MEMBERS OF COUNCIL

HON. KIM REYNOLDS GOVERNOR

HON. PAUL D. PATE SECRETARY OF STATE

HON. ROB SAND AUDITOR OF STATE

HON. ROBY SMITH TREASURER OF STATE

HON. MICHAEL L. NAIG SECRETARY OF AGRICULTURE



Executive Council of Jowa

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

November 6, 2023

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 the Department of Public Safety's request for an emergency allocation in the amount of \$5,089.30, subject to audit of actual invoices. On November 7, 2022, State Patrol Vehicle #193 was damaged by a deer. Request was to cover repair costs.

EXECUTIVE COUNCIL OF IOWA

Victoria Newton

Victoria Newton Executive Secretary

cc: Jeannie Adams, Iowa State Patrol, Department of Public Safety

DAS Risk

Joel Lunde, Department of Management



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 Facsimile (515) 281-6518

October 18, 2023

Victoria Newton Executive Council L O C A L

Subject: Deer Damage to Vehicle #193 on November 7, 2022

Department of Public Safety - Iowa State Patrol

Claim dated June 2, 2023 AOS Claim ID: 2392

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 \$5,089.30, subject to an audit of actual invoices.

Sincerely,

Ernest H. Ruben, Jr., CPA Deputy Auditor of State

cc: Lieutenant Bryan Guill, Iowa State Patrol, Department of Public Safety Mariah Flowers, Fleet Services Manager, Department of Administrative Services Joel Lunde, Department of Management



Date: June 2, 2023

To: Tammy Hollingsworth, Auditor of State

Victoria Newton, Treasurer of State

Executive Council

From: Mariah Flowers, Fleet Manager

DAS Fleet Services

Department of Administrative Services

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

Vehicle / Event	#193/Deer
Event Date	November 7, 2022
Summary	Vehicle #193 struck a deer. (247757)
Amount Requested	\$5,089.30 - Estimate
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,

Mariah Flowers, Fleet Manager

DAS Fleet Services

Mariah.Flowers@iowa.gov

515-414-6582



Risk, DAS <das.risk@iowa.gov>

FW: Vehicle Damage Car VS Deer 11-7-22

1 message

Adams Jeannie <jadams@dps.state.ia.us>

Tue, Nov 8, 2022 at 12:21 PM

To: "ExecutiveCouncil [TOS]" <ExecutiveCouncil@tos.iowa.gov>, Tammy Hollingsworth <Tammy.Hollingsworth@aos.iowa.gov>, "Risk, DAS (das.risk@iowa.gov)" <das.risk@iowa.gov>

Last night Trooper Klosterboer (#193) hit a deer while preforming his normal duties. Attached is the report and Pics, the estimate will be forthcoming.

Jeannie Adams
ISP Fleet & Supply, Fleet Asset Manager
Department of Public Safety
30 N.E. 48th Place
Des Moines, Iowa 50313
Direct #: 515-725-0643
Cell Phone: 515-204-3019

Shop: 515-281-3277 Fax: 515-242-6321

Email: jadams@dps.state.ia.us<mailto:jadams@dps.state.ia.us>

From: Jalas Dean <jalas@dps.state.ia.us> Sent: Tuesday, November 8, 2022 11:14 AM

To: Risk, DAS (das.risk@iowa.gov) <das.risk@iowa.gov>; vehicledamage <vehicledamage@dps.state.ia.us> Cc: Koenig Todd <koenig@dps.state.ia.us>; Morey Russell <morey@dps.state.ia.us>; Andreasen Jeremy <andrease@dps.state.ia.us>; Dolf Ryan <dolf@dps.state.ia.us>; Jalas Dean <jalas@dps.state.ia.us> Subject: Vehicle Damage Car VS Deer 11-7-22

Attached is paperwork reference a patrol car vs deer collision that occurred at 2345 last night. Estimate of damage will follow.

Thanks, Lt. Jalas

LIEUTENANT DEAN JALAS *231*
District Commander
Iowa State Patrol District #13
1300 S Grand Ave. Suite #201
Mount Pleasant, Iowa 52641
Phone (319) 385-8715
Fax (319) 385-2743
jalas@dps.state.ia.us<mailto:jalas@dps.state.ia.us>

NOTICE This email message (including any file attachments transmitted with it) is for the sole use of the intended recipients(s) and may contain confidential and legally privileged information. Any unauthorized use or disclosure of this email by an unintended recipient is prohibited. If you have received this email in error, please notify the sender by return email and destroy all copies of the original message. No representation is made that this email or any attachments are free of viruses. Virus scanning is recommended and is the responsibility of the recipient.

