

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
FAX: 515 281-7562

May 4, 2026

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 Department of Administrative Services request for an emergency allocation in the amount of \$8,978.51, subject to an audit of actual invoices. On February 22, 2026, Vehicle #159 was damaged by a deer. Request was to cover repair costs.

EXECUTIVE COUNCIL OF IOWA

Kristi Onstot

Kristi Onstot
Executive Secretary

cc: Kyle Wear, DAS Fleet Chief Financial Officer
Ryan Betts, Fleet Services Risk Program Manager
Matt Bender, Department of Management
Heather Hackbarth, Department of Management

AOS Claim # 4259
TOS Job # _____



OFFICE OF AUDITOR OF STATE
STATE OF IOWA

State Capitol Building
Des Moines, Iowa 50319-0004

Telephone (515) 281-5834
www.auditor.iowa.gov

Rob Sand
Auditor of State

April 8, 2026

Kristi Onstot
Executive Council
L O C A L

Subject: Deer Damage to Vehicle #159 on February 22, 2026
Department of Administrative Services
Claim dated February 24, 2026
AOS Claim ID: 4259

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 \$8,978.51, 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: Kyle Wear, Fleet Services CFO, Department of Administrative Services
Ryan Betts, Fleet Services Risk Program Manager, Department of Administrative Services
Heather Hackbarth, Department of Management

Fwd: #159 Vehicle Damage 02-22-26

From ryan.betts1@iowa.gov <ryan.betts1@iowa.gov>
on behalf of
Risk, DAS <das.risk@iowa.gov>

Date Tue 2/24/2026 3:11 PM

To Hollingsworth, Tammy [AOS] <Tammy.Hollingsworth@aos.iowa.gov>; ExecutiveCouncil [TOS]
<ExecutiveCouncil@tos.iowa.gov>

 9 attachments (4 MB)

Image_Report.pdf; Preliminary_Estimate.pdf; car-deer.eml; MARS_Unit_Report-2026004267.pdf; #159 Vehicle Damage Report 02-22-26.doc; IMG_4869.jpg; IMG_4868.jpg; IMG_4867.jpg; IMG_4866.jpg;

Please accept this email as the initial 24 hour notification for an AON claim. Vehicle 159 struck 2 deer on 2/22/2026. I will forward all information as soon as it is received.

DAS Risk

Central Procurement and Fleet Services Enterprise

Iowa Department of Administrative Services

510 E 12th St, Des Moines, IA 50319

515-281-8008 office

das.risk@iowa.gov

<https://das.iowa.gov>



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.

----- Forwarded message -----

From: **Hesse Chase** <hesse@dps.state.ia.us>

Date: Tue, Feb 24, 2026 at 1:55 PM

Subject: #159 Vehicle Damage 02-22-26

To: vehicledamage <vehicledamage@dps.state.ia.us>, Risk, DAS <das.risk@iowa.gov>
Cc: Williams Matthew <mwilliam@dps.state.ia.us>, Albrecht Nicholas <albrecht@dps.state.ia.us>, Kurtz Vincent <kurtz@dps.state.ia.us>

All,

On 02-22-26, Trooper Zylstra #159, had damage to his Patrol car from 2 deer hitting him on the roadway. Please find attached all the necessary vehicle damage reports.

Thanks,

Sgt. Chase Hesse #499

Sergeant Chase Hesse ★499★

Assistant District Commander

**Department of Public Safety
Iowa State Patrol District #6
503 W 44th Street
Spencer, Iowa 51301
Office: (712) 262-1424**

Cell: (515) 204-5684

Email: hesse@dps.state.ia.us

<https://dps.iowa.gov/>

<https://dpscareers.com/>

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notify the sender by return e-mail 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.



C & H BODY REPAIR, INC.

