



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

Date: November 30, 2021

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	#83/Deer
Event Date	November 1, 2021
Summary	Vehicle #83 struck a deer. (228858)
Amount Requested	\$2,227.20 - Estimate <u>\$ 35.00 - Review Invoice</u> <b>\$2,262.20 - Total</b>
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](mailto:Mariah.Flowers@iowa.gov)  
515-725-2243



Risk, DAS &lt;das.risk@iowa.gov&gt;

**FW: Trp Aaron Peter Deer Damage 11-1-2021**

1 message

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

Mon, Nov 1, 2021 at 2:52 PM

To: "executivecouncil@tos.iowa.gov" &lt;executivecouncil@tos.iowa.gov&gt;, "Tammy.Hollingsworth@auditor.state.ia.us" &lt;Tammy.Hollingsworth@auditor.state.ia.us&gt;

Cc: "Risk, DAS" &lt;das.risk@iowa.gov&gt;, Guill Bryan &lt;guill@dps.state.ia.us&gt;

All

Handwritten text: "83" inside an orange box, and "228858" written below it.

On behalf of Post 3 please accept this 24 hour AON notification. I will send more documentation as it comes in.

Thank you

Jeannie Adams

ISP Fleet &amp; Supply, Fleet Asset Manager

Department of Public Safety

30 N.E. 48<sup>th</sup> 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

**From:** Johnson Kevin <kjohnson@dps.state.ia.us>**Sent:** Monday, November 1, 2021 2:48 PM**To:** vehicledamage <vehicledamage@dps.state.ia.us>; das.risk@iowa.gov**Cc:** Ehler Joel <ehler@dps.state.ia.us>; Wesack Michael <wesack@dps.state.ia.us>; Paulsen Blair <paulsen@dps.state.ia.us>; Thornton Marilyn <thornton@dps.state.ia.us>**Subject:** Trp Aaron Peter Deer Damage 11-1-2021

On 11/1/2021 at 0800 hours, Trp. Aaron Peter #83 was driving on Des Moines Avenue at Camp Dodge when he struck a deer causing front end damage. Patrol car is drivable and will get an estimate at All Makes in Council

Bluffs. This is the 24 hour notification. I will complete the state vehicle damage report, submit photos, estimate and his memo.

Thank you

**Sergeant Kevin Johnson ★87★**

**Department of Public Safety**

**Iowa State Patrol District 3**

**2025 Hunt Avenue**

**Council Bluffs, IA 51503**

**Work -712-328-8001**

**Fax - 712-328-1504**

**kjohnson@dps.state.ia.us**

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## 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](mailto:vehicledamage@dps.state.ia.us) ; [das.risk@iowa.gov](mailto: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 #: 2021026787**

Date: (Month/Day/Year)	11/1/2021	Time: (Time plus a.m./p.m.)	8:00 A.M.
Vehicle Plate #:	83	Vehicle Mileage:	31,737
Vehicle Description: (Yr/Make/Model/ & Vin#)	2020 Dodge Charger 2C3CDXKT6LH118253		
Assigned To:	Trp. Aaron Peter	Badge #	83
Driven By:	Trp. Aaron Peter	Badge #	83
Driver's Lic #:	137AC0071	Damage:	\$2,227.00
Vehicle Towed: (Yes / No)	No	Towed By:	
Towed To:		Towing Cost:	\$0
Seat Belt: (Yes / No)	Yes	Type of Vehicle: (Marked/Semi /Unmarked)	Marked
Injured/Injuries:	None		
Occupants: (Other than driver)	None		

**OTHER INFORMATION:**

Witnesses:	
Accident Location: (Street/Hwy)	Des Moines Ave.- Camp Dodge
County:	Polk
Weather/Road Conditions:	Cloudy/Dry
On 11/1/2021 at 0800 hours, Trp. Peter was at Camp Dodge traveling on Des Moines Ave., when a deer entered the roadway and was struck by his patrol car. Trp. Peter's patrol car sustained front end damage around the grill area. The patrol car is drivable.	
Property Damage other than Vehicles:	None
Cost:	\$
Citations Issued To: (List Charge(s) and Statute Code(s))	