11 attachments



Deer 1.jpg 76K



Deer 2.jpg 85K



Deer 3.jpg 98K



Deer 4.jpg 78K



Deer 5.jpg 47K



Deer 6.jpg 74K



Deer 7.jpg 71K



Deer 8.jpg 75K

- Car vs Deer Memo 11-08-22.docx
- 193 State Vehicle Damage Rpt 11-7-22.doc
- MARS_Unit_Report-2022027625.pdf

State Vehicle Damage Report

Attach this completed form to an email along with the items identified below and send to: <u>vehicledamage@dps.state.ia.us</u>; <u>das.risk@iowa.gov</u>

- > One Repair Estimate from Approved State Bid Shop
- > DOT MARS Report (if reportable)
- > Memo from the Driver of the State Vehicle
- > 3-4 photos of the vehicle damage

***Sworn Officers only: Complete a Line of Duty Form #432037 and send to DOT if 10-50 was reportable!!!

STATE VEHICLE: (Mark if Act of Nature⊠) CASE #: 2022027625

O I / CI E V E I II O E		mark ii Act of i	tutuice j once m.	ZUZZUZIUZJ				
Date: (Month/Day/Year)	11/0	7/2022	Time:	11:45pm				
	100		(Time plus a.m./p.m.)	404050				
Vehicle Plate #:	193		Vehicle Mileage:	101050				
Vehicle		0040 5 4 01						
Description:	Silv	er 2019 Dodge	Charger Police					
(Yr/Make/Model/ & Vin#)	VIN	: 2C3CDXKT4I	KH577263					
Assigned To:	Tro	oper Brad	Badge #	193				
		sterboer						
Driven By:	Tro	per Brad	Badge #	193				
		sterboer		100				
Driver's Lic #:	262	DD6386	Damage:	To Follow				
Vehicle Towed:	No		Towed By:	N/A				
(Yes / No)	N 1 / A							
Towed To:	N/A		Towing Cost:	\$N/A				
Seat Belt:	Yes		Type of Vehicle:	Marked				
(Yes / No)		1000	(Marked/Semi /Unmarked)					
Injured/Injuries:		None						
Occupants:								
(Other than driver)								
To an arrangement								

VEHICLE #2:

DL #:	State:	
Vehicle Lic. #	State:	77
Driver's Name:		
Driver's Address:		
Owner's Name:		

Owner's Address:				
Owner's Phone:				
Insurance Info:		,		
(Carrier/Policy #/Phone)				
(11/Wake/Woder & VIIIII)				
Damage:	\$		Seat Belt:	
1.			(Yes / No)	
	ng Seat B	elt: (Yes/No)		
		,		7 200 0 0 0 0
OTHER INFORMA	TION:			
Witnesses:				
Accident Location:		SB HWY	218 at MM 76	
		\A/ ' (100 000	1,1-14
	J!#!		on	
		deel causii	ng damage to ti	ie driver from and
side of this patrof de	(I.,			
		1		,
	other than	None		
		Φ		
Owner's Phone: Insurance Info: (Carrier/Policy #/Phone) Veh Description: (Yr/Make/Model & Vin#) Damage: Seat Belt: (Yes / No) Injured/Injuries: Occupants: (Other then driver) Occupant(s) Wearing Seat Belt: (Yes/No) OTHER INFORMATION: Witnesses: Accident Location: (Street/Hwy) County: Washington Weather/Road Conditions: Normal Trooper Brad Klosterboer #193 was on routine patrol southbound on US 218 at mile #76 in Washington County when a EB deer was standing in the lane of traffic. He struck the deer causing damage to the driver front and side of his patrol car. Property Damage other than Vehicles: Cost: Citations Issued To: (List Charge(s) and Statute Code(s)) Investigating Officer: Lt. Dean Jalas #231 VEHICLE #3: (If needed) (For more vehicles, please make extra copies of this portion) DL #: Vehicle Lic. # State: Vehicle Lic. # State: Driver's Name:				
		VA		
(List Onlarge(s) and Statute	Code(s))	,		
Investigating Office	r:	L	t. Dean Jalas #	231
VEHICLE #3: (If ne	eded) (F	or more v	ehicles, please	make extra copies of
this portion)				•
DL #:			State:	
Vehicle Lic. #			State:	
Driver's Name:				
Driver's Address:				

