

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 \$5,259.35, subject to audit of actual invoices. On January 8, 2023, State Patrol Vehicle #327 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 # 3435
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

August 2, 2023

Victoria Newton
Executive Council
L O C A L

Subject: Deer Damage to Vehicle #327 on January 8, 2023
Department of Public Safety – Iowa State Patrol
Claim dated June 2, 2023
AOS Claim ID: 3435

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 \$5,259.35, 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	#327/Deer
Event Date	January 8, 2023
Summary	Vehicle 327 struck a deer. (250280)
Amount Requested	\$5,259.35 - Estimate
Supporting Documentation	29C20 Email Notification, Accident Report, Repair Estimate(s), Photos

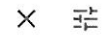
If you have any questions or are in need of additional information, please do not hesitate to contact me.

Thank you,

Mariah Flowers, Fleet Manager
DAS Fleet Services
Mariah.Flowers@iowa.gov
515-414-6582



Q 327



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: Trooper Matt Schmelzer #327 - squad/deer crash 1/8/23

External

Inbox x



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

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: Trimble Michael <trimble@dps.state.ia.us>
Sent: Monday, January 9, 2023 3:08 PM
To: vehicledamage <DAS.Risk@iowa.gov>; Guill Bryan <guill@dps.state.ia.us>; Adams Jeannie <jadams@dps.state.ia.us>
Cc: Trimble Michael <trimble@dps.state.ia.us>; Senne Brian <senne@dps.state.ia.us>; Stickney Jon <stickney@dps.state.ia.us>; Burns
Subject: Trooper Matt Schmelzer #327 - squad/deer crash 1/8/23

All-

Attached are the documents for Trooper Schmelzer's deer collision from 1/8/23. Please advise if you need anything else... thanks!

#312

Sergeant Mike Trimble
312
Iowa State Patrol District 10
15239 35th Street
Oelwein, Iowa 50662
Phone (319) 283-5521

State Vehicle Damage Report

Attach this completed form to an email along with the items identified below and send to: *DPS – Vehicle Damage; DAS – Risk*

- 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 #: 2023000754

Date: <small>(Month/Day/Year)</small>	1/8/2023	Time: <small>(Time plus a.m./p.m.)</small>	0651 a.m.
Vehicle Plate #:	327	Vehicle Mileage:	32,404
Vehicle Description: <small>(Yr/Make/Model/ & Vin#)</small>	2021 Dodge Charger		
Assigned To:	Trooper Schmelzer	Badge #	327
Driven By:	Trooper Schmelzer	Badge #	327
Driver's Lic #:	197CC2989	Damage:	\$4720.95
Vehicle Towed: <small>(Yes / No)</small>	No	Towed By:	
Towed To:		Towing Cost:	\$
Seat Belt: <small>(Yes / No)</small>	Yes	Type of Vehicle: <small>(Marked/Semi /Unmarked)</small>	Marked
Injured/Injuries:	none		
Occupants: <small>(Other than driver)</small>	none		

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)	No
Injured/Injuries:			
Occupants: (Other than driver)			
Occupant(s) Wearing Seat Belt: (Yes/No)			No

OTHER INFORMATION:

Witnesses:	
Accident Location: (Street/Hwy)	Outer Rd / 0.1 Miles south of 40 th Street
County:	Fayette
Weather/Road Conditions:	Foggy/Normal
Narrative: Shortly after going 10-41 Trooper Schmelzer turned south on Outer Rd. from 6th St NE in Oelwein. Proceeded south in about the 500 block when he was struck in the B pillar by something. He notified State Radio that he was most likely hit by a deer. He turned his car around and found the small buck still laying in the road. He assessed the damage, photographed, and notified Sergeant Burns.	
Property Damage other than Vehicles:	none
Cost:	\$
Citations Issued To: (List Charge(s) and Statute Code(s))	

Investigating Officer:	Sgt. Mike Trimble #312
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VEHICLE #3: (If needed) (For more vehicles, please make extra copies of this portion)

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)	Yes
Injured/Injuries:			
Occupants: (Other than driver)			
Occupant(s) Wearing Seat Belt: (Yes/No)	Yes		

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Law Enforcement Case Number:

2023000754

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

Date of Accident 01/08/2023	Time of Accident 06:51 Hrs.	County FAYETTE - 33	Accident occurred within corporate limits of (city)		
U N I T 1	Driver's Name - Last SCHMELZER		First MATTHEW		Middle LEE
	Address 718 7TH AVE NE		City OELWEIN		State IA
	Date of Birth 06/20/1992		Driver's License Number 197CC2989		Citation Charge 1
	Male <input checked="" type="radio"/> Female <input type="radio"/>		CDL Yes <input type="radio"/> No <input checked="" type="radio"/>		Citation Charge 2
	State IA	Class C	Endorsements L	Restrictions	Citation Charge 3
	Alcohol Test Given: 1		Test Results: 1	Drug Test Given: 1	Test Result:
	Owner's Name - Last STATE OF IOWA		First		Middle
	Address 215 E 7TH ST		City DES MOINES		State IA
	License Plate No. 327	State IA	Year 2099	VIN: 2C3CDXK67MH519914	Color GRY
	Trailer Plate No.	State	Year	VIN:	Year 2021
Insurance Company Name STATE OF IOWA		Insurance Co. Phone Number		Make DODG	
Initial Travel Direction		Veh. Act.	Veh. Config. 01	Cargo Body Type 01	
Special Veh. Func.		Emergency Status	Bus Use	Driver Condition	
Traffic Controls		Horizontal Alignment	Vertical Alignment	SEQUENCE OF EVENTS	
Carrier Name/Lessee		US DOT Number		MC Number	
Street Address		City		State	
Number of Axles		Gross Vehicle Weight Rating		Underwrite/Override	
Haz Mat Involvement		Haz Mat Placard	Placard Number	Haz. Mat Released	
Trailer Plate:		State	Year	VIN	
Trailer Plate:		State	Year	VIN	
Converter Dolly		Dolly Plate:	State	Plate Year	
P E R S O N S I N J U R E D		Phone Number:			
		Transported to:			
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

Law Enforcement Case Number: 2023000754	
Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>
County: 33	Route: _____
X Coordinate: 590644.75	Y Coordinate: 4726354.5
If Divided Highway, Provide Route (Cardinal) Travel Direction	
NB <input type="checkbox"/>	SB <input type="checkbox"/>
EB <input type="checkbox"/>	WB <input type="checkbox"/>

LOCATION	Date of Accident 01/08/2023	Time of Accident 06:51 Hrs.	County FAYETTE - 33	Accident occurred within corporate limits of (city)
	Literal Description OUTER RD / .1 MILES SOUTH OF 40TH STREET			
	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			
	On Road, Street or Highway:		At Intersection with:	
	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			

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

First Harmful Event (Crash)	WORKZONE RELATED?	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
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NONMOTORISTS	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:														

PROPERTY	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														

WITNESSES	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 01/08/2023	Incident Clearance Date 01/08/2023
Signature of Officer SERGEANT M TRIMBLE	Badge Number 312	Time Officer Notified of Accident 12:00 Hrs.	Roadway Clearance Time 06:51 Hrs.
Name of Agency IOWA STATE PATROL - DIST 10	Date of Report 01/09/2023	Time Officer Arrived At Scene 12:30 Hrs.	Total Roadway Clearance Time 000:00
Report Reviewed By	Date of Review	Investigation made at scene? Y <input type="radio"/> N <input checked="" type="radio"/>	T.I. No. / Other Technical Investigating Agency

INVESTIGATING OFFICER'S REPORT
OF MOTOR VEHICLE ACCIDENT

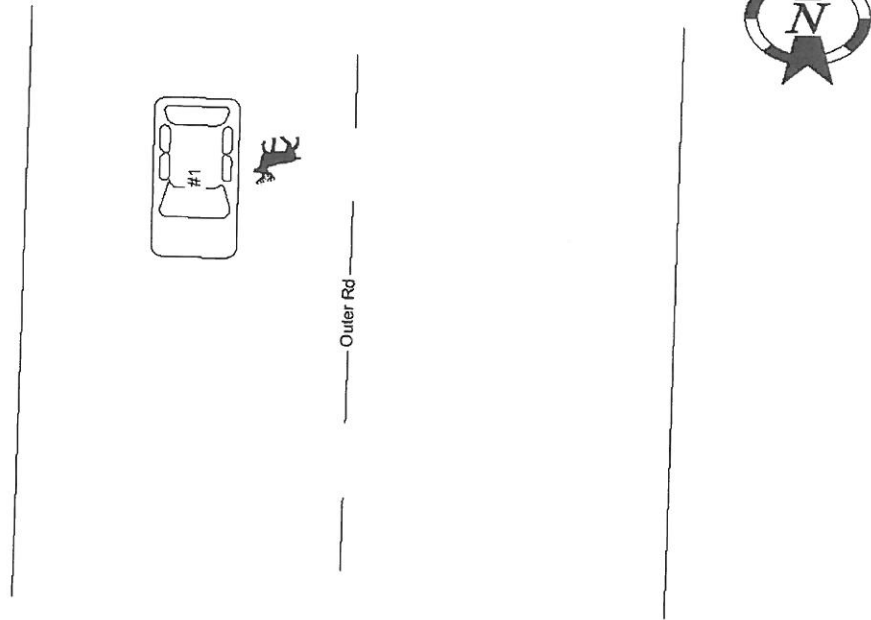
Form 4433003 (11-13)

Law Enforcement Case Number:

2023000754

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

D
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Unit #1 was traveling south on Outer Road when a deer collided with the driver side rear.

MIDWEST COLLISION CENTER, INC.


126 S. FREDERICK AVE
OELWEIN, IA 50662

Invoice

Date	Invoice #
2/10/2023	4899

Bill To
STATE OF IOWA CREATIVE RISK SOLUTIONS PO BOX 9207 DES MOINES, IA 50306-9207

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
1	2021 DODGE CHARGER - VIN 2C3CDXKG7MH519914 - SEE ATTACHED ESTIMATE FOR REPAIR DETAILS	5,259.35	5,259.35
	ACCOUNT 0496002033173 EXP 10/25 CARD 1031-1 PREFIX 690046 Sales Tax	0.00%	0.00
			
		Total	\$5,259.35