"Serving Orange City and surrounding areas since 1974"

707 LINCOLN AVE SE, ORANGE CITY, IA 51041
Phone: (712) 737-4095
FAX: (712) 737-3739

Workfile ID: 6e33c8a4
Federal ID: 201301995
State ID: 1-84-009290
Federal EPA: 20 1301995

Preliminary Estimate

Customer: Iowa State Patrol -159

Job Number:

Written By: Aaron Huizenga

Insured: Iowa State Patrol -159
Type of Loss:
Point of Impact: 12 Front

Policy #:
Date of Loss:

Claim #:
Days to Repair: 0

Owner:
Iowa State Patrol -159
(712) 470-2754 Business

Inspection Location:
C & H BODY REPAIR, INC.
707 LINCOLN AVE SE
ORANGE CITY, IA 51041
Repair Facility
(712) 737-4095 Business

Insurance Company:

VEHICLE

2023 CHEV Tahoe Commercial 4WD (Fleet) 4D UTV 8-5.3L Gasoline Direct Injection

VIN: 1GNSKLED9PR346576
License: 159
State: IA

Interior Color:
Exterior Color:
Production Date:

Mileage In: 107,328
Mileage Out:
Condition: Excellent

Vehicle Out:
Job #:

TRANSMISSION

Automatic Transmission
4 Wheel Drive

POWER

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

DECOR

Dual Mirrors
Privacy Glass
Console/Storage

CONVENIENCE

Air Conditioning
Intermittent Wipers
Tilt Wheel
Cruise Control
Rear Defogger
Keyless Entry
Alarm
Message Center
Steering Wheel Touch Controls
Rear Window Wiper
Telescopic Wheel
Climate Control
Dual Air Condition
Backup Camera
Parking Sensors

RADIO

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
Traction Control
Stability Control
Front Side Impact Air Bags
Head/Curtain Air Bags
Communications System
Hands Free Device
Xenon or L.E.D. Headlamps
Positraction

Lane Departure Warning

ROOF

Luggage/Roof Rack

SEATS

Cloth Seats
3rd Row Seat

WHEELS

Aluminum/Alloy Wheels

PAINT

Clear Coat Paint

TRUCK

Trailer Hitch
Trailer Package
Running Boards/Side Steps

Preliminary Estimate

Customer: Iowa State Patrol -159

Job Number:

2023 CHEV Tahoe Commercial 4WD (Fleet) 4D UTV 8-5.3L Gasoline Direct Injection

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		FRONT BUMPER & GRILLE					
2		O/H bumper assy				3.8	
3	**	Repl A/M CAPA Bumper cover	87813939	1	611.00	Incl.	2.6
4		Add for Clear Coat					1.0
5		Repl Grille assy	85617308	1	690.45	Incl.	
		Note: No aftmkt available.					
6	**	Repl A/M CAPA Lower cover	87813942	1	689.00	Incl.	1.8
7		Add for Clear Coat					0.7
8		Repl RT Outer reinf	84711776	1	38.58	Incl.	
9		Repl LT Outer reinf	84711777	1	38.58	Incl.	
10	**	Repl A/M Skid plate	84373256	1	137.00	Incl.	
11		Repl Emblem gold	84701878	1	80.54	0.1	
12		FRONT PANELS					
13		Repl Front panel	87864519	1	236.00	0.5	
14		FRONT LAMPS					
15		R&I RT Side marker lamp				Incl.	
16		Repl RT Headlamp assy	85123918	1	1,064.68	0.5	
		Note: Nothing aftmkt available. Reman cost is higher than OEM.					
17		Aim headlamps				0.5	
18		Repl LT Headlamp assy	85123917	1	1,064.68	0.5	
19		HOOD					
20	**	Repl A/M CAPA Hood (ALU)	85112715	1	1,049.00	1.5	3.2
21		Add for Clear Coat					1.3
22		Add for Underside(Complete)					1.6
23		FENDER					
24	*	Blnd RT Fender					<u>2.0</u>
25	*	Rpr LT Fender				<u>1.5</u>	2.2
26		Overlap Major Non-Adj. Panel					-0.2
27		Add for Clear Coat					0.4
28	#	R&I LT Spot Light				2.5	
29	#	Repl State Trooper Decals		1		1.5	
30	#	Cover Car		1	5.00	0.2	
31	#	Color sand & Buff		1	10.00	1.5	
32	#	Push Bumper		1			
		Note: Bumper supplied from the State. Will supplement time after its installed.					
33	#	Pre & Post Repair Scan		1			M
34	#	Hazardous Waste Disposal		1	6.00		
35	#	Flex		1	5.00		
SUBTOTALS					5,725.51	14.6	16.6

