Belt RT | R & I Assembly | | 0.1 | SM |
| 20 | RI | 230 | Housing,Mirror Outer RT | R & I Assembly | | 0.2 | SM |
| 21 | RI | 228 | Handle,Front Door Otr RT | R & I Assembly | | 0.9 | SM |

**Manual Entries**

| | | | | | | |
|---|---|---|---|---|---|---|
| 22 | E | push bumper with wings | Replace OEM | $1,585.00* | 4.5* | SM* |

**22 Items**

| MC | Message |
|---|---|
| 13 | INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE |

**Estimate Total & Entries**

| | | | | | | |
|---|---|---|---|---|---|---|
| **OEM Parts** | | | | | $7,105.63 | |
| **Parts & Material Total** | | | | | | $7,105.63 |
| **Labor** | **Rate** | **Replace Hrs** | **Repair Hrs** | **Total Hrs** | | |
| **Sheet Metal (SM)** | $55.00 | 11.5 | 6.5 | 18.0 | $990.00 | |
| **Mech/Elec (ME)** | $55.00 | | | | | |
| **Frame (FR)** | $55.00 | | | | | |
| **Refinish (RF)** | $100.00 | 11.1 | | 11.1 | $1,110.00 | |
| **Labor Total** | | | | 29.1 Hours | | $2,100.00 |
| **Gross Total** | | | | | | **$9,205.63** |
| **Net Total** | | | | | | **$9,205.63 USD** |

ClaimID: 5D72D960-2B1E-4FE1-8221-D9DD84E65E13
Alternate Parts Y/00/00/00/00/00 Cumulative 00/00/00/00/00 Zip Code: 51501 Default
OEM Part Prices DT 07/27/2026 12:07 PM EstimateID 1511053603618430976 QuoteID 154300034
Rate Name Default

**Audatex Estimating 10.37.131 ES 07/27/2026 12:25 PM REL 10.37.131 DT 07/01/2026 DB 07/22/2026**
**State Disclosure:**IA


**A 50% Blend Refinish calculation of basecoat refinish labor was used for applicable panels on this estimate.**
**2.6 HRS WERE ADDED TO THIS ESTIMATE BASED ON AUDATEX'S TWO-STAGE REFINISH FORMULA.**

## Op Codes

| | | |
|---|---|---|
| * = User-Entered Value | ^ = Labor Matches System Assigned Rates | E = Replace OEM |
| NG = Replace NAGS | EC = Replace Economy | OE = Replace PXN OE Srpls |
| UE = Replace OE Surplus | ET = Partial Replace Labor | EP = Replace PXN |
| EU = Replace Recycled | TE = Partial Replace Price | PM = Replace PXN Reman/Rebit |
| UM = Replace Reman/Rebuilt | L = Refinish | PC = Replace PXN Reconditioned |
| UC = Replace Reconditioned | TT = Two-Tone | SB = Sublet Repair |
| N = Additional Labor | BR = Blend Refinish | I = Repair |
| IT = Partial Repair | CG = Chipguard | RI = R & I Assembly |
| P = Check | AA = Appearance Allowance | RP = Related Prior Damage |

Outlook

## Fw: Trp. Burn #478 Vehicle Damage 7-27-26

**From** DAS Risk <das.risk@das.iowa.gov>
**Date** Mon 7/27/2026 3:38 PM
**To** 29C20 <29c20@aos.iowa.gov>; ExecutiveCouncil [TOS] <ExecutiveCouncil@tos.iowa.gov>

6 attachments (5 MB)
#478 Damage Report 202600176729 .doc; #478 Memo 202600176729.doc; 478 EST.pdf; 202600176729 MARS.pdf; Pic 1.jpg; Pic 2.jpg;

Please accept this email as the initial 24 hour notification for an AON claim.
Vehicle 478 struck a deer on 7/27/2026. 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.**

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**From:** Schweitzberger, Chad <schweitz@dps.state.ia.us>
**Sent:** Monday, July 27, 2026 1:51 PM
**To:** vehicledamage <vehicledamage@dps.state.ia.us>; DAS Risk <das.risk@das.iowa.gov>
**Cc:** post3sup <post3sup@dps.state.ia.us>
**Subject:** Trp. Burn #478 Vehicle Damage 7-27-26

You don't often get email from schweitz@dps.state.ia.us. Learn why this is important

Good afternoon,

Please see the attached documents in reference to vehicle damage sustained by Trooper Burn #478 this morning when he struck a deer.

Respectfully,

**Sergeant Chad Schweitzberger ★333★**
Assistant District Commander
Iowa State Patrol District 3
2025 Hunt Ave.
Council Bluffs, IA 51503
Office: 712-328-8001
schweitz@dps.state.ia.us

Date: July 29, 2026

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

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

| | |
|---|---|
| Vehicle / Event | 478-346850 / Animal |
| Event Date: | 7/27/2026 at 6:15 AM |
| Summary | Deer |
| Amount Requested | 9,205.63 |
| 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