			A 111 A		
Owner's Name:					
Owner's Address:					
Owner's Phone:					
Insurance Info: (Carrier/Policy #/Phone)					
Veh Description: (Yr/Make/Model & Vin#)					
Damage:	\$		Seat (Yes / I		
Injured/Injuries:			***		
Occupants: (Other than driver)					
Occupant(s) Wearing	ng	Seat Belt: (Yes/No)		

Form 4433003 (11-13)

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Sheet 1 of 3

Law Enforcement Case Number: 2022027625

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

	of Accident				unty	IGTON	- 92		-	Accide	nt occ	urred wit	hin corpo	orate limits	of (ci	ty)]						
U	Driver's Nam	e - Last	1,10.							First BRADI	LEY						Middle						
N	Address	ND AVE.								City		ASANT					State	Zip 526	41				
Т	Date of Birth	- 1	Driver's		e Nur	nber		CDL	Cita	tion Cha					Cit	ation (Charge						
1	Male Female	State	Class		seme	ents R	estrictions		Cita	tion Cha	rge 3				Cit	ation (Charge	4					
				esults:			st Given:	_	Result:	Re-exa	ım: Ye	s No	Reason	for Re-Ex	am F	Reque	st:						
										First			1				Middle		100-415				
	Address		40			3,100,000		100		City DES M	OINE	 S					State	Zip 503	19				
	License Plate	No.			VIN: 2C30	DXKT4	KH57726	3		Color			Year 2019	Make DODG			Model	GER		Style 4DR			
	2022 23:45 Hrs. WA Driver's Name - Last KLOSTERBOER Address 1300 S GRAND AVE. Date of Birth 04/03/1993 262DD6386 Male Female State Class Endor C			VIN:					Tow 1	Tow	#	<u> </u>	Towed 7	Го				ox. Cost		or Repla	ace		
	Springer, programmer and programmer of the former	Owner's Name - Last STATE OF IOWA Address 09 SE 13TH ST License Plate No. State Year 193 IA 202 Trailer Plate No. State Year Insurance Company Name STATE OF IOWA Initial Travel Direction Veh. Act. Special Veh. Func Emergency S Traffic Controls Horizontal Alignment Name/Lessee Street Address Jumber of Axles Gross Vertical State S								Insuran	nce Co	. Phone	Number	Insuran	ce Po	licy N	umber						
	Initial Travel I	Direction	Veh. A	ct. V		1976	Cargo Bo 01	dy Type	Veh. [Defect P	oint o	f Initial In	npact N	fost Dama	ged A	rea	Extent	of Dar	nage	Total 1	Occ. i	n Veh.	
	Special Veh.	Func Er	mergeno	y Stati	us B	us Use	Driver C	ondition	Vision	Obscure	d Cor	ntributing	Circum	stances Di	iver (up to 1	two) Di		Distrac	tions	Speed	d Limit	
			econd Ev	ent Thire	Eve	nt	Fourth	Even	t M	ost Ha	rmful	Event											
С	Carrier Name																						
O M	Street Addres	ss								City							State	Zip	Code				
M E	Number of Ax	kles	Gros	s Vehic	cle W	eight Ra	ating			US DO	T Nun	nber	МС	Number			Under	ride/C	verrid	е			
R C		Ivement	Haz I	Mat Pla	acard	1	ard Numbe	er Haz.	Mat Re	leased	Haz	Mat Cla	ss Haz	Mat Nam	е								
I A L						VIN								-		action	nent			ated	sport	snroute	
-				1883868		VIN								iting Position	Status	Occupant Protection	ag Deployment	_	ction Path	Trapped/extricated	rce of Transport	at scene/enroute	
	Converter Do	illy	Dolly	Plate:			Plate Ye						Sex	Seatin	Injury Status	Occup	Airbag	Ejection	Ejectio	Тгарре	Sou	Died	
Р	DRIV	/ER OF	UNIT	1			e Number sported to		385-871	5				7	ransp	orted	by:				01	01	
E R S	Name		****	- course			F	hone Nu	ımber			DOB:											
0 N ₁	Address									Transpo	orted to):		7	ransp	orted	by:				L		
s Ņ	Name	DRIVER OF UNIT 1 lame		1058		F	hone Nu	ımber			DOB:			П			100						
I U N N	Address					Transpo	rted to);		T	ransp	orted	by:				L						
U T	Name		*				F	hone Nu	ımber			OOB:											
R E ¹ D	Address									Transpo	orted to):		7	ransp	orted	by:	-					
,	Name				36		F	hone Nu	ımber			DOB:											
	Address							10.00		Transpo	rted to):		7	rans	orted	by:						

