

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. MIKE. NAIG  
SECRETARY OF AGRICULTURE



## Executive Council of Iowa

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

August 19, 2024

Accounting Department  
Office of the Treasurer  
Lucas Building  
321 E 12<sup>th</sup> Street  
Des Moines, IA, 50319

The Executive Council, in a meeting held on today's date, approved Department of Administrative Services request for an emergency allocation in the amount of \$7,575.80, subject to an audit of actual invoices. On July 5, 2024, Vehicle #465 was damaged by a deer. Request was to cover repair costs.

EXECUTIVE COUNCIL OF IOWA

*Victoria Newton*

Victoria Newton  
Acting Executive Secretary

cc: Adam Steen, Director, Department of Administrative Services  
DAS Fleet Services, Risk  
Matt Bender, Department of Management  
Heather Hackbarth, Department of Management

AOS Claim # 3870  
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

August 5, 2024

Kristi Onstot  
Executive Council  
L O C A L

Subject: Deer Damage to Vehicle #465 on July 5, 2024  
Department of Administrative Services  
Claim dated July 8, 2024  
AOS Claim ID: 3870

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 \$7,575.80 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: Adam Steen, Director, Department of Administrative Services  
Mariah Fucaloro, Fleet Services Manager, Department of Administrative Services  
Heather Hackbarth, Department of Management



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

Date: July 8, 2024

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

From: Karl Bubser, Fleet Administrator  
DAS Fleet Services  
Department of Administrative Services

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

Vehicle / Event	#465/Animal
Event Date	July 5, 2024
Summary	Vehicle 465 struck a deer. (284570)
Amount Requested	\$7,575.80 - 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,

Karl Bubser, Fleet Administrator  
DAS Fleet Services  
Karl.Bubser@iowa.gov  
515-281-3162



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29C20

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

Mon, Jul 8, 2024 at 8:30 AM

Draft To: TOS ExecutiveCouncil <executivecouncil@tos.iowa.gov>, Tammy Hollingsworth <Tammy.Hollingsworth@aos.iowa.gov>

Please accept this email as initial 24 hr notification for AON, vehicle 465 struck a deer on 7/5/24. I will forward all information as soon as it is received.

**All accidents must be reported via email or phone to Fleet Services within 24 hours. All accident reports and estimates are due within 72 hours of an accident. Agencies have 60 days to complete repairs to vehicles once approval is given.**

Thank you,

**DAS Risk**

Central Procurement and Fleet Services Enterprise

Iowa Department of Administrative Services

109 SE 13<sup>th</sup> St, Des Moines, IA 50319

515-281-3162 office

[das.risk@iowa.gov](mailto:das.risk@iowa.gov)

<https://das.iowa.gov>



**Department of  
Administrative Services**

## 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 #: 2024016857**

Date: <small>(Month/Day/Year)</small>	7/5/24	Time: <small>(Time plus a.m./p.m.)</small>	9:53 p.m.
Vehicle Plate #:	465	Vehicle Mileage:	13,465
Vehicle Description: <small>(Yr/Make/Model/ &amp; Vin#)</small>	2022 Dodge Charger VIN: 2c3cdxkg9nh256360		
Assigned To:	Teague	Badge #	465
Driven By:	Teague	Badge #	465
Driver's Lic #:	458AF3501	Damage:	\$
Vehicle Towed: <small>(Yes / No)</small>	Yes	Towed By:	
Towed To:		Towing Cost:	\$
Seat Belt: <small>(Yes / No)</small>	Yes	Type of Vehicle: <small>(Marked/Semi /Unmarked)</small>	Marked
Injured/Injuries:			
Occupants: <small>(Other than driver)</small>			

**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)	Yes		

**OTHER INFORMATION:**

Witnesses:			
Accident Location: (Street/Hwy)	Hwy 76 / Jefferson Road		
County:	Allamakee		
Weather/Road Conditions:	Clear / Normal		
Narrative: Trooper Teague was traveling northwest on Highway 76 west Jefferson Road when he came in contact with a deer causing damage to his driver's side headlight, driver door, and his driver's side window won't roll up.			
Property Damage other than Vehicles:			
Cost:	\$		
Citations Issued To: (List Charge(s) and Statute Code(s))			

