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HON. KIM REYNOLDS
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HON. PAUL D. PATE
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HON. ROBY SMITH
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HON. MICHAEL L. NAIG
SECRETARY OF AGRICULTURE



Executive Council of Iowa

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

August 7, 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 \$7,069.78, subject to audit of actual invoices. On January 4, 2023, State Patrol Vehicle #824 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 Fleet Services
Joel Lunde, Department of Management

AOS Claim # 3438
TOS Job # _____



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

July 31, 2023

Victoria Newton
Executive Council
L O C A L

Subject: Deer Damage to Vehicle #824 on January 4, 2023
Department of Public Safety – Iowa State Patrol
Claim dated June 2, 2023
AOS Claim ID: 3438

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 \$7,069.78, subject to an audit of actual invoices.

Sincerely,

A handwritten signature in blue ink, appearing to read "Ernest H. Ruben, Jr.".

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

cc: Jeannie Adams, Iowa State Patrol, Department of Public Safety
Mariah Flowers, Fleet Services Manager, Department of Administrative Services
Joel Lunde, Department of Management



Governor Kim Reynolds
Lt. Governor Adam Gregg
Adam Steen, Director

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	#824/Deer
Event Date	January 4, 2023
Summary	Vehicle 824 struck a deer. (250093)
Amount Requested	\$7,069.78 - 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



824



Compose

- Inbox 15
- Starred
- Snoozed
- Sent
- Drafts 5
- More

Labels

- 29C20 34
- Billing 2
- Checks Received
- Contract issues
- Eclaim Confirmati... 12
- Pre-Google Mail (Old M...
- Restitution Letters 1
- Risk Payments 218
- Subro
- Tort Claims 2
 - Paid Torts
- More

FW: Car/deer 10-50 1-4-23 External Inbox x



Adams Jeannie <jadams@dps.state.ia.us>
to ExecutiveCouncil, Tammy, me

Please find attached information from Agent Page when her struck a deer yesterday.

Thank you

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: Page Chad <page@dps.state.ia.us>
 Sent: Thursday, January 5, 2023 2:10 PM
 To: vehicledamage <vehicledamage@dps.state.ia.us>; das.risk@iowa.gov; Whitmer Jessie <whitmer@dps.state.ia.us>; Moore Ryan <ryan.moore@iowa.gov>
 Subject: Car/deer 10-50 1-4-23

To All:

Here are the requested documents as it pertains to the state vehicle damage I sustained in a car vs deer on 1-4-2023.

If you have any questions or concerns, please call or email,

Thanks

Chad

State Vehicle Damage Report

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

- 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 #: 23-000437(MCSO)

Date: (Month/Day/Year)	1/4/2023	Time: (Time plus a.m./p.m.)	650 am
Vehicle Plate #:	DUC563	Vehicle Mileage:	112754
Vehicle Description: (Yr/Make/Model/ & Vin#)	State Vehicle #824 2016 Chevy Silverado Pickup (Silver) 3GCUKNEC6GG276121		
Assigned To:	SA Chad Page	Badge #	I-159
Driven By:	SA Chad Page	Badge #	I-159
Driver's Lic #:	281JJ8446	Damage:	\$7125.20
Vehicle Towed: (Yes / No)	No	Towed By:	N/A
Towed To:	N/A	Towing Cost:	N/A
Seat Belt: (Yes / No)	Yes	Type of Vehicle: (Marked/Semi /Unmarked)	Unmarked
Injured/Injuries:	No		
Occupants: (Other than driver)	N/A		

VEHICLE #2:

DL #:	N/A	State:	N/A
Vehicle Lic. #	N/A	State:	N/A
Driver's Name:	N/A		
Driver's Address:	N/A		
Owner's Name:	N/A		
Owner's Address:	N/A		
Owner's Phone:	N/A		
Insurance Info:	N/A		

(Carrier/Policy #/Phone)			
Veh Description: (Yr/Make/Model & Vin#)	N/A		
Damage:	N/A	Seat Belt: (Yes / No)	N/A
Injured/Injuries:	N/A		
Occupants: (Other than driver)	N/A		
Occupant(s) Wearing Seat Belt: (Yes/No)	N/A		

OTHER INFORMATION:

Witnesses:	None
Accident Location: (Street/Hwy)	2100 Block of 155 th Street
County:	Muscatine
Weather/Road Conditions:	Overcast, just started misting, road was clear
** Please Include narrative of events here**	
Driving assigned vehicle east on 155 th Street near the 2100 block, when a deer entered the roadway from the north travelling south. I was unable to miss the deer and it struck the front and front left portion of the vehicle.	
Property Damage other than Vehicles:	N/A
Cost:	\$ N/A
Citations Issued To: (List Charge(s) and Statute Code(s))	N/A

Investigating Officer:	Deputy Matt Madson 70-20
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VEHICLE #3: (If needed) (For more vehicles, please make extra copies of this portion)

DL #:	N/A	State:	N/A
Vehicle Lic. #	N/A	State:	N/A
Driver's Name:	N/A		
Driver's Address:	N/A		
Owner's Name:	N/A		
Owner's Address:	N/A		
Owner's Phone:	N/A		
Insurance Info: (Carrier/Policy #/Phone)	N/A		

Veh Description: (Yr/Make/Model & Vin#)	N/A		
Damage:	\$ N/A	Seat Belt: (Yes / No)	N/A
Injured/Injuries:	N/A		
Occupants: (Other than driver)	N/A		
Occupant(s) Wearing Seat Belt: (Yes/No)	N/A		

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Law Enforcement Case Number:
23000437

MAIL REPORTS TO: Iowa Department of Transportation, Office of Driver Services, P.O. Box 9204, Des Moines, Iowa 50308-9204

Date of Accident 01/04/2023	Time of Accident 07:05 Hrs.	County MUSCATINE - 70	Accident occurred within corporate limits of (city)				
Driver's Name - Last PAGE			First CHAD	Middle WAYNE			
Address 1296 ELDER RIDGE RD			City WEST LIBERTY	State IA	Zip 52776		
Date of Birth 12/25/1974	Driver's License Number 281JJ8446	CDL Yes No <input type="radio"/> <input checked="" type="radio"/>	Citation Charge 1		Citation Charge 2		
Male <input checked="" type="radio"/> Female <input type="radio"/>	State IA	Class B	Endorsements K	Restrictions B	Citation Charge 3		
Alcohol Test Given: 1	Test Results:	Drug Test Given: 1	Test Result:	Re-exam: Yes No <input type="radio"/> <input checked="" type="radio"/>	Reason for Re-Exam Request:		
Owner's Name - Last STATE OF IOWA			First	Middle			
Address 216 E 7TH ST			City DES MOINES	State IA	Zip 50319		
License Plate No. DUC563	State IA	Year 2023	VIN: 3GCUKNEC6GG276121	Color GRN	Year 2016		
Trailer Plate No.	State	Year	VIN:	Tow 1	Tow #		
Insurance Company Name STATE OF IOWA SELF INSURED			Insurance Co. Phone Number	Insurance Policy Number			
Initial Travel Direction	Veh. Act.	Veh. Config. 02	Cargo Body Type 01	Veh. Defect	Point of Initial Impact		
Special Veh. Func.	Emergency Status	Bus Use	Driver Condition	Vision Obscured	Contributing Circumstances Driver (up to two) 88		
Traffic Controls	Horizontal Alignment	Vertical Alignment	SEQUENCE OF EVENTS	First Event	Second Event		
Carrier Name/Lessee			Third Event	Fourth Event	Most Harmful Event		
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		
Trailer Plate:	State	Year	VIN	Sex	Injury Status		
Trailer Plate:	State	Year	VIN			Airbag Deployment	Ejection Path
Converter Dolly	Dolly Plate:	State	Plate Year				
DRIVER OF UNIT 1			Phone Number: (319) 208-1451	Transported to:			
Name			Phone Number	DOB:	Transported by:		
Address			Transported to:		Transported by:		
Name			Phone Number	DOB:	Transported by:		
Address			Transported to:		Transported by:		
Name			Phone Number	DOB:	Transported by:		
Address			Transported to:		Transported by:		
Name			Phone Number	DOB:	Transported by:		
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

Law Enforcement Case Number:
23000437

L O C A T I O N	Date of Accident 01/04/2023	Time of Accident 07:05 Hrs.	County MUSCATINE - 70	Accident occurred within corporate limits of (city)	Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>	
	Literal Description 156TH ST				County: 70	Route:	
	If accident occurred outside of city limits show general vicinity <div style="display: flex; justify-content: space-around; align-items: center;"> NNEESESSWWNW </div> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> of nearest city				X Coordinate: 653923.937		
	On Road, Street or Highway:			At Intersection with:	Y Coordinate: 4598506.5		
	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 necessary. of				If Divided Highway, Provide Route (Cardinal) Travel Direction		
<div style="display: flex; justify-content: space-around; align-items: center;"> NNEESESSWWNW </div> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> and				<div style="display: flex; justify-content: space-around; align-items: center;"> NNEESESSWWNW </div> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>			
Milepost Number		Definable Intersection, Or bridge, or railroad crossing		NB <input type="radio"/> SB <input type="radio"/> EB <input type="radio"/> WB <input type="radio"/>			

ACCIDENT ENVIRONMENT	ROADWAY CHARACTERISTICS				
Location of First Harmful Event	Weather Conditions (up to two)	Major Contributing Circumstances Environment			
Manner of Crash/Collision	Surface Conditions	Roadway			
Light Conditions		Type of Roadway Junction/Feature			
		FRA No.			

First Harmful Event (Crash)	WORKZONE RELATED?	Yes	No	Activity	Location	Type	Workers Present	Struck by Unit No.	Injury/Status	Non-Motorist Type	Location (prior to crash)	Action (prior to crash)	Condition	Safety Equipment	Contributing circumstances	Source of Transport	Driver's name/DOB
31		<input type="radio"/>	<input type="radio"/>														

N O N M O T O R I S T S	Name 001	Phone Number	DOB:														
	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:																

N P R O P E R T Y	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			

U L D A M R G	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			

W I T N E S S	Last Name	First Name	Address	City	State	Zip Code	Phone Number
	Last Name	First Name	Address	City	State	Zip Code	Phone Number
	Last Name	First Name	Address	City	State	Zip Code	Phone Number
	Last Name	First Name	Address	City	State	Zip Code	Phone Number
	Last Name	First Name	Address	City	State	Zip Code	Phone Number

Is This a Secondary Crash? Y <input type="radio"/> N <input checked="" type="radio"/>	Type of Primary Incident	Roadway Clearance Date 01/04/2023	Incident Clearance Date 01/04/2023
Signature of Officer DEPUTY MATT MADSON	Badge Number 70-20	Time Officer Notified of Accident 07:06 Hrs.	Roadway Clearance Time 07:27 Hrs.
Name of Agency MUSCATINE COUNTY SHERIFF'S OFF	Date of Report 01/04/2023	Time Officer Arrived At Scene 07:19 Hrs.	Total Roadway Clearance Time 00:21
Report Reviewed By	Date of Review	Investigation made at scene? Y <input checked="" type="radio"/> N <input type="radio"/>	T.I. No. Other Technical Investigating Agency

INVESTIGATING OFFICER'S REPORT
OF MOTOR VEHICLE ACCIDENT

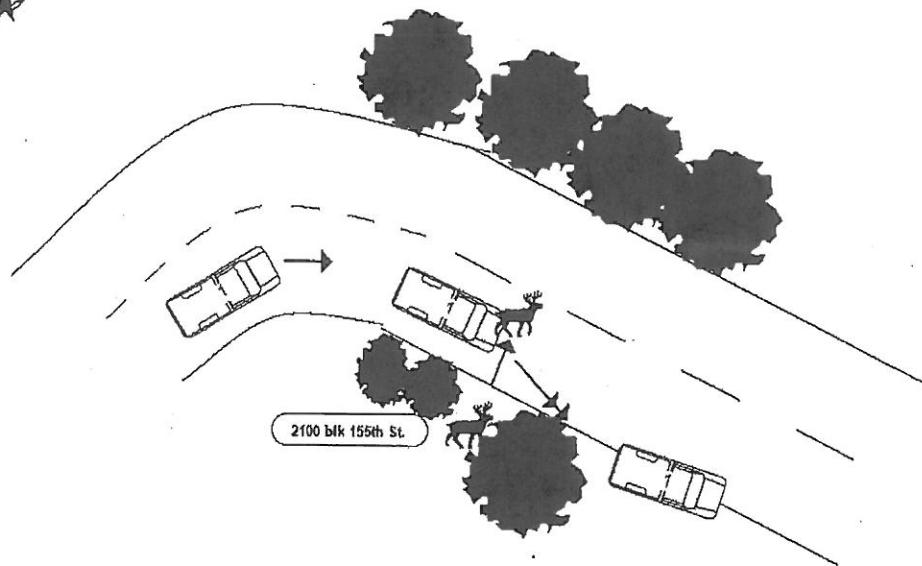
Form 4433003 (11-13)

Law Enforcement Case Number:

23000437

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

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On January 4th, 2023 at 0706 hours, I received a call for service of a vehicle versus deer accident at Kelly Ave. and 155th street.