INVESTIGATING	OFFICER'S	REPORT
OF MOTOR VE	HICLE ACC	IDENT

MA	IL REPORTS TO: Iowa	Departme	nt of Transpr	ortation, Offic	ce of D			P.O. Box 92					9204					20220			nt Cas	se Nu	mber	;
		Time of	Accident	County								within		rate li	mits c	f (city	')	Legal		<u> </u>		Private		П
0	Literal Description	23:45	Hrs.	WASHING	JION	- 92											_	Count		n? L		Prope Route	- 15	Ш
C	US 218 SB MM 76	W Notes																92						
Ť	If accident occurred city limits show ger				N	NE E	S (SE S SI	$\overset{\circ}{\circ}\overset{\circ}{\circ}$	0	of nea	arest cit	v					X Coc						
0	On Road, Street or	Highway														*		Y Coc		ite:				
N	Note: Unless accid	ent occur	rred at an ir	ntersection	whic	h is compl	ete	ly describe	ed abo	ve, us	e the	space b	elow	to giv	e the	exac		45859	134			_		
	location from a mile	post or o	definable in	tersection,	bridg	je, or railro	ad	crossing,	using	two dis	stance	es and o	directi	ons if	necc	essar	yof	If Divi (Card					Rou	te
		ÖÖ	٥٥٥	ÔÖ	Ö	and				Č		Ō	כֿ כ		ŠČ	Ö		NE		SB		B	WB	
	Milepost Number	Or		e intersecti or railroad o		na										Ŭ		C)	O	(\mathcal{I}	\circ)
			VIRONME			- 3	F	ROADWAY	CHA	RACT	ERIST	rics					\Box				Г			
Locat	ion of First Harmful Eve	nt	Weather (Conditions (u	ip to tv	vo) Major	Со	ntributing Ci	ircumst	ances E	Environ	ment						t t				saou		
Mann	er of Crash/Collision					Roady	way	,									a)	Impac	ash)			ımstar	r _o	oute
Light	Conditions		Surface C	Conditions		Туре	of R	Roadway Jui	nction/F	eature					Juit No	w	st Typ	rior to	r to cr		pmen	Circu	ransp	ne/enr
First	Harmful Event (Cras	sh) lwo	RKZONE	Yes No	. 1.	Activity		cation	Туре	Tv	Vorke	rs Pres	ent		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
31			ATED?	0							YORKO	13 1 103	Citt	Sex	Struc	Injun	Non-	Loca	Actio	Conc	Safet	Contr	Sour	Died
N	Name 001					P	Pho	ne Numbe	er			DOB:												
O M	Address:									Alcoh	nol Te	st Give	n Te	st Re	sults:	Dru	д Те	st Giv	en F	Result	Ch	arged	Yes	No
0	Transported to:								1528	Trans	sporte	d by:											0	U
0	Name					Ic	Pho	ne Numbe)r			DOB:												-
R							110	THE TRUTTIDE	71 			БОВ.												
s	Address:									Alcoh	nol Te	st Give	n Te	st Re	sults:	Dru	g Te	st Giv	en F	Result	Ch	arged	Yes	No
T S	Transported to:	-								Trans	sporte	d by:												
N P	If Property other tha	ın	Object Da	maged																Est	imate	of Da	amag	e
	vehicles damaged e Owner's Last Name	-				First Name Middle Name								Phone Number										
V P																		110	110 11					
EE	Address					City						State	Z	ip Co	de							nt noti		
	If Property other that vehicles damaged e		Object Da	maged																Est	imate	of Da	amag	е
J	Owner's Last Name			850		First Nan	ne					Midd	le Na	me				Pho	ne N	umbe	r			
L D	Address					City		_				State	Z	ip Co	de			Mas				it notif	E- 40	
₹G	Last Name		C:4 No		10.4											lo.		1 = 1	Yes 2	= No	9 = (Jnkno	wn	
w	Last Name		First Name	8	Add	dress						City				Stat	te	Zip Co	de	P	none	Numb	oer	
I T	Last Name		First Name	е	Add	dress						City				Stat	te Z	Zip Co	de	P	hone	Numb	er	
N	Last Name		First Name	9	Add	dress		-				City				Stat	te Z	Zip Co	de	PI	hone	Numb	er	
E S	Last Name		First Name	9	Add	dress		-12	15			City		* 17		Stat	ie Z	Zip Co	de	PI	hone	Numb	er	
S	Last Name		First Name	9	Add	dress						City				Staf	0 7	Zip Co	da	D	hone	Numb	or	
																		-ib 00						
s Thi Y	s a Secondary Cras	n?	type of Pr	rimary Incid	ent				and Market			- 1	Road\ 11/07			nce D	ate			ent C 7/202:		nce D	ate	
-	ture of Officer				Badg 231	ge Number	- 1	Time Office 23:48	cer No		of Acc Irs.	000009000000	Road		leara				Incid 23:4		learar	nce Ti		
Name	e of Agency	DICT 45			Date	of Report		Time Office	cer Arr	rived A	t Sce	ne -	Total	Road	way C		nce Time Total Incident Clearance Time							
	rt Reviewed By	13 וצוע	1			8/2022 of Review	,	Investigat	ion ma		irs. scene		000:0 Γ.Ι. Νο			To	ther	Techi	000:0		tigatir	ng Aa	encv	
0.00	953							YO		N (•	5 .9	,	