Investigating Officer:	
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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		

# MEMORANDUM

**TO:** Sgt. Burns #28  
**FROM:** Joe Teague  
**DATE:** 7-5-24  
**SUBJECT:** Squad vs. Deer Hwy 76

- Case # 2024016857
- Date / Time of collision: Approximately 21:51 hours on 7-5-2024
- Mileage: 13465
- Veh year / Make / VIN #: 2022/DODGE CHARGER/2c3cdxkg9nh256360
- Location of collision: West of Jefferson Rd on hwy 76. Traveling north bound on hwy 76.
- #465 DL #: 458af3501

I was patrolling westbound on 76 just west of Jefferson rd. A deer came from the south ditch, and I struck the deer with the front left portion of my guard rail. The deer caused damage to the side of my door and front left portion of the squad car. The headlight is cracked, and traction control service light came on upon traveling for the accident report. The driver side window doesn't roll up. The vehicle functions fine outside of the above listed items.



**INVESTIGATING OFFICER'S REPORT  
OF MOTOR VEHICLE ACCIDENT**

Law Enforcement Case Number:  
**2024016857**

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

Date of Accident <b>07/05/2024</b>		Time of Accident <b>21:51 Hrs.</b>		County <b>ALLAMAKEE - 03</b>		Accident occurred within corporate limits of (city)										
<b>UNIT</b>	Driver's Name - Last <b>TEAGUE</b>					First <b>JOSEPH</b>			Middle							
	Address <b>114 DORCHESTER DRIVE</b>					City <b>DORCHESTER</b>			State <b>IA</b>	Zip <b>52140</b>						
	Date of Birth <b>04/15/1996</b>		Driver's License Number <b>458AF3501</b>		CDL Yes <input type="radio"/> No <input checked="" type="radio"/>	Citation Charge 1		Citation Charge 2								
	Male <input checked="" type="radio"/> Female <input type="radio"/>	State <b>IA</b>	Class <b>C</b>	Endorsements	Restrictions	Citation Charge 3		Citation Charge 4								
	Alcohol Test Given: <b>1</b>		Test Results:	Drug Test Given: <b>1</b>	Test Result:	Re-exam: Yes <input type="radio"/> No <input checked="" type="radio"/>	Reason for Re-Exam Request:									
	Owner's Name - Last <b>STATE OF IOWA</b>					First			Middle							
	Address <b>109 SE 13TH ST</b>					City <b>DES MOINES</b>			State <b>IA</b>	Zip <b>50319</b>						
	License Plate No. <b>465</b>	State <b>IA</b>	Year <b>2099</b>	VIN: <b>2C3CDXKKG9NH256360</b>		Color <b>SIL</b>	Year <b>2022</b>	Make <b>DODG</b>	Model <b>CHARGER POLI</b>	Style <b>SD</b>						
	Trailer Plate No.	State	Year	VIN:		Tow <b>1</b>	Tow #	Towed To	Approx. Cost to Repair or Replace <b>\$4,500.00</b>							
	Insurance Company Name <b>STATE OF IOWA</b>					Insurance Co. Phone Number		Insurance Policy Number								
Initial Travel Direction	Veh. Act.	Veh. Config. <b>01</b>	Cargo Body Type <b>01</b>	Veh. Defect	Point of Initial Impact	Most Damaged Area	Extent of Damage	Total Occ. in Veh. <b>1</b>								
Special Veh. Func.	Emergency Status	Bus Use	Driver Condition	Vision Obscured	Contributing Circumstances Driver (up to two) <b>88</b>		Driver Distractions <b>02</b>	Speed Limit								
Traffic Controls	Horizontal Alignment	Vertical Alignment	SEQUENCE OF EVENTS	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event								
<b>COMMERCIAL</b>	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			Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Ejection Path	Trapped/extricated	Source of Transport	Personal/scene/impub
	Trailer Plate:	State	Year	VIN												
	Converter Dolly	Dolly Plate:	State	Plate Year	VIN											
<b>PERSONNEL INJURED</b>	<b>DRIVER OF UNIT 1</b>				Phone Number:			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:								
	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:  
**2024016857**