I arrived and updated the address to the 2100 block of 155th street. Grey pickup sitting partially in the roadway facing east. Driver stated he was driving eastbound and the deer came out of the southbound ditch. The pickup has front bumper and grill damage. The vehicle was able to be driven away.

State Vehicle Damage Memo

To: Whom it may concern

From: Special Agent Chad Page

Date: 1/4/2023

Reference: State vehicle accident with deer

To whom it may concern:

On Wednesday, January 4, 2023 at or about 6:50 am, I was driving my assigned state vehicle (#824), a Silver in color Chevrolet Silverado Pickup, east bound in the 2100 Block of 155th Street in rural Muscatine County when a deer entered the roadway from the north travelling south. I was unable to avoid the deer and it struck the front and front-left portion of my vehicle. Damage was noticed to the following areas: grill, bumper, driver side headlight, driver side front fender, driver side wheel liner, and some other miscellaneous parts behind the grill.

I dropped the vehicle off at Durant Collision and Repair (authorized vendor for state vehicles), and the technician advised he would tear off the obviously broken parts to allow a more in-depth inspection of the parts that may be obscured at first look. He also stated he would prepare a comprehensive estimate for the repairs and forward it to my email as soon as possible. The estimate total is \$7125.20. A copy of the estimate, photos, MARS report, and this memo will be forwarded as directed.

If you have any questions, please don't hesitate to call or email.

Special Agent Chad Page

Division of Narcotics Enforcement -Zone 4

page@dps.state.ia.us

319-209-1451 cell



DURANT COLLISION REPAIR

durantcollision@iowatelecom.net
 1303 5th St, P O Box 638, DURANT, IA 52747
 Phone: (563) 785-6353
 FAX: (563) 785-6659

WORKTIME ID: 301ec390
 PartsShare: 77PSrS
 Federal ID: 202958038

Final Bill

RO Number: 1401

Customer: State Of Iowa Insurance: Creative Risk Solutions Adjuster: Phone: Claim: APDSOI0250093-00
 1 Estimator: Craig Moeller Create Date: 1/4/2023
 Loss Date: Deductible: (319) 209-1451

2016 CHEV Silverado 1500 LS Crew Cab 143.5" WB 4WD 4D SHORT 8-5.3L Gasoline Direct Injection silver

VIN: 3GCUKNEC6GG276121 Interior Color: Mileage In: 112,780 Vehicle Out:
 License: DUC563 Exterior Color: silver Mileage Out:
 State: IA Production Date: 3/2016 Condition: Good Job #:

Line	Ver	Operation	Description	Qty	Extended Price \$	Part Type	Labor	Type	Paint
1	E01		GRILLE						
2	E01	Remove/Replace	Grille chrome	1	823.33	OEM	0.4	Body	
3	E01		FRONT LAMPS						
4	E01	Remove/Replace	LT Headlamp assy chrome	1	1,102.48	Opt OEM	0.5	Body	
5	E01	Remove/Replace	Aim headlamps				0.5	Body	
6	E01		FRONT BUMPER						
7	E01	Remove/Replace	O/H front bumper				2.6	Body	
8	E01	Remove/Replace	Front bumper w/o park assist, w/o fog lamps paint to mtch	1	750.00	A/M	0.0	Body	2.6
9	E01		Add for Clear Coat						1.0
10	E01	Remove/Replace	LT Outer bracket	1	72.00	A/M	0.0	Body	
11	E01	Remove/Replace	LT Inner bracket	1	88.00	A/M	0.0	Body	
12	E01	Remove/Replace	LT Guide	1	20.00	A/M	0.0	Body	
13	E01	Remove/Replace	LT Support bracket	1	23.00	A/M	0.0	Body	
14	E01	Remove/Replace	Bumper filler w/o skid plate w/o tow hooks	1	406.00	A/M	0.0	Body	
15	E01	Remove/Replace	Air deflector	1	96.00	A/M	0.0	Body	
16	E01	Remove/Replace	LT Filler panel	1	61.83	OEM	0.0	Body	0.3
17	E01		Add for Clear Coat						0.1
18	E01		FENDER						
19	E01	Remove/Replace	LT Fender	1	662.00	A/M	3.6	Body	2.0
20	E01		Overlap Major Non-Adj. Panel						(0.2)
21	E01		Add for Clear Coat						0.4
22	E01		Add for Edging						0.5

