



OFFICE OF AUDITOR OF STATE  
STATE OF IOWA

Rob Sand  
Auditor of State

State Capitol Building  
Des Moines, Iowa 50319-0004  
Telephone (515) 281-5834

January 5, 2026

Kristi Onstot  
Executive Council  
LOCAL

Subject: Hail Damage to Vehicle #614 on November 17, 2025  
Department of Administrative Services  
Claim dated November 24, 2025  
AOS Claim ID: 4196

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		<u>\$ 3,244.00</u>
Executive Council Allocation		\$ 3,282.50
Less:		
Previous payments	\$ 0.00	
This payment	<u>3,244.00</u>	
Total		<u>\$ 3,244.00</u>
Remaining Executive Council allocation		<u>\$ 38.50</u>

We recommend reimbursement be made in the amount of \$3,244.00. This represents full and final payment of the loss. The remaining allocation should be reverted to the State Treasury.

Sincerely,

A handwritten signature in dark ink, appearing to read "Brian R. Brustkern".

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



Date: December 19, 2025

To: Tammy Hollingsworth, Auditor of State  
Victoria Newton, Treasurer of State  
Executive Council

From: Ryan Betts, DAS Fleet Risk Manager  
DAS Fleet Services  
Department of Administrative Services

**Re: REIMBURSEMENT REQUEST - 29C20 Claim**

AOS Claim #	4196
Vehicle / Event	#614 / Hail
Event Date	November 17, 2025
Summary	Vehicle 614 sustained hail damage (Claim 324096)
Amount Requested	<b>\$3,244.00 TOTAL</b>

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  
DAS Fleet Risk Manager  
[ryan.betts1@iowa.gov](mailto:ryan.betts1@iowa.gov)  
515-281-8008

Filters

Bank Account

External Disbursement ID

Disbursement Type

Transaction Code

Check / EFT

External Issue Date

Record Date

Transaction Dept

Issue Date

Status

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

000002000577431

12/12/2025

Paid

12/12/2025

\$3,244.00

EFT

005

ADC1212250000434677

EFT

# All Makes Collision Center

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

## Invoice

No: 3436

Scheduled In Date: 12/8/2025  
Completed Date: 12/9/2025  
Service Rep: Kortnie Getzschman  
Page 1  
PO No:

### Name

state of iowa

### Service Item

16 Chevrolet Impala 2LT 4 DR Sedan  
Lic: Unit#  
VIN: 2G1115S37G9169737 Color:  
Mileage In: Mileage Out:  
Paint Code : \_\_\_\_\_

### Insurance Information

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

### Insurance Company

Ext:

### Insured

Claim # 324096

Ext:

### Adjuster

Type	Description	Qty	Each	Amount	Sales Tax%	Sales Tax	Total
BL	Body Labor	7.0	55.00	385.00	7.00%	0.00	385.00
NS	NonTaxable Sublet			2,859.00	0.00%	0.00	2,859.00
<b>ESTIMATE TOTALS</b>				<b>\$3,244.00</b>		<b>\$0.00</b>	<b>\$3,244.00</b>
Type	Description	Qty	Each	Amount	Sales Tax%	Sales Tax	Total
BL	Body Labor	7.0	55.00	385.00	7.00%	0.00	385.00
NS	NonTaxable Sublet			2,859.00	0.00%	0.00	2,859.00
<b>INVOICE TOTALS</b>				<b>\$3,244.00</b>		<b>\$0.00</b>	<b>\$3,244.00</b>

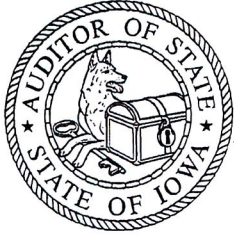
An express mechanic's lien is hereby acknowledged on the above vehicle to secure the amount of costs incurred by in collecting amounts owed for repairs on the above vehicle. I also hereby make, constitute and appoint you and/or your employees as my true lawful attorney for me and in my name, place, and 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: \_\_\_\_\_

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Rob Sand  
Auditor of State

December 4, 2025

Kristi Onstot  
Executive Council  
L O C A L

Subject: Hail Damage to Vehicle #614 on November 17, 2025  
Department of Administrative Services  
Claim dated November 24, 2025  
AOS Claim ID: 4196

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 \$3,282.50, subject to an audit of actual invoices.

Sincerely,

A handwritten signature in black ink, appearing to read "Brian R. Brustkern".

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