L O C A T I O N	Date of Accident <b>07/05/2024</b>	Time of Accident <b>21:51</b> Hrs.	County <b>ALLAMAKEE - 03</b>	Accident occurred within corporate limits of (city)		Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>	
	Literal Description <b>IA 76 N 3915 FEET WEST OF JEFFERSON RD</b>					County: <b>03</b>	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"/> <input type="radio"/> of nearest city					X Coordinate: <b>627582.437</b>		
	On Road, Street or Highway:			At Intersection with:			Y Coordinate: <b>4785196</b>	
	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		
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"/> <input type="radio"/> and 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"/> <input type="radio"/>					NB <input type="radio"/>	SB <input type="radio"/>	EB <input type="radio"/>	WB <input type="radio"/>
Milepost Number	Definable intersection, Or bridge, or railroad crossing							

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) <b>31</b>	WORKZONE RELATED? <input type="radio"/> Yes <input type="radio"/> No	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	Identical scene/route
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N O N M O T O R I S T S	Name <b>001</b>	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 O W N E R S	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 <b>07/05/2024</b>	Incident Clearance Date <b>07/05/2024</b>
Signature of Officer <b>SERGEANT R BURNS</b>	Badge Number <b>028</b>	Time Officer Notified of Accident <b>21:51</b> Hrs.	Roadway Clearance Time <b>21:53</b> Hrs.
Name of Agency <b>IOWA STATE PATROL - DIST 10</b>	Date of Report <b>07/05/2024</b>	Time Officer Arrived At Scene <b>21:52</b> Hrs.	Total Roadway Clearance Time <b>000:02</b>
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

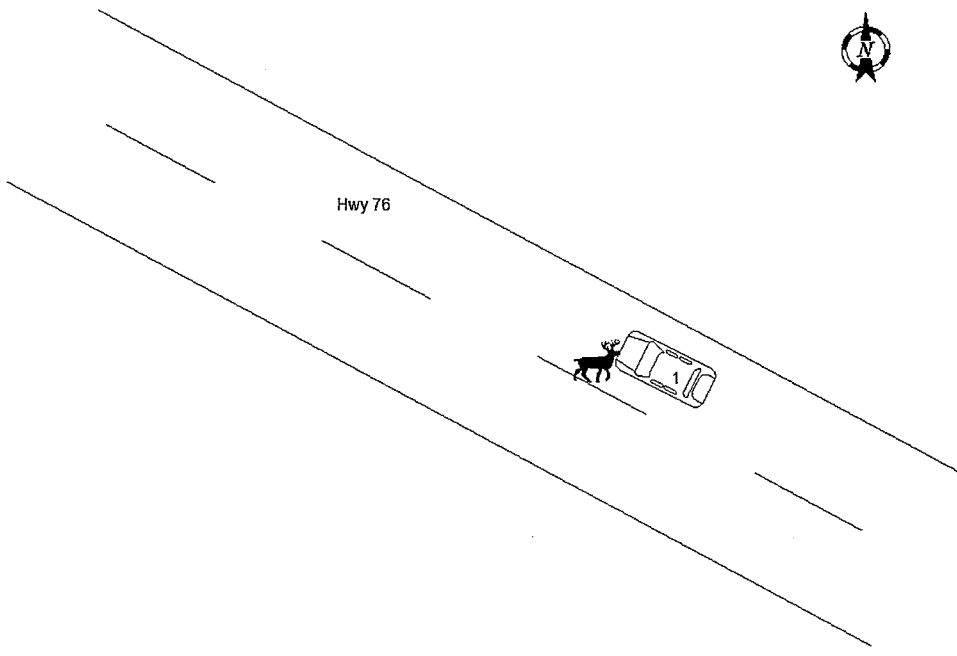
Form 4433003 (11-13)

Law Enforcement Case Number:

2024016857

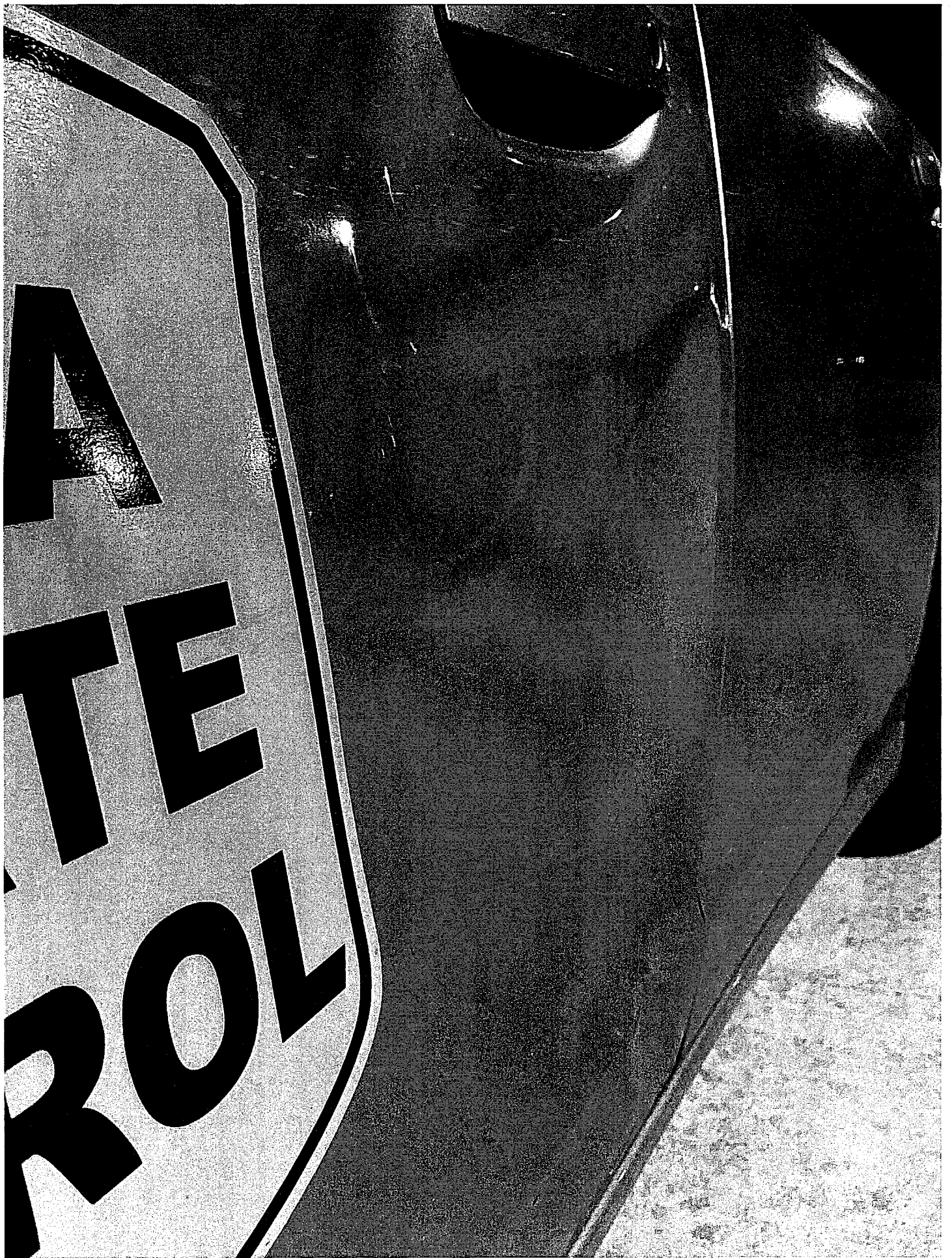
MAIL REPORTS TO: Iowa Department of Transportation, Office of Driver Services, P.O. Box 9204, Des Moines, Iowa 50306-9204

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Unit One was westbound on Highway 76 when it came in contact with a deer causing damage to a headlight and passenger side door.



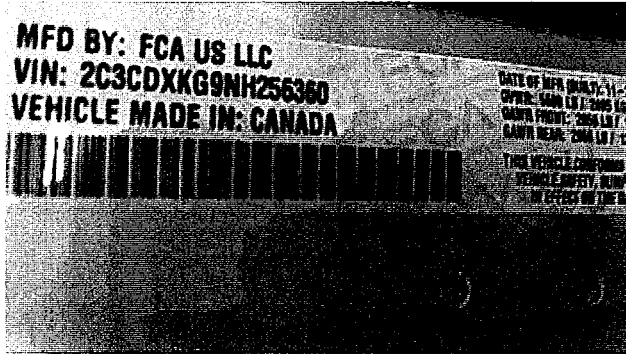
# BODENSTEINER BODY WERKS

24 - 1ST AVENUE NE, bodiebmb@rconnect.com, WAUKON, IA 52172

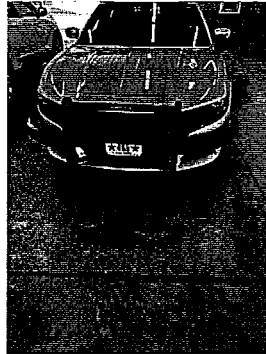
Phone: (563) 568-2046, Fax: (563) 568-2237

## Image Report

Owner:	iowa state patrol	Insurance:		Estimator:	Brian Bodensteiner	Vehicle Out:	
Job Number:		Claim Number:					
Year:	2022	Color:		License Plate:		Production Date:	
Make:	DODG	Body Style:	4D SED	State:	IA	Mileage In:	
Model:	Charger Police AW...	Engine:	6-3.6L Gasoline S...	VIN:	2C3CDXKG9NH256360	Condition:	



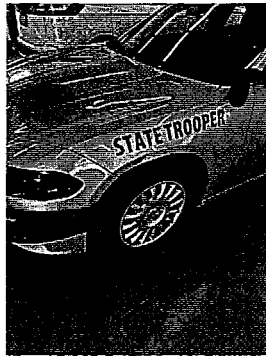
7/6/2024  
Comments:



7/6/2024  
Comments:



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Comments:

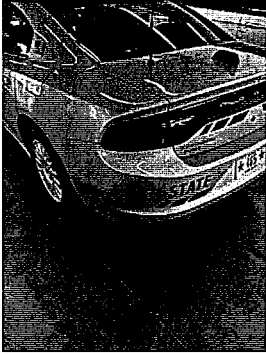
# BODENSTEINER BODY WERKS

24 - 1ST AVENUE NE, bodiebmb@rconnect.com, WAUKON, IA 52172

Phone: (563) 568-2046, Fax: (563) 568-2237

## Image Report

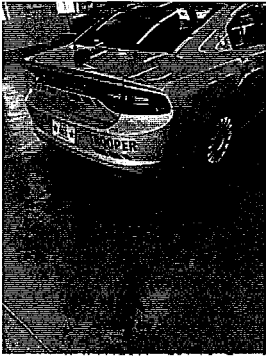
Owner:	iowa state patrol	Insurance:		Estimator:	Brian Bodensteiner	Vehicle Out:	
Job Number:		Claim Number:					
Year:	2022	Color:		License Plate:		Production Date:	
Make:	DODG	Body Style:	4D SED	State:	IA	Mileage In:	
Model:	Charger Police AW...	Engine:	6-3.6L Gasoline S...	VIN:	2C3CDXKG9NH256360	Condition:	



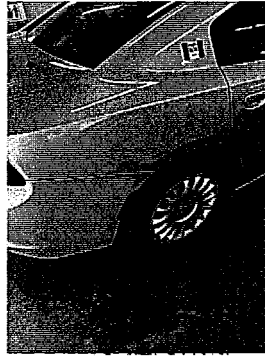
7/6/2024  
Comments:



7/6/2024  
Comments:



7/6/2024  
Comments:



7/6/2024  
Comments:



7/6/2024  
Comments:



7/6/2024  
Comments:

# BODENSTEINER BODY WERKS

24 - 1ST AVENUE NE, bodiebmb@rconnect.com, WAUKON, IA 52172

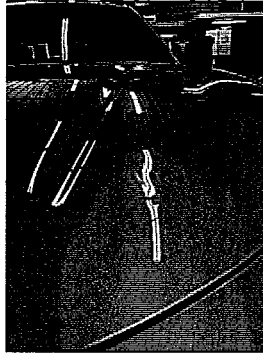
Phone: (563) 568-2046, Fax: (563) 568-2237

## Image Report

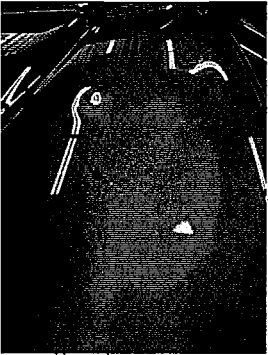
Owner:	iowa state patrol	Insurance:		Estimator:	Brian Bodensteiner	Vehicle Out:	
Job Number:		Claim Number:					
Year:	2022	Color:		License Plate:		Production Date:	
Make:	DODG	Body Style:	4D SED	State:	IA	Mileage In:	
Model:	Charger Police AW...	Engine:	6-3.6L Gasoline S...	VIN:	2C3CDXKG9NH256360	Condition:	



7/6/2024  
Comments:



7/6/2024  
Comments:



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7/6/2024  
Comments:

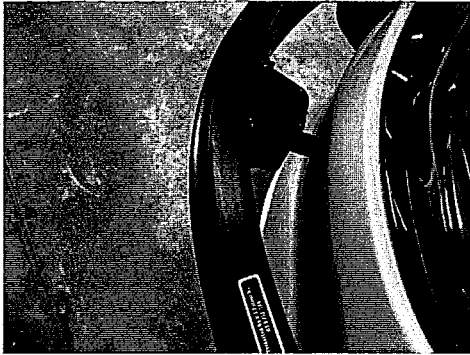
# BODENSTEINER BODY WERKS

24 - 1ST AVENUE NE, bodiebmb@rconnect.com, WAUKON, IA 52172

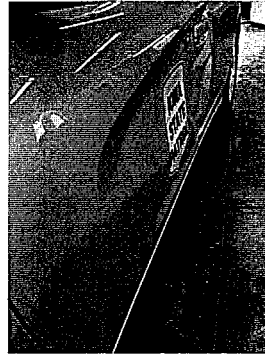
Phone: (563) 568-2046, Fax: (563) 568-2237

## Image Report

Owner:	iowa state patrol	Insurance:	Estimator:	Brian Bodensteiner	Vehicle Out:	
Job Number:		Claim Number:				
Year:	2022	Color:	License Plate:		Production Date:	
Make:	DODG	Body Style:	4D SED	State:	IA	Mileage In:
Model:	Charger Police AW...	Engine:	6-3.6L Gasoline S...	VIN:	2C3CDXKG9NH256360	Condition:



7/6/2024  
Comments:



7/6/2024  
Comments:



7/6/2024  
Comments:



# BODENSTEINER BODY WERKS



Lifetime Warrentee Collision Repairs  
 24 - 1ST AVENUE NE, bodiebmb@rconnect.com,  
 WAUKON, IA 52172  
 Phone: (563) 568-2046  
 FAX: (563) 568-2237

Workfile ID: 78ed8fe3  
 PartsShare: 82TNJy  
 Federal ID: 03-0442-700  
 State ID: 1-03-004954

## Preliminary Estimate

**Customer: iowa state patrol 465**

**Job Number:**

Written By: Brian Bodensteiner

Insured: iowa state patrol 465  
 Type of Loss:  
 Point of Impact:

Policy #:  
 Date of Loss:

Claim #:  
 Days to Repair: 0

**Owner:**  
 iowa state patrol 465  
 (515) 320-3149 Business

**Inspection Location:**  
 BODENSTEINER BODY WERKS  
 24 - 1ST AVENUE NE  
 bodiebmb@rconnect.com  
 WAUKON, IA 52172  
 Repair Facility  
 (563) 568-2046 Business

**Insurance Company:**

## VEHICLE

2022 DODG Charger Police AWD (Fleet) 4D SED 6-3.6L Gasoline Sequential MPI

VIN: 2C3CDXKG9NH256360  
 License:  
 State: IA

Interior Color:  
 Exterior Color:  
 Production Date:

Mileage In:  
 Mileage Out:  
 Condition:

Vehicle Out:  
 Job #:

### TRANSMISSION

Automatic Transmission  
 4 Wheel Drive

### POWER

Power Steering  
 Power Brakes  
 Power Windows  
 Power Locks  
 Power Mirrors  
 Power Driver Seat