T = Taxable Item, RPD = Related Prior Damage, AA = Appearance Allowance, UPD = Unrelated Prior Damage, PDR = Paintless Dent Repair, A/M = Aftermarket, Rechr = Rechromed, Reman = Remanufactured, OEM = New Original Equipment Manufacturer, Recor = Re-cored, RECOND = Reconditioned, LKQ = Like Kind Quality or Used, Diag = Diagnostic, Elec = Electrical, Mech = Mechanical, Ref = Refinish, Struc = Structural

RO Number: 1401

2016 CHEV Silverado 1500 LS Crew Cab 143.5" WB 4WD 4D SHORT 8-5.3L Gasoline Direct Injection silver

23	E01		Add for Clear Coat						0.1
24	E01		Add for Inside						1.2
25	E01		Add for Clear Coat						0.2
26	E01	Remove/Replace	LT Fender liner	1	111.00	A/M		0.0	Body
27	E01	Remove/Install	LT Protector					0.0	Body
28	E01		FRONT DOOR						
29	E01	Blend	LT Door shell double & crew cab						1.2
30	E01	Remove/Replace	LT Nameplate "SILVERADO" chrome	1	78.70	OEM		0.3	Body
31	E01	Remove/Install	LT Belt molding double & crew cab black					0.3	Body
32	E01	Remove/Install	LT R&I mirror					0.3	Body
33	E01	Remove/Install	LT Handle, outside black					0.3	Body
34	E01	Remove/Install	LT R&I trim panel					0.4	Body
35	E01		FRONT PANELS						
36	E01	Remove/Replace	Panel assy Chevrolet	1	371.00	A/M		1.4	Body
37	E01	Remove/Replace	Rear seal Chevrolet	1	97.00	A/M		0.0	Body
38	E01		AIR CONDITIONER & HEATER						
39	E01	Remove/Replace	Condenser 5.3, 6.2 liter Delphi	1	169.94	A/M		1.1	Mech
40	E01	Remove/Replace	AC Service evacuate & recharge					1.4	Mech
41	E01	Remove/Replace	AC Service refrigerant recovery					0.4	Mech
42	E01		VEHICLE DIAGNOSTICS						
43	E01		Pre-repair scan			OEM		0.5	Mech
44	E01		Post-repair scan			OEM		0.5	Mech
45	E01		***** ADD-ONS *****			A/M			
46	E01	Remove/Replace	Cover Car	1	5.00	Other			
47	E01	Repair	Color sand and buff					1.5	Body

Estimate Totals	Discount \$	Markup \$	Rate \$	Total Hours	Total \$
Parts					4,937.28
Labor, Body			65.00	12.1	786.50
Labor, Refinish			110.00	9.4	1,034.00
Labor, Mechanical			80.00	3.9	312.00
Subtotal					7,069.78
Sales Tax					0.00
Grand Total					7,069.78
Net Total					7,069.78

Estimate Version	Total \$
Original	7,069.78

Insurance Total \$:	7,069.78
Received from Insurance \$:	0.00
Balance due from Insurance \$:	7,069.78

T = Taxable Item, RPD = Related Prior Damage, AA = Appearance Allowance, UPD = Unrelated Prior Damage, PDR = Paintless Dent Repair, A/M = Aftermarket, Rechr = Rechromed, Reman = Remanufactured, OEM = New Original Equipment Manufacturer, Recor = Re-cored, RECOND = Reconditioned, LKQ = Like Kind Quality or Used, Diag = Diagnostic, Elec = Electrical, Mech = Mechanical, Ref = Refinish, Struc = Structural

RO Number: 1401

2016 CHEV Silverado 1500 LS Crew Cab 143.5" WB 4WD 4D SHORT 8-5.3L Gasoline Direct Injection silver

Customer Total \$:	0.00
Received from Customer \$:	0.00
Balance due from Customer \$:	0.00

T = Taxable Item, RPD = Related Prior Damage, AA = Appearance Allowance, UPD = Unrelated Prior Damage, PDR = Paintless Dent Repair, A/M = Aftermarket, Rechr = Rechromed, Reman = Remanufactured, OEM = New Original Equipment Manufacturer, Recor = Re-cored, RECOND = Reconditioned, LKQ = Like Kind Quality or Used, Diag = Diagnostic, Elec = Electrical, Mech = Mechanical, Ref = Refinish, Struc = Structural