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



# Executibe Council of Jowa

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

January 6, 2025

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 \$2,207.43, subject to an audit of actual invoices. On October 19, 2024, Vehicle #105694 was damaged by a raccoon. Request was to cover repair costs.

EXECUTIVE COUNCIL OF IOWA

(risti Onstot

Kristi Onstot

**Executive Secretary** 

cc: Adam Steen, Director, Department of Administrative Services

DAS Fleet Services, Risk

Matt Bender, Department of Management

Heather Hackbarth, Department of Management

## 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

November 26, 2024

Kristi Onstot Executive Council L O C A L

Subject: Raccoon Damage to Vehicle #105694 on October 19, 2024

Department of Administrative Services

Claim dated October 25, 2024

AOS Claim ID: 3922

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 \$2,207.43, subject to an audit of actual invoices.

Sincerely,

Brian R. Brustkern, CPA Deputy Auditor of State

Phi R. Bis

CC: Adam Steen, Director, Department of Administrative Services
Mariah Fucaloro, Fleet Services Manager, Department of Administrative Services
Heather Hackbarth, Department of Management



KIM REYNOLDS, GOVERNOR

ADAM STEEN, DIRECTOR

Date: October 25, 2024

Tammy Hollingsworth, Auditor of State To:

Victoria Newton, Treasurer of State

**Executive Council** 

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

Vehicle / Event	#105694 / Animal
Event Date	October 19, 2024
Summary	Vehicle 105694 - struck a raccoon. (292642)
Amount Requested	\$2,207.43 - 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.

Ryan Betts

**DAS Fleet Services** ryan.betts@iowa.gov

515-281-8008



# 292642

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

### Fwd: Accident

1 message

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

Wed, Oct 23, 2024 at 10:44 AM

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 105694 struck a raccoon on 10/19/2024.

Note: The initial email is below and was sent to us within 24 hours of the accident, but I wasn't provided a vehicle number until today so I'm just now getting this sent on to you all.

Thanks!

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

https://das.iowa.gov



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

From: Vetter, Melinda <mindy.vetter@dia.iowa.gov>

Date: Sun, Oct 20, 2024 at 10:20 PM

Subject: Accident

To: DAS Risk < DAS.Risk@iowa.gov>

A raccoon was hit by my car at 930pm tonight. My front bumper is cracked and kinda falling off on one side. I'm informing you because the accident report form said to notify you within 24 hours.

#### 3 attachments

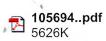


AccidentReportForm-105694-Vetter.pdf 248K



105694.pdf

150K





Department of Administrative Services
DAS Fleet Services- Risk Management
109 SE 13th St
Des Moines, IA 50319

## **Vehicle Accident Report Form**

- Render aid or assistance to the injured (per lowa Code 321.262).
- The State of Iowa is self-insured. Refer to the insurance card and accident report procedures online or in your glove box packet. If the accident involves another party, exchange information with the driver or property owner. Do not admit fault or attempt to settle your claim.
- Call local law enforcement, if a fatality, injury or property damage has occurred, and obtain a police report. On the Capitol complex, call Iowa State Patrol, Post 16 at 515-281-5608.
- Within the first 24 hours, report accident or damage to DAS Fleet Services (515-281-3162 or DAS.Risk@iowa.gov), your agency fleet contact, and supervisor. Damage caused by an act of nature or unavoidable cause MUST be reported to DAS Fleet Services within 24 hours of the incident to qualify for contingent fund use (per Iowa Code 29C.20).
- For an estimate, locate the nearest contracted auto body repair shop in the Contracted Service Providers map. A contracted auto body shop within 30 miles should be used if available.
- If towing is necessary, contact DAS Fleet Services (515-281-3162) for assistance. After hours, call National Automobile Club (NAC) FleetRescue\* (866-329-3471) or local law enforcement.
- Within 72 hours, print and submit a completed Accident Report Form, including a cost estimate from the auto body shop to <u>DAS.Risk@iowa.gov</u>.
- Any accident in the State of Iowa that causes death, personal injury, or total property damage of \$1,500 or more must be reported on an Iowa Accident Report Form UNLESS the accident is investigated by a law enforcement agency and a report is filed. Failure to return an accident report form within 72 hours may result in suspension of driving privileges.

