

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 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 \$4,789.40, subject to audit of actual invoices. On December 27, 2022, State Patrol Vehicle #474 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 # 2428
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 #474 on December 27, 2022
Department of Public Safety – Iowa State Patrol
Claim dated June 2, 2023
AOS Claim ID: 2428

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 \$4,789.40, 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	#474/Deer
Event Date	December 27, 2022
Summary	Vehicle 474 struck a deer. (249769)
Amount Requested	\$4,789.40 - 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: 474 car/deer

1 message

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

Thu, Dec 29, 2022 at 8:23 AM

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

Please find attached information on 474's car deer accident.

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: Andreasen Jeremy <andreasen@dps.state.ia.us>
 Sent: Wednesday, December 28, 2022 9:59 PM
 To: vehicledamage <vehicledamage@dps.state.ia.us>; das.risk@iowa.gov
 Cc: J alas Dean <jalasd@dps.state.ia.us>; Morey Russell <morey@dps.state.ia.us>; Dolf Ryan <dolf@dps.state.ia.us>
 Subject: 474 car/deer

Attached are photos and documentation for a car/deer collision to Trooper Jacob Murphy's patrol car, ISP 474.
 Please advise if anything else is needed.

SERGEANT JEREMY ANDREASEN *161*

Assistant 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
 andreasen@dps.state.ia.us<mailto:andreasen@dps.state.ia.us>

[cid:image001.png@01CF264F.EB7E5270]

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.

9 attachments

20221227_180106.jpg
 2184K



20221227_180111.jpg
2033K



20221227_180116.jpg
1875K



20221227_180125.jpg
1670K



image001.png
10K

 12-27-22 vehicle damage memo.doc
50K

 474 State Vehicle Damage Rpt.doc
72K

 Estimate.pdf
731K

 MARS_Unit_Report-2022031920.pdf
85K

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 #: 2022031920

Date: (Month/Day/Year)	12/27/2022	Time: (Time plus a.m./p.m.)	5:28 PM
Vehicle Plate #:	474	Vehicle Mileage:	94,300
Vehicle Description: (Yr/Make/Model/ & Vin#)	2019 Dodge Charger VIN: 2C3CDXKT5KH755357		
Assigned To:	Jacob Murphy	Badge #	474
Driven By:	Jacob Murphy	Badge #	474
Driver's Lic #:	362AE0110	Damage:	\$2781.65
Vehicle Towed: (Yes / No)	No	Towed By:	
Towed To:		Towing Cost:	\$
Seat Belt: (Yes / No)	Yes	Type of Vehicle: (Marked/Semi /Unmarked)	Marked
Injured/Injuries:	None		
Occupants: (Other than driver)			

VEHICLE #2:

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

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

OTHER INFORMATION:

Witnesses:			
Accident Location: (Street/Hwy)	320 th St. east of Quince Ave		
County:	Washington		
Weather/Road Conditions:	Clear/dry		
Property Damage other than Vehicles:	None		
Cost:	\$		
Citations Issued To: (List Charge(s) and Statute Code(s))			

Investigating Officer:	Trooper Gent #77
------------------------	------------------



**IOWA STATE PATROL
MEMORANDUM**

TO: #161
FROM: #474
DATE: 12/27/2022
SUBJECT: Vehicle damage

Sir,

On December 27th 2022 at 17:29 I struck a deer on 320th st and Quincy ave in Washington County. Deer was injured so I used my service pistol to dispatch the deer. Vehicle received minor front end damage.

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Law Enforcement Case Number:
2022031920