Form 4433003 (11-13)

NARRATIVE

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Sheet 3 of 3

Law Enforcement Case Number: 2022027625

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

DIAGRAM	Mile Marker 76	SB Hwy 218	Median	NB Hwy 218	

Tropper Brad Klosterboer #193 was on routine patrol southbound on US 218 at mile #76 in Washington County when a EB deer was standing in the lane of traffic. He struck the deer causing damage to the driver front and side of his patrol car.

Page 1

Printed: 02/16/23 2:13 PM

Created: 12/05/22

COPELAND AUTO BODY

FINAL BILL

State of Iowa Estimate: 17390 Repair Order: 17390

506 E 2ND ST HEDRICK, IA 52563 (641) 653-2140 FAX:(641) 653-4301 www.copelandautobody.com

Custo	mer: Insured	Vehicle:		Ins. Company:				
301 E Des M Home Work:	of lowa 7th Street foines, IA 50319 : (641) 891-0077 (319) 759-0739 xempt	DODG 4D SED Charg YEAR: 2019 Color: Silver Paint Code: PS2 License: 193 IA Prod Date: 01/01/2019 Mileage In: 101609 MIleage Out: 101609 VIN: 2C3CDXKT4KH5 Sched. Arrival Date: 0 Arrival Date: 02/01/23 Proj. Delivery Date: 02 Delivery Date: 02/16/2 Drivable: Unknown	9 777263 2/01/23 2/03/23	Creative Risk S Claim Number		ERBOER		
Vritte	n by: Petrehn, Brandon J				Labor	Paint		
	Item		Price	Ext. Price	Units	Units	PT	BT
1	FRONT BUMPER & GRILLE							
2	O/H front bumper				3.4 B			
3	REMOVE/REPLACE A/M CAPA Bumper	cover	686.00	686.00	Incl.	3.4	Α	
5	Add for Clear Coat					1.4		
6	REMOVE/REPLACE RT Support outer		9.85	9.85	Incl.		0	
7	REMOVE/REPLACE LT Support outer		9.85	9.85	Incl.		0	
3	REMOVE/REPLACE RT Support inner		34.75	34.75	Incl.		0	
9	REMOVE/REPLACE LT Support inner		34.75	34.75	Incl.		0	
10	REMOVE/REPLACE A/M CAPA Upper g crossbars	rille black	341.00	341.00	Incl.		Α	
11	REMOVE/REPLACE Nameplate "DODG	E" black	80.70	80.70	0.1 B		0	
12	FRONT LAMPS							
13	REMOVE/REPLACE LKQ LT Headlamp halogen	assy	860.00	860.00	0.4 B		V	
16	RADIATOR SUPPORT							
17	REMOVE/REPLACE RT Sight shield		84.60	84.60	0.1 B		0	
18	REMOVE/REPLACE LT Air guide 2-piec upper 5.7, 6	e guide,	67.45	67.45	0.1 B		0	
19	REMOVE/REPLACE LT Air guide 2-piec lower 5.7, 6	e guide,	23.35	23.35	0.1 B		0	
20	REMOVE/REPLACE A/M CAPA Radiato	r support 1A	291.00	291.00	1.0 B	1.0	Α	
21	Evacuate & recharge	1A			1.4 M			
22	Refrigerant recovery	1A			0.4 M			
23	Aim headlamps	1A			0.5 B			
24	FENDER							
25	REMOVE/REPLACE A/M CAPA LT Fend	der	312.00	312.00	1.6 B	2.0	Α	
26	Overlap Major Non-Adj. Panel					-0.2		
27	Add for Clear Coat					0.4		
28	Add for Edging					0.5		
29	Add for Clear Coat					0.1		
30	REMOVE/RE-INSTALL LT Fender liner 3 liter	3.6, 5.7			Incl.			
31	REMOVE/REPLACE A/M CAPA LT Fend 3.6, 5.7 liter	der liner 1A	118.00	118.00	Incl.		Α	
32	PILLARS, ROCKER & FLOOR							
33	REMOVE/RE-INSTALL LT Rocker moldi	ng			Incl.			
34	FRONT DOOR							
35	REPAIR LT Door shell (HSS)				1.0 B	2.1		