### DECOR

Dual Mirrors  
 Tinted Glass  
 Overhead Console

### CONVENIENCE

Air Conditioning  
 Intermittent Wipers  
 Tilt Wheel  
 Cruise Control  
 Rear Defogger  
 Keyless Entry  
 Message Center  
 Steering Wheel Touch Controls  
 Telescopic Wheel

### RADIO

Climate Control  
 Backup Camera  
 Parking Sensors

### AM Radio

FM Radio  
 Stereo  
 Search/Seek  
 Auxiliary Audio Connection

### SAFETY

Drivers Side Air Bag  
 Passenger Air Bag  
 Anti-Lock Brakes (4)  
 4 Wheel Disc Brakes  
 Front Side Impact Air Bags  
 Head/Curtain Air Bags  
 Hands Free Device

### SEATS

Cloth Seats  
 Bucket Seats  
 Reclining/Lounge Seats

### WHEELS

Styled Steel Wheels

### PAINT

Clear Coat Paint

### OTHER

Traction Control  
 Stability Control  
 California Emissions

**Preliminary Estimate**

**Customer: iowa state patrol 465**

**Job Number:**

2022 DODG Charger Police AWD (Fleet) 4D SED 6-3.6L Gasoline Sequential MPI

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
<b>1</b>		<b>FRONT BUMPER &amp; GRILLE</b>					
2	R&I	R&I bumper cover				1.9	
3	*	Rpr Bumper cover				<u>2.0</u>	3.4
4		Add for Clear Coat					1.4
5	*	R&I Lower grille w/o adaptive cruise				<u>0.3</u>	
6	R&I	License bracket w/o SRT				0.1	
7	R&I	Upper grille black crossbars				0.7	
<b>8</b>		<b>FRONT LAMPS</b>					
9	Repl	LT Headlamp assy halogen	68546771AC	1	930.00	0.4	
<b>10</b>		<b>HOOD</b>					
11	**	Repl A/M CAPA Hood (ALU)	68265445AB	1	1,085.00	1.5	3.0
12		Add for Clear Coat					1.2
13		Add for Underside(Complete)					1.5
<b>14</b>		<b>FENDER</b>					
15	Repl	LT Fender w/o wide body	68213061AC	1	458.00	1.6	2.0
16		Overlap Major Adj. Panel					-0.4
17		Add for Clear Coat					0.3
18		Add for Edging					0.5
19	*	Blnd RT Fender w/o wide body					<u>1.0</u>
<b>20</b>		<b>FRONT DOOR</b>					
21	Repl	LT Door shell (HSS)	68268055AC	1	1,230.00	5.7	3.1
22		Overlap Major Adj. Panel					-0.4
23		Add for Clear Coat					0.5
24	R&I	LT Applique				Incl.	
25	R&I	LT Frame molding				0.3	
26	*	R&I LT Power mirror				<u>Incl.</u>	
27	R&I	LT Door glass Dodge				Incl.	
28	R&I	LT Window regulator				Incl.	
29	*	R&I LT Run channel				<u>Incl.</u>	
30	R&I	LT Mount plate				Incl.	
31	R&I	LT Handle, outside black				Incl.	
32	R&I	LT R&I trim panel				Incl.	
<b>33</b>		<b>REAR DOOR</b>					
34	*	Rpr LT Outer panel w/o wide body (HSS)				<u>2.0</u>	2.0
35		Overlap Major Adj. Panel					-0.4
36		Add for Clear Coat					0.3
37	R&I	LT Belt w/strip				0.3	
38	R&I	LT Handle, outside black				0.4	
39	R&I	LT R&I trim panel				0.5	
40	#	R&I push bumper				2.5	
<b>41</b>		<b>VEHICLE DIAGNOSTICS</b>					
42	*	Subl Pre-repair scan		1	<u>128.00</u> X m		

**Preliminary Estimate**

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43	*	Subl	Post-repair scan	1	X m		
44	#	Repl	and fender decals	1		1.5	
<b>SUBTOTALS</b>				<b>3,831.00</b>		<b>21.7</b>	<b>19.0</b>