Investigating Officer:	Sgt. Johnson #87
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Form 4433003 (11-13)

# INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Law Enforcement Case Numbers:

2021026787

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

Date of Accident 11/01/2021		Time of Accident 07:30 Hrs.		County POLK - 77		Accident occurred within corporate limits of (city) JOHNSTON - 3827														
UNIT 1	Driver's Name - Last PETER					First AARON					Middle REESE									
	Address 2025 HUNT AVE					City COUNCIL BLUFFS					State IA		Zip 51503-0000							
	Date of Birth 07/17/1993		Driver's License Number 137AC0071			CDL Yes No		Citation Charge 1				Citation Charge 2								
	Male <input checked="" type="radio"/> Female <input type="radio"/>		State IA		Class C		Endorsements		Restrictions		Citation Charge 3				Citation Charge 4					
	Alcohol Test Given: 1		Test Results:		Drug Test Given: 1		Test Result:		Re-exam: Yes No		Reason for Re-Exam Request:									
	Owner's Name - Last STATE OF IOWA					First					Middle									
	Address 109 SE 13TH STREET					City DES MOINES					State IA		Zip 50319							
	License Plate No. 83		State IA		Year		VIN: 2C3CDXKT6LH118263			Color GRY		Year 2020		Make DODG		Model CHA		Style SD		
	Trailer Plate No.		State		Year		VIN:			Tow 1		Tow #		Towed To		Approx. Cost to Repair or Replace \$4,000.00				
	Insurance Company Name					Insurance Co. Phone Number					Insurance Policy Number									
Initial Travel Direction 01		Veh. Act. 01		Veh. Config. 01		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 04		Bus Use		Driver Condition 01		Vision Obscured 01		Contributing Circumstances Driver (up to two) 88				Driver Distractions 02		Speed Limit 25				
Traffic Controls 01		Horizontal Alignment 01		Vertical Alignment 03		SEQUENCE OF EVENTS		First Event 31		Second Event		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		Underride/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				Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Ejection Path	Trapped/Extracted	Source of Transport	Died at scene/enroute
	Trailer Plate:		State		Year		VIN													
	Converter Dolly		Dolly Plate:		State		Plate Year		VIN											
	<div> <div>DRIVER OF UNIT 1</div> <div> <div>Phone Number: (712) 328-8001</div> <div>Transported to:</div> </div> </div>																			
	<div> <div>Transported by:</div> </div>																			
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<div> <div>Address</div> <div>Transported to:</div> <div>Transported by:</div> </div>																				

PERSON INJURED	<div> <div>DRIVER OF UNIT 1</div> <div> <div>Phone Number: (712) 328-8001</div> <div>Transported to:</div> </div> </div>																
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## Sheet 2 of 3

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

Law Enforcement Case Numbers:  
2021026787

<b>L O C A T I O N</b>	Date of Accident <b>11/01/2021</b>	Time of Accident <b>07:30 Hrs.</b>	County <b>POLK - 77</b>	Accident occurred within corporate limits of (city) <b>JOHNSTON - 3827</b>		Legal Intervention? <input type="checkbox"/>		Private Property? <input type="checkbox"/>	
	Literal Description <b>NAT, GUARD CAMP DODGE</b>					County: <b>77</b>		Route:	
	If accident occurred outside of city limits show general vicinity <div style="display: flex; justify-content: space-around; align-items: center;"> <span>N</span><span>NE</span><span>E</span><span>SE</span><span>S</span><span>SW</span><span>W</span><span>NW</span> </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/> </div> of nearest city					X Coordinate: <b>440603.562</b>			
	On Road, Street or Highway:				At Intersection with:		Y Coordinate: <b>4617430.5</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			
<div style="display: flex; justify-content: space-around; align-items: center;"> <span>N</span><span>NE</span><span>E</span><span>SE</span><span>S</span><span>SW</span><span>W</span><span>NW</span> </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/> </div> and <div style="display: flex; justify-content: space-around; align-items: center;"> <span>N</span><span>NE</span><span>E</span><span>SE</span><span>S</span><span>SW</span><span>W</span><span>NW</span> </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/> </div>					<div style="display: flex; justify-content: space-around; align-items: center;"> <span>NB</span><span>SB</span><span>EB</span><span>WB</span> </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/> </div>				
Milepost Number _____ Or _____ Definable intersection, bridge, or railroad crossing									