Page 2

Printed: 02/16/23 2:13 PM

Created: 12/05/22

COPELAND AUTO BODY

FINAL BILL

State of Iowa

Estimate: 17390 Repair Order: 17390

Writte	n by: Petrehn	, Brandon J					35.16		L	abor	Paint	
	Item					Price		Ext. Pric	ce U	nits	Units P	т вт
36		ajor Adj. Panel									-0.4	
37	Add for Cle	ear Coat									0.3	
38	REMOVE/F	RE-INSTALL LT E	Belt w'strip							0.3 B		
39	REMOVE/R	RE-INSTALL LT [Door glass Do	odge						0.6 B		
40		RE-INSTALL LT F								0.3 B		
41		RE-INSTALL LT H		le black						0.4 B		
42	REMOVE/R	RE-INSTALL LT N	Mount plate							0.6 B		
43		RE-INSTALL LT F	Section of the Control of the Contro							0.5 B		
44		DIAGNOSTICS										
45	In-House S											
* 46	SU Pre-repa	air scan				50.00*	•	50.	00		M	*
* 47	SU Post-rep	oair scan				50.00*	•	50.0	00		M	*
48	MISCELL	ANEOUS OPER	RATIONS									
49	REMOVE/R	REPLACE Cover	car/bag			10.003		10.0	00	0.2 B	0	
50		ous waste remov				4.00		4.0	00		Н	
* 51	REMOVE/R	REPLACE Corros	ion protection	primer		6.00		6.0	00		M	*
* 52	REMOVE/R	REPLACE Flex ac	dditive			6.00		6.0	00		M	*
* 53	Adjust per	QCS Audit			1A	-19.00*		-19.0	00			
				FI	NAL BILL SU	JMMARY						
		PARTS						LABO	R	**************************************		
		Regular	Supp	Total	Department		Units	Supp Uni	ts Rate	Total	1999	Units
	DEM) Parts:	\$355.30	\$0.00	\$355.30			9.7	1.5	\$65.00	\$728.00		11.
Other	oarts:	\$2,199.00	\$390.00	\$2,589.00	Mechanical Paint		0.0 9.6	1.8	\$75.00	\$135.00		1.
					railit		9.0	1.0	\$65.00	\$689.00		10.
								Regula	ar	Supp	Tota	I
					Parts Total:			\$2,554.3	30	\$390.00	\$2,944.3	30
					Labor Total:			\$1,254.5	50	\$297.50	\$1,552.0	00
					Paint/Materia Hazardous D	(N. 198)		\$544.0 \$4.0		\$45.00	\$589.0	
					Hazardous L	risposai.		\$4.0	00	\$0.00	\$4.0	00
	3				Total:						\$5,089.3	30
		Creative Risk So	lutions PAVA	RI E DEDAIE	PAYMENTS \$0.00	AMT DUE \$5,089.30		TOTAL S 356.80	UPPLEN	MENTS 732.50	TOT/ \$5,089.	

Labor Dept Codes: B-Body D-Detail I-Diagnostic E-Sublet F-Frame G-Glass M-Mechanical P-Paint S-Structural A-Aluminum 1-User-defined1 2-User-defined2 3-User-defined3

PT - Price Types:

O - OÉM; A - Aftermarket; V - Salvage; R - Remanufactured; Space - No Type L - Labor; M - Material; H - Hazardous; S - Storage; T - Towing; U - Sublet

BT - Billing Types:

No Code - Insurance Charge; CC - Customer Charge; BT - Betterment; AP - Appearance Allowance PD - Prior Damage; NC - No Charge

(*) Indicates Estimator Judgement. Underline Indicates Supplement.

CCC One Data, Copyright 1995 CCC Information Services

The elements of data used to calculate this Estimate were obtained from a CCC Database.

Calculations of the Estimate are performed by a computer program created by Axalta Coating Systems, LLC.