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

Date of Accident 12/27/2022		Time of Accident 17:28 Hrs.		County WASHINGTON - 92		Accident occurred within corporate limits of (city)											
U N I T 1	Driver's Name - Last MURPHY					First JACOB			Middle ROBERT								
	Address 1300 SOUTH GRAND AVE					City MOUNT PLEASANT			State IA	Zip 52641							
	Date of Birth 04/15/1994		Driver's License Number 362AE0110		CDL	Citation Charge 1			Citation Charge 2								
	Male <input checked="" type="radio"/>	Female <input type="radio"/>	State IA	Class C	Endorsements	Restrictions B	Yes <input type="radio"/>	No <input checked="" type="radio"/>	Citation Charge 3			Citation Charge 4					
	Alcohol Test Given: 1		Test Results:		Drug Test Given: 1	Test Result:	Re-exam: Yes <input type="radio"/>		No <input checked="" type="radio"/>	Reason for Re-Exam Request:							
C O M M E R C I A L	Owner's Name - Last STATE OF IOWA IOWA STATE PATROL					First			Middle								
	Address 1300 SOUTH GRAND AVE					City MT PLEASANT			State IA	Zip 52641							
	License Plate No. 474	State IA	Year 2022	VIN: 2C3CDXKT5KH755357		Color GRY	Year 2019	Make DODG	Model CHARGER	Style 4DR							
	Trailer Plate No.	State	Year	VIN:		Tow 1	Tow #	Towed To		Approx. Cost to Repair or Replace \$2,781.00							
	Insurance Company Name SELF INSURED					Insurance Co. Phone Number (515) 725-2243		Insurance Policy Number									
	Initial Travel Direction	Veh. Act.	Veh. Config. 01	Cargo Body Type 01	Veh. Defect	Point of Initial Impact	Most Damaged Area	Extent of Damage	Total Occ. in Veh. 1								
	Special Veh. Func	Emergency Status	Bus Use	Driver Condition	Vision Obscured	Contributing Circumstances Driver (up to two) 88		Driver Distractions 02	Speed Limit								
	Traffic Controls	Horizontal Alignment	Vertical Alignment	SEQUENCE OF EVENTS	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event								
	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												
Trailer Plate:	State	Year	VIN														
Trailer Plate:	State	Year	VIN														
Converter Dolly	Dolly Plate:	State	Plate Year	VIN													
P E R S O N S I N J U R E D	DRIVER OF UNIT 1					Phone Number: (319) 385-8715		Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Ejection Path	Trapped/extricated	Source of Transport	Died at scene/enroute
						Transported to:		Transported by:		01	01						
	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

Law Enforcement Case Number:
2022031920

L O C A T I O N	Date of Accident 12/27/2022	Time of Accident 17:28 Hrs.	County WASHINGTON - 92	Accident occurred within corporate limits of (city)		Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>	
	Literal Description 320TH ST MEASURING 1095 FEET EAST FROM QUINCE AVE					County: 92	Route:	
	If accident occurred outside of city limits show general vicinity N NE E SE S SW W NW <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: 614010.562		
	On Road, Street or Highway:			At Intersection with:			Y Coordinate: 4561026	
	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					If Divided Highway, Provide Route (Cardinal) Travel Direction		
Milepost Number _____ Or _____ Definable intersection, bridge, or railroad crossing N NE E SE S SW W NW <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> and <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>					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) 31	WORKZONE RELATED? <input type="checkbox"/>	Yes <input type="radio"/>	No <input type="radio"/>	Activity	Location	Type	Workers Present	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
--	--	---------------------------	--------------------------	----------	----------	------	-----------------	-----	--------------------	---------------	-------------------	----------------------------	-------------------------	-----------	------------------	----------------------------	---------------------	-----------------------

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 O R N O V P E E H R I T C Y 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														

N P O R N O V P E E H R I T C Y 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														

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 12/27/2022	Incident Clearance Date 12/27/2022
Signature of Officer TROOPER M GENT	Badge Number 077	Time Officer Notified of Accident 19:52 Hrs.	Roadway Clearance Time 17:37 Hrs.
Name of Agency IOWA STATE PATROL - DIST 13	Date of Report 12/27/2022	Time Officer Arrived At Scene 19:53 Hrs.	Total Roadway Clearance Time 000:09
Report Reviewed By J ANDREASEN	Date of Review 12/28/2022	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:

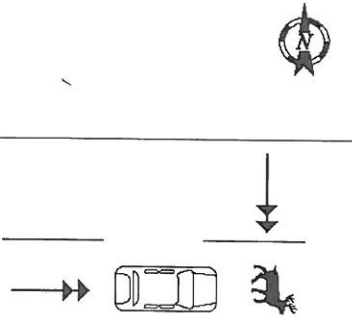
2022031920

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

D
I
A
G
R
A
M

quince

320th



N
A
R
R
A
T
I
V
E

Unit 1 was east on 320th St from Quince Ave when a deer ran south in front of him. Unit struck deer front center of unit causing minor damage.

COPELAND AUTO BODY

State of Iowa
 Estimate: 17663
 Repair Order: 17663

FINAL BILL

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

Customer: Insured	Vehicle:	Ins. Company:
State of Iowa 301 E 7th Street Des Moines, IA 50319 Home: (641) 891-0077 Work: (319) 759-0739	DODG 4D SED Charger Police AWD (Fleet) YEAR: 2019 Color: Gray Paint Code: PAU License: 474 IA Prod Date: 10/01/2019 Mileage In: 94418 Mileage Out: 94418 VIN: 2C3CDXKT5KH755357 Sched. Arrival Date: 03/13/23 Arrival Date: 03/13/23 Proj. Delivery Date: 03/20/23 Billed Date: 03/21/23 Delivery Date: 03/17/23 Drivable: Unknown	Creative Risk Solutions Claim Number: 474

Written by: Petrehn, Brandon J

Item	Price	Ext. Price	Labor Units	Paint 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 A		
5 Add for Clear Coat				1.4		
6 REMOVE/REPLACE Closure panel	197.00	197.00	Incl.		O	
7 REMOVE/REPLACE RT Support inner	34.75	34.75	Incl.		O	
8 REMOVE/REPLACE LT Support inner	34.75	34.75	Incl.		O	
9 REMOVE/REPLACE RT Support outer	9.85	9.85	Incl.		O	
10 REMOVE/REPLACE LT Support outer	9.85	9.85	Incl.		O	
11 REMOVE/REPLACE RT Bumper bracket	34.75	34.75	0.1 B		O	
12 REMOVE/REPLACE LT Bumper bracket	34.75	34.75	0.1 B		O	
13 REMOVE/REPLACE A/M CAPA Upper grille black crossbars	341.00	341.00	Incl.		A	
14 REMOVE/REPLACE Nameplate "DODGE" black	80.70	80.70	0.1 B		O	
15 REMOVE/RE-INSTALL Push Bumper			1.0 B			
16 REPAIR Push Bumper			4.0 B			
17 Add for Two Tone					1.4	
18 ELECTRICAL						
19 REMOVE/REPLACE Low note horn	37.75	37.75	0.2 M		O	
20 REMOVE/REPLACE High note horn	37.00	37.00	0.2 M		O	
21 VEHICLE DIAGNOSTICS						
22 In-House Scan Tool						
23 SU Pre-repair scan	50.00*	50.00				U
24 SU Post-repair scan	50.00*	50.00				U
25 MISCELLANEOUS OPERATIONS						
26 SU Hazardous waste removal	4.00	4.00				H
27 REMOVE/REPLACE Cover car/bag	10.00*	10.00				O
28 REMOVE/REPLACE Flex additive	6.00	6.00				
29 FRONT LAMPS						
30 REMOVE/REPLACE A/M CAPA LT Side marker lamp	37.00	37.00	0.2 B			A
31 RADIATOR SUPPORT						
32 REMOVE/REPLACE Access cover	34.75	34.75				O
33 REMOVE/REPLACE A/M CAPA Crossmember	265.00	265.00	0.5 B			A
34 COOLING						
35 REMOVE/REPLACE Radiator	600.00	600.00	2.3 M			O

COPELAND AUTO BODY

FINAL BILL

Written by: Petrehn, Brandon J

Item	Price	Ext. Price	Labor Units	Paint Units	PT	BT
36 Deduct for Overlap			-0.5 M			
37 AIR CONDITIONER & HEATER						
38 REMOVE/REPLACE Condenser assy	577.00	577.00	1.5 M		O	
39 AC Service evacuate & recharge			1.4 M			
40 AC Service refrigerant recovery			0.4 M			
41 Deduct for Overlap			-1.0 M			
42 Adjustment	-13.00	-13.00				

FINAL BILL SUMMARY									
PARTS				LABOR					
	Regular	Supp	Total	Department	Units	Supp Units	Rate	Total	Units
New (OEM) Parts:	\$521.15	\$1,211.75	\$1,732.90	Body	8.7	0.7	\$65.00	\$611.00	9.4
Other parts:	\$1,020.00	\$302.00	\$1,322.00	Mechanical	0.4	4.1	\$75.00	\$337.50	4.5
				Paint	4.8	1.4	\$110.00	\$682.00	6.2

	Regular	Supp	Total
Sublet:	\$100.00	\$0.00	\$100.00
Parts Total:	\$1,541.15	\$1,513.75	\$3,054.90
Labor Total:	\$1,123.50	\$507.00	\$1,630.50
Hazardous Disposal:	\$4.00	\$0.00	\$4.00

Total: \$4,789.40

	PAYMENTS	AMT DUE	SUBTOTAL	SUPPLEMENTS	TOTAL
Creative Risk Solutions PAYABLE REPAIR	\$0.00	\$4,789.40	\$2,768.65	\$2,020.75	\$4,789.40

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 - OEM; 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.