Preliminary Estimate

Customer: Iowa State Patrol -159

Job Number:

2023 CHEV Tahoe Commercial 4WD (Fleet) 4D UTV 8-5.3L Gasoline Direct Injection

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			5,725.51
Body Labor	14.6 hrs @	\$ 75.00 /hr	1,095.00
Paint Labor	16.6 hrs @	\$ 130.00 /hr	2,158.00
Subtotal			8,978.51
Grand Total			8,978.51
Deductible			0.00
CUSTOMER PAY			0.00
INSURANCE PAY			8,978.51

MyPriceLink Estimate ID / Quote ID:

1455291827304275968 / 151241084

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

Customer: Iowa State Patrol -159

Job Number:

2023 CHEV Tahoe Commercial 4WD (Fleet) 4D UTV 8-5.3L Gasoline Direct Injection

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 DR1GC21, CCC Data Date 02/16/2026, 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. CFC=Carbon Fiber. 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. STS=Stainless Steel. Subl=Sublet. UHS=Ultra High Strength Steel. N=Note(s) associated with the estimate line.

CCC ONE Estimating - A product of CCC Intelligent Solutions 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.

Preliminary Estimate

Customer: Iowa State Patrol -159

Job Number:

2023 CHEV Tahoe Commercial 4WD (Fleet) 4D UTV 8-5.3L Gasoline Direct Injection

PARTS SUPPLIER LIST

Line	Supplier	Description	Price
3	Auto Body Specialties.Inc-Sioux Falls 4710 N. WESTPORT AVENUE SIOUX FALLS SD 57107 (605) 336-1606 (800) 658-3571	#GM1014141C A/M CAPA Bumper cover	\$ 611.00
6	Auto Body Specialties.Inc-Sioux Falls 4710 N. WESTPORT AVENUE SIOUX FALLS SD 57107 (605) 336-1606 (800) 658-3571	#GM1015167C A/M CAPA Lower cover	\$ 689.00
10	Auto Body Specialties.Inc-Sioux Falls 4710 N. WESTPORT AVENUE SIOUX FALLS SD 57107 (605) 336-1606 (800) 658-3571	#GM1095230 A/M Skid plate	\$ 137.00
20	Auto Body Specialties.Inc-Sioux Falls 4710 N. WESTPORT AVENUE SIOUX FALLS SD 57107 (605) 336-1606 (800) 658-3571	#GM1230483C A/M CAPA Hood (ALU)	\$ 1,049.00

C & H BODY REPAIR, INC.
707 LINCOLN AVE SE, ORANGE CITY, IA 51041
Phone: (712) 737-4095, Fax: (712) 737-3739

Image Report

Owner:	Iowa State Patrol	Insurance:		Estimator:	Aaron Huizenga	Vehicle Out:	
Job Number:		Claim Number:					
Year:	2023	Color:		License Plate:	159	Production Date:	
Make:	CHEV	Body Style:	4D UTV	State:	IA	Mileage In:	107,328
Model:	Tahoe Commercial...	Engine:	8-5.3L Gasoline ...	VIN:	1GNSKLED9PR346576	Condition:	Excellent



2/23/2026
 Comments:



2/23/2026
 Comments:



2/23/2026
 Comments:



2/23/2026
 Comments:



2/23/2026
 Comments:



2/23/2026
 Comments:

C & H BODY REPAIR, INC.
707 LINCOLN AVE SE, ORANGE CITY, IA 51041
Phone: (712) 737-4095, Fax: (712) 737-3739

Image Report

Owner:	Iowa State Patrol	Insurance:		Estimator:	Aaron Huizenga	Vehicle Out:	
Job Number:		Claim Number:					
Year:	2023	Color:		License Plate:	159	Production Date:	
Make:	CHEV	Body Style:	4D UTV	State:	IA	Mileage In:	107,328
Model:	Tahoe Commercial...	Engine:	8-5.3L Gasoline ...	VIN:	1GNSKLED9PR346576	Condition:	Excellent



2/23/2026
 Comments:



2/23/2026
 Comments:



2/23/2026
 Comments:



2/23/2026
 Comments:



2/23/2026
 Comments:



2/23/2026
 Comments:

C & H BODY REPAIR, INC.
707 LINCOLN AVE SE, ORANGE CITY, IA 51041
Phone: (712) 737-4095, Fax: (712) 737-3739

Image Report

Owner:	Iowa State Patrol	Insurance:		Estimator:	Aaron Huizenga	Vehicle Out:	
Job Number:		Claim Number:					
Year:	2023	Color:		License Plate:	159	Production Date:	
Make:	CHEV	Body Style:	4D UTV	State:	IA	Mileage In:	107,328
Model:	Tahoe Commercial...	Engine:	8-5.3L Gasoline ...	VIN:	1GNSKLED9PR346576	Condition:	Excellent



2/23/2026
 Comments:



2/23/2026
 Comments:

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Form Number: 2026004267

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

Date of Accident 02/22/2026	Time of Accident 18:58 Hrs.	County DICKINSON - 30	Accident occurred within corporate limits of (city)		
UNIT 1	Driver's Name - Last ZYLSTRA		First JEFFREY		Middle ALAN
	Address 1434 COOLIDGE AVE		City LARCHWOOD		State IA
	Date of Birth 01/29/1970		Driver's License Number 680YY6058		Citation Charge 1
	Male <input checked="" type="radio"/> Female <input type="radio"/>		State IA		Citation Charge 2
	Class A		Endorsements L		Citation Charge 3
	Restrictions		CDL Yes <input type="radio"/> No <input checked="" type="radio"/>		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:
	Owner's Name - Last STATE OF IOWA		First		Middle
	Address 510 E 12TH ST		City DES MOINES		State IA
License Plate No. 159		State IA	Year 2026	VIN: 1GNSKLED9PR346576	Color GRY
Year 2023		Make CHEV		Model TAHOE K1500	Style PATROL SUV
Trailer Plate No.		State	Year	VIN:	Tow 1
				Tow #	Towed To
				Approx. Cost to Repair or Replace \$10,000.00	
Insurance Company Name STATE OF IOWA			Insurance Co. Phone Number		Insurance Policy Number
Initial Travel Direction 04	Veh. Act. 01	Veh. Config. 03	Cargo Body Type 01	Veh. Defect 01	Point of Initial Impact 12
				Most Damaged Area 12	Extent of Damage 2
				Total Occ. in Veh. 1	
Special Veh. Func 02	Emergency Status 03	Bus Use	Driver Condition 01	Vision Obscured 01	Contributing Circumstances Driver (up to two) 88
				Driver Distractions 02	Speed Limit 55
Traffic Controls 01	Horizontal Alignment 01	Vertical Alignment 01	SEQUENCE OF EVENTS	First Event 31	Second Event 06
				Third Event	Fourth Event
				Most Harmful Event 31	
COMMERCIAL	Carrier Name/Lessee				
	Street Address			City	
					State
					Zip Code
	Number of Axles	Gross Vehicle Weight Rating		US DOT Number	MC Number
					Override/Override 1 - NONE
	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	
PERSONNEL	DRIVER OF UNIT 1		Phone Number:	Sex	Injury Status
			Transported to:	Seating Position	Occupant Protection
				Injury Status	Airbag Deployment
				Occupant Protection	Ejection
				Airbag Deployment	Ejection Path
				Ejection	Trapped/extricated
				Ejection Path	Source of Transport
				Trapped/extricated	Died at scene/enroute
				Source of Transport	
				Died at scene/enroute	
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

Form Number:
2026004267

L O C A T I O N	Date of Accident 02/22/2026	Time of Accident 18:58 Hrs.	County DICKINSON - 30	Accident occurred within corporate limits of (city)		Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>	
	Literal Description WB 100TH ST W 258TH AVE					County: 30	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: 331257.656		
	On Road, Street or Highway:			At Intersection with:			Y Coordinate: 4818570	
	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 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> N NE E SE S SW W NW					NB <input type="radio"/> SB <input type="radio"/> EB <input type="radio"/> WB <input type="radio"/>			
Milepost Number		Definable intersection, bridge, or railroad crossing						

ACCIDENT ENVIRONMENT				ROADWAY CHARACTERISTICS				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	
Location of First Harmful Event	01	Weather Conditions (up to two)		Major Contributing Circumstances Environment															06
Manner of Crash/Collision	01	01		Roadway															01
Light Conditions	5	Surface Conditions		01	Type of Roadway Junction/Feature				01										
				FRA No.															

First Harmful Event (Crash)	31	WORKZONE RELATED?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Activity	Location	Type	Workers Present											
-----------------------------	-----------	-------------------	---	----------	----------	------	-----------------	--	--	--	--	--	--	--	--	--	--	--

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 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		

U L D A M R G	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 02/22/2026	Incident Clearance Date 02/22/2026
--	--------------------------	---	--

Signature of Officer TROOPER B AXFORD	Badge Number 434	Time Officer Notified of Accident 18:58 Hrs.	Roadway Clearance Time 19:05 Hrs.	Incident Clearance Time 20:00 Hrs.
Name of Agency IOWA STATE PATROL - DIST 06	Date of Report 02/22/2026	Time Officer Arrived At Scene 18:58 Hrs.	Total Roadway Clearance Time 00:07	Total Incident Clearance Time 00:10
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)

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

Form Number: 2026004267



**N
A
R
R
A
T
I
V
E**

Unit 1 was westbound on 100th St to assist Dickinson county with traffic control at a house fire at 10185 237th Ave. Two deer ran out of the north ditch and across the road. The deer turned around on the roadway and ran back to the north in front of Unit 1. Unit 1 collided with both deer on the roadway.



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 #: 2026004267

Date: <small>(Month/Day/Year)</small>	02/22/2026	Time: <small>(Time plus a.m./p.m.)</small>	6:58 p.m.
Vehicle Plate #:	159	Vehicle Mileage:	107210
Vehicle Description: <small>(Yr/Make/Model/ & Vin#)</small>	2023 Chevy Tahoe VIN # 1GNSKLED9PR346576		
Assigned To:	Jeff Zylstra	Badge #	159
Driven By:	Jeff Zylstra	Badge #	159
Driver's Lic #:	680-yy-6058	Damage:	\$8,978.51
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)	Yes
Injured/Injuries:			
Occupants: (Other than driver)			
Occupant(s) Wearing Seat Belt: (Yes/No)	Yes		

OTHER INFORMATION:

Witnesses:	Trp. Axford #434
Accident Location: (Street/Hwy)	WB 100 th ST W 258 th Ave
County:	Dickinson
Weather/Road Conditions:	Dry / Normal
<p>Narrative: On 02-22-26 at about 1900 hours I was westbound on 100th street about one-half mile west of 258th avenue. Isp 434 and myself were enroute to help direct traffic at a fire for Dickenson county. 3 deer came out of the north ditch and I struck and killed 2 of them. 434 filled out the accident report. Lt. Albrecht was notified. I have an appointment on Monday afternoon to meet Aaron at C and H for an estimate. My squad is drivable.</p>	
Property Damage other than Vehicles:	NONE
Cost:	\$NONE
Citations Issued To: (List Charge(s) and Statute Code(s))	NONE

Investigating Officer:	Sgt. Chase Hesse #499
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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		