**ESTIMATE TOTALS**

<b>Category</b>	<b>Basis</b>	<b>Rate</b>	<b>Cost \$</b>
Parts			3,703.00
Body Labor	21.7 hrs @	\$ 64.00 /hr	1,388.80
Paint Labor	19.0 hrs @	\$ 124.00 /hr	2,356.00
Miscellaneous			128.00
Subtotal			7,575.80
<b>Grand Total</b>			<b>7,575.80</b>
Deductible			0.00
<b>CUSTOMER PAY</b>			<b>0.00</b>
<b>INSURANCE PAY</b>			<b>7,575.80</b>

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF AFTERMARKET CRASH PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. ANY WARRANTIES APPLICABLE TO THESE REPLACEMENT PARTS ARE PROVIDED BY THE MANUFACTURER OR DISTRIBUTOR OF THESE PARTS RATHER THAN THE MANUFACTURER OF YOUR VEHICLE.

## Preliminary Estimate

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Estimate based on MOTOR CRASH ESTIMATING GUIDE and potentially other third party sources of data. Unless otherwise noted, (a) all items are derived from the Guide DR3PB11, CCC Data Date 07/01/2024, and potentially other third party sources of data; and (b) the parts presented are OEM-parts. OEM parts are manufactured by or for the vehicle's Original Equipment Manufacturer (OEM) according to OEM's specifications for U.S. distribution. OEM parts are available at OE/Vehicle dealerships or the specified supplier. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships with discounted pricing. Asterisk (\*) or Double Asterisk (\*\*) indicates that the parts and/or labor data provided by third party sources of data may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. The symbol (<>) indicates the refinish operation WILL NOT be performed as a separate procedure from the other panels in the estimate. Non-Original Equipment Manufacturer aftermarket parts are described as Non OEM, A/M or NAGS. Used parts are described as LKQ, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries.

Some 2024 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The CCC ONE estimator has a list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

The following is a list of additional abbreviations or symbols that may be used to describe work to be done or parts to be repaired or replaced:

### SYMBOLS FOLLOWING PART PRICE:

m=MOTOR Mechanical component. s=MOTOR Structural component. T=Miscellaneous Taxed charge category. X=Miscellaneous Non-Taxed charge category.

### SYMBOLS FOLLOWING LABOR:

D=Diagnostic labor category. E=Electrical labor category. F=Frame labor category. G=Glass labor category. M=Mechanical labor category. S=Structural labor category. (numbers) 1 through 4=User Defined Labor Categories.

### OTHER SYMBOLS AND ABBREVIATIONS:

Adj.=Adjacent. Algn.=Align. ALU=Aluminum. A/M=Aftermarket part. Blnd=Blend. BOR=Boron steel. CAPA=Certified Automotive Parts Association. D&R=Disconnect and Reconnect. HSS=High Strength Steel. HYD=Hydroformed Steel. Incl.=Included. LKQ=Like Kind and Quality. LT=Left. MAG=Magnesium. Non-Adj.=Non Adjacent. NSF=NSF International Certified Part. O/H=Overhaul. Qty=Quantity. Refn=Refinish. Repl=Replace. R&I=Remove and Install. R&R=Remove and Replace. Rpr=Repair. RT=Right. SAS=Sandwiched Steel. Sect=Section. Subl=Sublet. UHS=Ultra High Strength Steel. N=Note(s) associated with the estimate line.

CCC ONE Estimating - A product of CCC Intelligent Services Inc.

The following is a list of abbreviations that may be used in CCC ONE Estimating that are not part of the MOTOR CRASH ESTIMATING GUIDE:

BAR=Bureau of Automotive Repair. EPA=Environmental Protection Agency. NHTSA= National Highway Transportation and Safety Administration. PDR=Paintless Dent Repair. VIN=Vehicle Identification Number.

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**PARTS SUPPLIER LIST**

<b>Line</b>	<b>Supplier</b>	<b>Description</b>	<b>Price</b>
11	Keystone, Inc 2400 KERPER BLVD., SUITE E100A DUBUQUE IA 52001 (563) 556-5030	#CH1230305PP A/M CAPA Hood (ALU) Quote: 2570255004 Expires: 08/22/24	\$ 1,085.00