ACCIDENT ENVIRONMENT				ROADWAY CHARACTERISTICS				<b>N O N M O T O R I S T S</b>
Location of First Harmful Event <b>01</b>		Weather Conditions (up to two)		Major Contributing Circumstances Environment <b>01</b>				
Manner of Crash/Collision <b>01</b>		<b>01</b>		Roadway <b>01</b>				
Light Conditions <b>5</b>		Surface Conditions <b>01</b>		Type of Roadway Junction/Feature <b>01</b>				
First Harmful Event (Crash) <b>31</b>		WORKZONE RELATED? <input type="radio"/> Yes <input checked="" type="radio"/> No		Activity	Location	Type	Workers Present	Sex
Name <b>001</b>		Phone Number		DOB:				
Address:		Alcohol Test Given		Test Results:		Drug Test Given		Result
Transported to:		Transported by:						
Name		Phone Number		DOB:				
Address:		Alcohol Test Given		Test Results:		Drug Test Given		Result
Transported to:		Transported by:						

NP OR NOV E E H R I 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				
	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				
	Address	City	State Zip Code				
	Was owner or tenant notified? 1 = Yes 2 = No 9 = Unknown						
<b>W I T N E S S</b>	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>11/01/2021</b>	Incident Clearance Date <b>11/01/2021</b>
Signature of Officer <b>SERGEANT N ALBRECHT</b>	Badge Number <b>071</b>	Time Officer Notified of Accident <b>07:45 Hrs.</b>	Roadway Clearance Time <b>07:45 Hrs.</b>
Name of Agency <b>IOWA STATE PATROL - DIST 05</b>	Date of Report <b>11/02/2021</b>	Time Officer Arrived At Scene <b>07:45 Hrs.</b>	Total Roadway Clearance Time <b>000:00</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 _____



Form 4433003 (11-13)

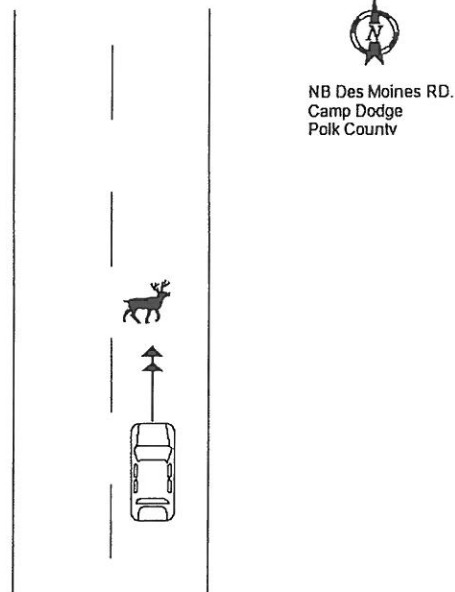
# INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Law Enforcement Case Numbers:

2021026787

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 #1 is a fully marked Iowa State Patrol vehicle.  
Unit #1 was northbound on Des Moines Rd. within the Camp Dodge Military Base.  
A deer entered the roadway from the west ditch and collided with Unit #1.  
Unit #1 received minor damage to the front bumper.



**QUALITY CLAIMS SOLUTIONS**

7405 S Bitterroot Pl. Suite 100  
SIOUX FALLS, SD 57108  
Phone: (877) 237-3727, FAX:(866) 371-2844  
qcs@qcsdirect.com

Workfile ID:

7a901e2a

For:

**QUALITY CLAIMS SOLUTIONS**

DAS Fleet Services

**Estimate of Record****Owner: STATE OF IOWA****Job Number:**

Written By: David Kelley

Insured: STATE OF IOWA  
Type of Loss: Collision  
Point of Impact: 12 Front

Policy #: UNK  
Date of Loss: 11/11/2021 12:00 PM

Claim #: APDSOI0228858-001  
Days to Repair: 0

**Owner:**  
STATE OF IOWA  
COUNCIL BLUFFS, IA 51501

**Inspection Location:**  
All Makes Collision Ctr  
524 23rd Avenue  
Council Bluffs, IA 51501  
Other  
(712) 256-3195 Evening

**Repair Facility:****VEHICLE**

2020 DODG Charger Police AWD (Fleet) 4D SED 8-5.7L Gasoline Sequential MPI

VIN: 2C3CDXKT6LH118253  
License:  
State:

Production Date:  
Odometer: 0  
Condition:

Interior Color:  
Exterior Color:

**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  
Climate Control  
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

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

Power Trunk/Liftgate

# Estimate of Record

Owner: STATE OF IOWA

Job Number:

2020 DODG Charger Police AWD (Fleet) 4D SED 8-5.7L Gasoline Sequential MPI

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		<b>FRONT BUMPER</b>					
2		O/H front bumper				3.4	
3	*	Repl Bumper cover	68267765AC	1	<u>715.00</u>	Incl.	3.4
4		Add for Clear Coat					1.4
5	*	Repl Closure panel	68226530AF	1	<u>169.00</u>	Incl.	
6		<b>GRILLE</b>					
7	*	Repl Upper grille black crossbars	5PP33DX8AB	1	<u>352.00</u>	Incl.	
8		<b>AIR CONDITIONER &amp; HEATER</b>					
9	**	Repl A/M Condenser assy -5%	68085784AA	1	<u>224.20</u> m	1.5 M	
		Note: PART LOCATED BY REPAIR SHOP					
10		AC Service evacuate & recharge			m	1.4 M	
11		AC Service refrigerant recovery			m	0.4 M	
<b>SUBTOTALS</b>					<b>1,460.20</b>	<b>6.7</b>	<b>4.8</b>

## ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			1,460.20
Body Labor	3.4 hrs @	\$ 50.00 /hr	170.00
Paint Labor	4.8 hrs @	\$ 90.00 /hr	432.00
Mechanical Labor	3.3 hrs @	\$ 50.00 /hr	165.00
Subtotal			2,227.20
<b>Total Cost of Repairs</b>			<b>2,227.20</b>
Deductible			0.00
<b>Total Adjustments</b>			<b>0.00</b>
<b>Net Cost of Repairs</b>			<b>2,227.20</b>

THIS IS NOT AN AUTHORIZATION TO BEGIN REPAIRS.

SUPPLEMENTS - Please be advised that the INSURANCE COMPANY requires notice of any supplements prior to the work being performed. Failure to notify INSURANCE COMPANY and allow INSURANCE COMPANY to review the supplemental charges may result in non-payment of the supplemental items.

ESTIMATE AUDIT - THIS DOCUMENT IS NOT AN APPRAISAL. INQUIRIES SHOULD BE DIRECTED TO THE INSURANCE COMPANY LISTED AT THE TOP OF THIS DOCUMENT.

REPAIR SHOPS CAN CONTACT QCS AUDITOR FOR ANY REPAIR RELATED INQUIRIES AT 1-877-237-3727.

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.



Quality Claims Solutions

# Quality Claims Solutions

105 N Krohn Place  
Sioux Falls, SD 57103  
Phone: 877.237.3727  
Fax: 866.371.2844  
Federal Tax ID: 46-0461202

## INVOICE

Attention/Adjuster: Jessica Hackbarth

Company Name: DAS Fleet Services

Address: 109 SE 13th St  
Des Moines, IA 50319

Invoice No: APDSOI0228858-001-4574

Date: 11/11/2021 1:12 PM

Customer ID: IWAA

Claim Number: APDSOI0228858-001

Vehicle Owner: STATE OF IOWA

Quantity	Description	Unit Price	Extended Amount
1	Technical Estimate Review	\$35.00	\$35.00

Item Total: \$35.00

Sales Tax: N/A

Invoice Total: \$35.00