# **Vehicle Accident Report**

Time and location of accid	lent				
Accident Date (Mo/Day/Year)		Time	No. of Vehicles		
10/	19/24	10pm 1			
County		State			
Ma	dison	lo	wa		
Vehicle 1 (State vehicle)					
Driver's Name		Work Street Address			
Melino	la Vetter	6200 Park A	ve Suite #100		
Driver's License No./State		City, State, Zip			
103C0	C2879 IA	Des Moines	, Iowa 50321		
Date of Birth	Department	Work Phone Home Phone			
06/29/1974	Health & Safety	515-587-5871	515-250-6299		
License Plate No.	VIN	Year, Make, Model			
105694	4T1C31AK9NU593122	2022 Toyota Camry hybrid/LE			
Estimate (\$) of Damage		Description of Damage			
2207.43		Passenger side lower bumper and grill			
Vehicle 2 (other vehicle) if	more than two vehicles-use a	dditional forms			
Driver's Name		Street Address			
١	N/A				
Driver's License No./State		City, State, Zip			
Date of Birth	Work Phone	Home Phone License Plate No.			
Description of Damage					

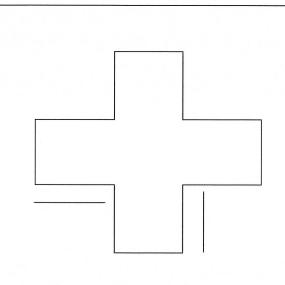
Property Damage other than vehicle (fence, utility pole, etc)					
Owner's Name, Address and Phone	Description of Property Damaged				
N/A					
Injured Persons (attach additional sheets if necessary)					
Vehicle No. 1/ Name and Address	Describe Injuries				
N/A					
Vehicle No. 2/ Name and Address	Describe Injuries				
Witness					
Name ,	Address/Phone				
Aaron Vetter- Another inspector in the car with me at the time.	2351 St. Charles Road Winterset Iowa 50273, Personal #515-402-1391 Work #515-336-2007				
Name	Address/Phone				

### **Accident Diagram**

Complete diagram below, include a description of what happened.

Use the outline below to sketch the scene of your accident, writing in street or highway names or numbers.

Use number 1 to indicate the State vehicle.



At 10pm on October 19th after completing inspections at Jack Trice Stadium I was traveling south on 35 when a raccoon ran out into the road way. Due to traffic conditions I was unable to avoid hitting the racoon.

My home is located at 2351 St. Charles Road Winterset, IA 50273. I have a home office and that is where I was travelling to when this happened.

My husband is also an inspector employed with the state, we usually travel together. I put him down as a witness, if needed.

Accident Information Exchange Sheet						
Other Vehicle information						
Driver's Name	N/A					
Street Address						
Driver Phone						
Driver's License No./State						
Vehicle Plate No.						
Vehicle year, make, model						
VIN						
Insurance Company Name						
Policy No.						
Agent name						
Agent phone						
Owner's Name/Address (if different)						
Submit this information	along with the accident report to DAS Fleet Service within 72 hours of the accident.					
Complete the r	next section, tear at the dotted line and give to the other party involved.					
State Vehicle Insurance Info	ormation					
Driver's Name	N/A					
Driver's License No./State						
Vehicle Plate No.						
Vehicle year, makel, model						
VIN						

The State of Iowa is self-insured.

If you have any questions regarding an accident, please contact DAS Fleet Services at 515-281-3162 of <a href="mailto:DAS.Risk@iowa.gov">DAS.Risk@iowa.gov</a>

## Kari Cnevrolet Collision Center **Ankeny**

Your Dealer for Life 1101 Southeast Oralabor Road, Ankeny, IA 50021

> Phone: (515) 299-4337 FAX: (515) 964-2293

> > **Estimate**

MACHETIC ID. PartsShare: Federal ID:

8cDSSQ 42-1092272

**RO Number:** 

Customer: SOI 105694 Insurance:

Adjuster:

Estimator:

Joe Singleton

STATE OF IOWA

Phone:

Create Date:

10/22/2024

Claim:

Loss Date:

(515) 587-5871

Deductible:

2022 TOYO Camry Hybrid LE w/Continuously Variable Transmission 4D SED 4-2.5L Hybrid Port/Direct Injection WJITE

VIN:

4T1C31AK9NU593122

Interior Color:

**BLACK** WJITE

Mileage In: Mileage Out:

105694

35,558

Vehicle Out:

License: State:

IΑ

Exterior Color: Production Date:

Condition:

Job #:

Line	Ver	Operation	Description	Qty	Extended Price \$	Part Type	Labor	Туре	Paint
1	E01		FRONT BUMPER & GRILLE						
2	E01	Overhaul	O/H bumper assy			OEM	3.5	Body	
3	E01	Remove/Replace	Bumper cover w/o park alert	1	180.87	OEM	0.0	Body	3.0
4	E01		Add for Clear Coat						1.2
5	E01	Remove/Replace	Under cover	1	260.95	OEM	0.0	Body	
6	E01	Remove/Replace	Lower grille w/o surround view	1	251.52	OEM	0.0	Body	
7	E01	Remove/Replace	Grille assy	1	276.11	OEM	0.0	Body	
8	E01	Remove/Replace	Prep unprimed bumper			OEM			0.7
9	E01		<b>AIR CONDITIONER &amp; HEATER</b>						
10	E01	Remove/Replace	Condenser	1	421.64	OEM	1.4	Mech	
11	E01	Remove/Replace	AC Service evacuate & recharge	AC Service evacuate & recharge 1.4 Med				Mech	
12	E01	Remove/Replace	AC Service refrigerant recovery				0.4	Mech	
13	E01		MISCELLANEOUS OPERATIONS						
14	E01	Sublet	Hazardous waste removal	1	3.00	Other			
15	E01		Pre Repair Scan- Per OEM Guideline				0.5	Mech	
16	E01		Post Repair Scan- Per OEM Guideline				0.5	Mech	

<b>Estimate Totals</b>	Discount \$	Markup \$	Rate \$	<b>Total Hours</b>	Total \$
Parts	(208.66)				1,182.43
Labor, Body			60.00	3.5	210.00
Labor, Refinish			110.00	4.9	539.00
Labor, Mechanical			65.00	4.2	273.00
Miscellaneous					3.00
Subtotal					2,207.43

Sales Tax

0.00

## **RO Number:**

2022 TOYO Camry Hybrid LE w/Continuously Variable Transmission 4D SED 4-2.5L Hybrid Port/Direct Injection WJITE

2,207.43
2,207.43

Estimate Version	Total \$
Original	2,207.43
Insurance Total \$:	2,207.43
Received from Insurance \$:	0.00
Balance due from Insurance \$:	2,207.43
Customer Total \$:	0.00
Received from Customer \$:	0.00
Balance due from Customer \$:	0.00

10/22/2024 4:07:52 PM

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

## Karl Chevrolet Collision Center Ankeny 1101 Southeast Oralabor Road, Ankeny, IA 50021 Phone: (515) 299-4337, Fax: (515) 964-2293

Image Report							
Owner:	SOI 105694	Insurance:	STATE OF IOWA	Estimator:	Joe Singleton	Vehicle Out:	
RO Number:		Claim Number:	105694				
Year:	2022	Color:	WJITE	License Plate:		Production Date:	
Make:	TOYO	Body Style:	4D SED	State:	IA	Mileage In:	35,558
Model:	Camry Hybrid LE	Engine:	4-2.5L Hybrid Po	VIN:	4T1C31AK9NU593122	Condition:	



10/22/2024 Comments:



10/22/2024 Comments:



10/22/2024 Comments:



10/22/2024 Comments:



10/22/2024 Comments:



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10/22/2024 Comments:



10/22/2024 Comments:



10/22/2024 Comments:



10/22/2024 Comments:



10/22/2024 Comments:



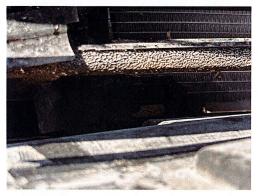
10/22/2024 Comments:

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RO Number:		Claim Number:	105694					
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Make:	TOYO	Body Style:	4D SED	State:	IA	Mileage In:	35,558	
Model:	Camry Hybrid LE	Engine:	4-2.5L Hybrid Po	VIN:	4T1C31AK9NU593122	Condition:		



10/22/2024 Comments:



10/22/2024 Comments:



10/22/2024 Comments:



10/22/2024 Comments:



10/22/2024 Comments:



10/22/2024 Comments: