

Date: November 5, 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	# 49/Deer
Event Date	October 15, 2021
Summary	Vehicle #49 struck a deer. (227714)
Amount Requested	\$8,962.60 - Estimate \$ 435.71 - Review Invoice \$9,398.31 - Total
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

515-725-2243



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

### FW: 49 Car Deer

1 message

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

Fri, Oct 15, 2021 at 9:38 AM

To: "executivecouncil@tos.iowa.gov" <executivecouncil@tos.iowa.gov>, "Tammy.Hollingsworth@auditor.state.ia.us"

<Tammy.Hollingsworth@auditor.state.ia.us>

Cc: Guill Bryan <guill@dps.state.ia.us>, "Risk, DAS" <das.risk@iowa.gov>

Good morning

Please accept this email as a 24 hour notification for Trooper Wade #49. In route to a vehicle accident he struck a deer on s-56 south of Russell.

I will provide more information along with the estimate when it comes in.

Thank you

Jeannie Adams

ISP Fleet & 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: Major Wade <major@dps.state.ia.us> Sent: Friday, October 15, 2021 9:31 AM To: Pollard Brad <pollard@dps.state.ia.us>

Cc: Anderson Allen <aanderso@dps.state.ia.us>; Taylor Aaron <ataylor@dps.state.ia.us>; Adams Jeannie

<jadams@dps.state.ia.us>; Guill Bryan <guill@dps.state.ia.us>

Subject: 49 Car Deer

Lt.

While en route to 10-50 I struck deer with patrol car. Location was on S-56 South of Russell.

78862 for mileage on patrol car.

Patrol Car will be towed by Adam's Autobody out of Albia.

Sergeant Wade Major #49

Iowa State Patrol- District 2

Assistant District Commander

1619 Truro Pavement

Osceola, IA 50213

641-342-2108

#### 7 attachments



P1040931.JPG 5393K



P1040932.JPG 5076K

P1040933.JPG 5324K





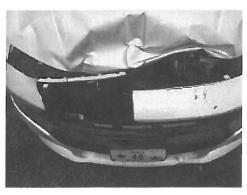
P1040934.JPG 5310K



P1040935.JPG 5000K



P1040936.JPG 5250K



P1040937.JPG 5036K

### 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; 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

STATE VEHICLE: (Mark if Act of Nature⊠) CASE #: 2021025231

STATE VEHICLE	□. (n	nark ii Act oi i	valured) CASE #. A	2021023231			
Date:	Oct	ober 15,2021	Time:	9:25 AM			
(Month/Day/Year)			(Time plus a.m./p.m.)				
Vehicle Plate #:	49		Vehicle Mileage:	78,862			
Vehicle	004	0.0	0000001///701/	11577004			
Description: (Yr/Make/Model/ & Vin#)	201	119 Dodge Charger 2C3CDXKT0KH577261					
Assigned To:	SG	Γ. MAJOR	Badge #	49			
Driven By:	SGT	Γ. MAJOR	Badge #	49			
Driver's Lic#:	989	AA4982	Damage:	\$5000			
Vehicle Towed:	YES	3	Towed By:	ADAMS			
(Yes / No)							
Towed To:	ADA	AMS	Towing Cost:	\$			
Seat Belt:	eat Belt: YES		Type of Vehicle:	marked			
(Yes / No)			(Marked/Semi /Unmarked)				
Injured/Injuries:		NONE					
Occupants:		NONE	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
(Other than driver)		,					

### **VEHICLE #2:**

DL #:	St	tate:	IA
Vehicle Lic. #	St	tate:	IA
Driver's Name:		1,000	
Driver's Address:			
Owner's Name:			
Owner's Address:			
Owner's Phone:			
Insurance Info:			

<sup>\*\*\*</sup>Sworn Officers only: Complete a Line of Duty Form #432037 and send to DOT if 10-50 was reportable!!!

(Carrier/Policy #/Phone)	T			
Veh Description:				
(Yr/Make/Model & Vin#)				
Damage:	\$NONE		Seat Belt:	YES
Damage.	ΨIVOIVE		(Yes / No)	ILO
Injured/Injuries:	NONE	=	1 (1007110)	
Occupants:	NONE			
(Other than driver)	INOINE	_		
Occupant(s) Weari	ng Seat B	Belt: (Yes/N	lo)	
OTHER INFORMA	TION:			
Witnesses:	11011.			
Accident Location:		HWY S	56 SB JUST SO	UTH OF RUSSELL
(Street/Hwy)		11001 0	00 00, 0001 00	CITIOI NOOCELL
County:	W. No. 7974	LUCAS		
Weather/Road Con	ditions:			
Light rain	GILIOTIO			
Light rain				
D	0 0	1.1		
Property Damage of	ther than	None		
Vehicles:				
Cost:		\$	9 999	The state of the s
Citations Issued To				
(List Charge(s) and Statute	Code(s))			
In continue office			T	D I' //40
Investigating Office	ſ <b>:</b>		Trooper Matthey	v Bowlin #42
VEHICLE #3: (If ne	eded) (F	or more	vehicles, please	e make extra copie
this portion)				
DL #:			State:	
Vehicle Lic. #			State:	
Driver's Name:			1	
Driver's Address:				
Dilver a Address.				
Owner's Name:			2000	
Owner's Address:				
OWITER 5 Address.				
Owner's Phone:				

Insurance Info: (Carrier/Policy #/Phone)		
Veh Description: (Yr/Make/Model & Vin#)		
Damage:	\$	Seat Belt: (Yes / No)
Injured/Injuries:		
Occupants: (Other than driver)		
Occupant(s) Weari	ng Seat Belt: (Yes/No	)

Law Enforcement Case Numbers: MAIL REPORTS TO: lowa Department of Transportation, Office of Driver Services, P.O. Box 9204, Des Moines, Iowa 50306-9204 2021025231 Date of Accident Time of Accident County Accident occurred within corporate limits of (city) 10/15/2021 09:06 LUCAS - 59 Hrs Driver's Name - Last First Middle U MAJOR WADE EUGENE N Address City State Zip 1114 LISBON DR KNOXVILLE IA 50138 T Date of Birth Driver's License Number CDL Citation Charge 1 Citation Charge 2 04/20/1978 989AA4982 1 Yes No Citation Charge 3 Male Female State Class Endorsements Restrictions Citation Charge 4 N,L Drug Test Given: Reason for Re-Exam Request: Alcohol Test Given: Test Results: Test Result: Re-exam: Yes No Owner's Name - Last First Middle STATE OF IOWA Address City State Zip 109 SE 13TH ST **DES MOINES** IA 50319-9018 License Plate No. State Year VIN: Color Year Make Model Style 2C3CDXKT0KH577261 IA SIL 2019 DODG CHA SD Trailer Plate No. State VIN: Year Tow Towed To Tow # Approx, Cost to Repair or Replace \$5,000.00 Insurance Company Name Insurance Co. Phone Number Insurance Policy Number DEPARTMENT OF ADMINISTRAVE SERVICES (515) 281-5512 Initial Travel Direction Veh. Act. Veh. Config. Cargo Body Type Veh. Defect | Point of Initial Impact | Most Damaged Area | Extent of Damage Total Occ. in Veh. 01 Special Veh. Func | Emergency Status | Bus Use | Driver Condition | Vision Obscured Contributing Circumstances Driver (up to two) Driver Distractions Speed Limit 88 02 Traffic Controls Horizontal Alignment | Vertical Alignment First Event Second Event | Third Event Fourth Event Most Harmful Event SEQUENCE OF EVENTS Carrier Name/Lessee C 0 Street Address City State Zip Code M M Number of Axles Gross Vehicle Weight Rating US DOT Number MC Number Underride/Override E R Haz Mat Involvement Haz Mat Placard Placard Number Haz, Mat Released Haz Mat Class Haz Mat Name C I Trailer Plate: State Year VIN scene/enroute A **Dccupant Protection** Source of Transport Airbag Deployment rapped/extricated L Seating Position Trailer Plate: State Year VIN njury Status Converter Dolly Dolly Plate: State Plate Year VIN Sex Phone Number: 01 01 DRIVER OF UNIT 1 Transported to: Transported by: ERSO Phone Number DOB: Name Address Transported to: Transported by: N SN Name Phone Number DOB: IU Address Transported to: Transported by: NN Phone Number DOB: Name T R E Address Transported to: Transported by: D Name Phone Number DOB: Address Transported to: Transported by:

Fo	orm 4433003 (11-13)	11	IVESTIGA MOT		G OFFIC				ГО	F						Г	Law E	nfore	cemer		eet 2 se Nu		
M	AIL REPORTS TO: Iowa De	epartment of Tra	nsportation, O	ffice of	Driver Servi	ces,	P.O. Box 9	204, De	s Mo	ines, low	va 5030	06-92	04	100		_ :	20210	2523	31				
L	10/15/2021 09	ime of Accider 9:06 Hrs		- 59				Accide	ent o	ccurrec	d withi	n cor	porate	limits o	f (city)		Legal Interv		n? [		Private Prope		
0	Literal Description HWY S56 SB: JUST	S OF RUSSE	LL													- 1	Count <b>59</b>	y:			Route	:	
Α	If accident occurred o	outside of		N	NE E	3	SE S S	w w	NV	!						7	X Coc	000000000000000000000000000000000000000		_			
T	On Road, Street or H				$\frac{1}{2}$	) (	Intersecti	on with		) of ne	arest (	city					48371 Y Coo		_		-		
0	on rioda, otroci or ri	igiiiray.					morocci	O11 WILLI								- 1	45345						
N	Note: Unless accident	t occurred at a	n intersection	on which n, brid	ch is comp	olete	ely describ	ed abo	ve, two	use the	space es and	e bele d dire	ow to g	ive the	exact essary	of I	If Divid	ded H	-liahw:	av P	rovide	Roi	ıte
			SE S SV		NW					N NE	1000	SE		w w				nal)	Travel SB	Dire		WE	
	Milepost	Defin	able intersed	ction.	O and							$\cup$			0	$\dashv$	C	)	Ö	(	Š	C	)
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Light	Conditions	Surfac	e Conditions		Туре	of F	Roadway Ji	unction/F	eatu	re				it No.		Type	or to in	to cras		ment	Circun	of Transport	enro
	****				FRA	_								Struck by Unit No.	Injury Status	Non-Motorist Type	Location (prior to impact)	Action (prior to crash)	ion	Safety Equipment	Contributing Circumstances	of Tra	Died at scene/enroute
First	Harmful Event (Crash)	WORKZON RELATED?	E Yes N	Ô	Activity	Lo	cation	Type		Worke	ers Pre	esent	Sex	Struck	Injury	Non-N	Locati	Action	Condition	Safety	Contril	Source	Died a
N	Name 001					Pho	one Numb	er			DOB:												
O N M	Address:			W SAK					Alc	ohol Te	st Giv	/en	Test R	esults:	Drug	Tes	t Give	en F	Result	Ch	arged	Yes	No
0	Transported to:					_			Tra	nsporte	ed by:		-										
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s	Transported to:								Tra	nsporte	ed by:												
N P	If Property other than vehicles damaged exp		Damaged																Esti	mate	of Da	amag	je
O R N O	Owner's Last Name	naiii			First Na	me		···			Mic	ddle I	Name				Phor	ne Ni	umber				
V P E E	Address				City	_					Sta	ite	Zip Co	ode			Was	own	er or t	enar	nt notif	ied?	_
H R I T		Object	Damaged																= No	9 = 1	Unkno	wn	
CY	vehicles damaged exp		Damaged																		OI Da	amay	е
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A M R G	Address				City						Sta	ite	Zip Co	ode							nt notif Jnkno		
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W	Last Name	First Na	ıme	Ac	ddress						City	/			State	Zi	ip Cod	de	Ph	one	Numb	er	
T N	Last Name	First Na	ime	Ad	ddress						City	/			State	Zi	ip Cod	le	Ph	one	Numb	er	
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Is Th Y	is a Secondary Crash? N	Type o	Primary Inc	ident								1,000	adway ( 15/2021		ice Dat	te			ent Cle 5/2021		nce Da	ate	
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Nam	e of Agency	OT AC		Date	e of Report	t	Time Offi	icer Arri	ived		ne	Tota	al Road	way C	Hrs learand		ime 7	Total	Incide	nt C	learan	irs.	ime
	A STATE PATROL - DI ort Reviewed By	ST 02			5/2021 of Review	v	09:25 Investiga	tion ma	ide a	Hrs.	∍?	000 T.I.	:32 No.	-	Oth	ner 7		ical I		gatin	ng Age	ncv	_
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Sheet 3 of 3

Form 4433003 (11-13)

# 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 Numbers:

2021025231

D ı A G R Α M Highway S56 Southbound Just South of Russell, lowa Unit 1 was southbound on Highway S56, just south of Russell, when it struck a deer in the roadway. N A R R Unit 1 was a fully marked law enforcement vehicle with a fully uniformed officer traveling to a wreck performing their lawful duty. A T 1 ٧ E



### **MEMORANDUM**

TO: Lt. Pollard

FROM: Sgt. Wade Major #49

DATE: 10/15/2021

SUBJECT: Patrol car damage sustained from car-deer accident

Lt.

On October 15, 2021 at approximately 0906 hours I was enroute to personal injury accident at the intersection of T-61 and Highway 2 in Appanoose County.

While traveling South on S-56, approximately one mile South of Russell, I struck a deer that entered roadway. As a result my patrol car sustained disabling damage.

Adam's Autobody, out of Albia, towed patrol vehicle to their shop.

Mileage on patrol vehicle at time of deer strike was 78,862.

Thanks, Sgt. Wade Major #49

Date: 10/20/2021 09:29 AM

Page 1 of 4

Estimate ID: 7761100048

Estimate Version: Committed

Profile ID: \* Mitchell

## **Property Damage Appraisers (PDA Des Moines)**

P.O. Box 144, Collins, IA 50055 (515) 222-1906 Fax: (515) 222-1929 Email: pdadesmoines@pdaorg.net

\* Not An Authorization For Repair \* Read disclaimers following appraisal calculations.

Damage Assessed By: CALEB CUTLER

Appraised For: JESSICA HACKBARTH

Classification: Field

Condition Code: Good Deductible: 0.00

File Number: 7761100048 Claim Number: APDSOI0227714-001

> Insured: STATE OF IOWA Owner: STATE OF IOWA Owner:

Address:

Telephone:

Cell Phone:

(641) 342-2108

Mitchell Service: 911667

Description: 2019 Dodge Charger Police

Body Style: 4D Sed

VIN: 2C3CDXKT0KH577261

Mileage: 78,862

OEM/ALT:

Parts Profile: Des Moines

Color: SILVER

Vehicle Production Date: 1/19
Drive Train: 5.7L Inj 8 Cyl 5A AWD

License: 49 IA

Type of Loss: Collision

Parts Profile Version: 2

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
				Information Labels			
1	103015	BDY	REMOVE/REPLACE	Inform Label Emission Information	68406451AA	5.40	0.1*
2	101345	BDY	REMOVE/REPLACE	Inform Label Air Cond Caution	68259899AC	1.70	0.1*
				Front Bumper			
3	100374	BDY	REMOVE/INSTALL	Frt Bumper Cover			INC #
4		BDY	OVERHAUL	Frt Bumper Cover Assy			4.0 #
5	102899	BDY	REMOVE/REPLACE	Frt Bumper Cover	** QRP Certified	608.00	INC #
6		REF	REFINISH	Frt Bumper Cover			C 2.7 #
7	100935	BDY	REMOVE/REPLACE	R Frt Bumper Bracket	** QUAL REPL PART	26.00	INC #
8	103658	BDY	REMOVE/REPLACE	Frt Bumper License Plate Bracket	** QUAL REPL PART	43.00	INC
9	100945	BDY	REMOVE/REPLACE	Frt Bumper Energy Absorber	** QRP Certified	79.00	INC #
10	100946	BDY	REMOVE/REPLACE	Frt Bumper Reinforcement Bar (UHSS)	** QRP Certified	254.00	1.0 #
				Grille			
11	101091	BDY	REMOVE/REPLACE	Grille	** QRP Certified	299.00	INC #
				Front Lamps			
12	103553	BDY	REMOVE/REPLACE	R Frt Combination Lamp Assembly	68410312AD	981.00	0.4 #
13		BDY	CHECK/ADJUST	Headlamps			0.4
14	103566	BDY	REMOVE/REPLACE	L Frt Combination Lamp Assembly	68410313AD	981.00	0.4 #
				Hood			
15	100559	BDY	REMOVE/REPLACE	Hood Panel (Alum)	68265445AB	1,160.00	1.6
16		REF	REFINISH	Hood Outside			C 2.8
17		REF	REFINISH	Add For Hood Underside			C 1.4
18	100572	BDY	REMOVE/REPLACE	R Hood Hinge	55113550AG	82.00	0.3 #
19		REF	REFINISH	R Hinge			C 0.5
20		BDY	REMOVE/INSTALL	Hood Assy			INC #
			MBER: 10/20/2021 0	9:28:59 7761100048			

Mitchell Data Version: OEM: OCT\_21\_V1019 Alternate Parts: 10/20/2021 09:14:41 Copyright (C) 1994 - 2021 Mitchell International

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Software Version:

Estimate ID: 7761100048 Estimate Version: Committed \* Mitchell Profile ID: 100573 BDY REMOVE/REPLACE 21 L Hood Hinge 55113551AG 82.00 0.3 # 22 REF REFINISH L Hinge C 0.5 23 100574 BDY REMOVE/REPLACE R Hood Prop 55113776AC 32.85 0.1 # 100575 BDY REMOVE/REPLACE L Hood Prop \*\* QUAL REPL PART 24 17.00 0.1 # 100576 BDY REMOVE/REPLACE 25 Hood Latch 68261142AA 119.00 03# 100579 BDY REMOVE/REPLACE Hood Release Cable 1PS72DX9AC 99.35 26 0.8 # Cooling 102481 BDY REMOVE/REPLACE 27 Cooling Radiator 68050126AB 541.00 2.4 # 28 **BDY** REMOVE/REPLACE Vacuum-Fill & Bleed Cooling System 0.6 REMOVE/REPLACE 102491 BDY Upr Cooling Radiator Seal \*\* QUAL REPL PART 29 60.00 102492 BDY REMOVE/REPLACE 30 R Lwr Cooling Seal ORDER FROM DEALER 52.25 31 102493 BDY REMOVE/REPLACE L Lwr Cooling Seal ORDER FROM DEALER 52.25 68050294AC 102456 BDY REMOVE/REPLACE Cooling Fan Shroud 37 176.00 0.4 # 33 102457 BDY REMOVE/REPLACE R Cooling Fan Blade 5137713AA 54.10 INC # 34 102458 BDY REMOVE/REPLACE L Cooling Fan Blade 5137713AA 54.10 INC # A/C /Heater/Ventilation 35 101057 MCH REMOVE/REPLACE A/C Condenser/Trans Cooler \*\* QUAL REPL PART 236.00 1.3 # Evacuate & Recharge A/C 36 MCH REMOVE/REPLACE -M 1.4 Front Fender 100379 REF L Fender Outside 37 **BLEND** C 0.8 38 101042 BDY REPAIR R Fender Panel Existing 0.0\*# R Fender Outside C 3.0\* 39 BDY REPAIR 102438 BDY REMOVE/INSTALL R Fender Splash Shield 40 Existing INC r 102439 BDY REMOVE/INSTALL 41 L Fender Splash Shield Existing INC r Air Cleaner 42 103315 BDY REMOVE/REPLACE Air Cleaner Assembly 4861843AC 238.00 0.5 Additional Operations 43 931127 MCH REMOVE/REPLACE Pre Repair Scan Sublet 85.00 \* 0.0\* 931128 MCH REMOVE/REPLACE Post Repair Scan 85.00 \* 0.0\* Sublet Air Cleaner 45 100432 BDY REMOVE/REPLACE Air Cleaner Intake Duct 4861940AC 176.00 0.2 Rocker/Pillars/Floor R Rocker Moulding 46 102049 BDY REMOVE/INSTALL 0.4 102050 BDY REMOVE/INSTALL L Rocker Moulding 47 0.4 **Additional Costs & Materials** 936001 ADD'L COST 48 Towing 175.00 \* Special/Manual Entry 49 900500 BDY\* REPAIR Remove Decals Existing 1.0\* 50 900500 BDY\* REMOVE/REPLACE 0.00 \* 0.0\* Whelen Horn SA315P SUBJECTED TO INVOICE 51 Additional Costs & Materials ADD'L COST 52 936014 Flex Additive 5.00 \* Additional Operations 53 REF ADD'L OPR Clear Coat 2.6

933005 BDY

933018 REF

Software Version:

54

55

ADD'L OPR

ADD'L OPR

Restore Corrosion Protection

Mask For Overspray

ESTIMATE RECALL NUMBER: 10/20/2021 09:28:59 7761100048

Mitchell Data Version: OEM: OCT\_21\_V1019 Alternate Parts: 10/20/2021 09:14:41

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6.00 \* 0.3\*

5.00 \* 0.2\*

Date: 10/20/2021 09:29 AM

<sup>\* -</sup> Judgment Item

<sup># -</sup> Labor Note Applies

<sup>\*\*</sup> QRP Certified - Quality Replacement Parts - Certified

<sup>\*\*</sup> QUAL REPL PART - Quality Replacement Parts

C - Included in Clear Coat Calc

r - CEG R&R Time Used For This Labor Operation

Date: 10/20/2021 09:29 AM

Estimate ID: 7761100048

Estimate Version: (

Committed

Profile ID: \* Mitchell

\*\* CH1006222C

\*\* CND3948

UCC/NEW WORLD-DFW 1720 E. HWY 356 (214)352-1191 EXT. 232 IRVING TX 75060 (214) 352-1191 24 \*\* CH1237114 KEYSTONE KEYSIQ 2400 KERPER BLVD. STE. E100A DUBUQUE IA 52004 (319) 566-5030 (800)

17.00

KEYSTONE KEYSIQ 100 E. 5TH ST. WATERLOO IA 50703 (319) 234-3414 (800) 258-8885

(319) 566-5030 (800) 747-2500 5 \*\* CH1000A24C

608.00 10

35

254.00 236.00

KEYSTONE KEYSIQ 810 SE CORP WOODS DR. STE. 120 ANKENY IA 50021 (800) 845-1515 (515) 727-7857

(800) 845-1515 (515) 727-7857
7 \*\* CH1043111 26.00
8 \*\* CH1068145 43.00
9 \*\* CH1070836C 79.00
11 \*\* CH1200388C 299.00
29 \*\* CH1218120 60.00

### **Estimate Totals**

I.	Labor Subtotals Body Refinish Mechanical	Units 19.1 11.5 2.7	Rate 62.00 62.00 72.00	Add'l Labor Amount 6.00 5.00 0.00	Sublet Amount 0.00 0.00 0.00	1,190.20 T 718.00 T 194.40 T	II.	Part Replacement Summary Taxable Parts Total Replacement Parts Amount	Amount 6,680.00
		Taxable	Labor			2,102.60			
	Labor Summary	33.3				2,102.60			
III.	Additional Costs Taxable Costs Total Addition					Amount 180.00 180.00	IV.	Adjustments Insurance Deductible Customer Responsibility	Amount 0.00
							I. II. III.	Total Labor: Total Replacement Parts: Total Additional Costs: Gross Total:	2,102.60 6,680.00 180.00 8,962.60
							IV.	Total Adjustments: Net Total:	0.00 8,962.60

# Point(s) of Impact 12 Front Center (P)

Insurance Co: DAS FLEET SERVICES
DES MOINES, IA 50139
Work Phone: (877) 544-7843

Inspection Site: ADAMS AUTO BODY

Address: 1823 HIGHWAY 137 ALBIA, IA 52531 Inspection Date: 10/20/2021

ESTIMATE RECALL NUMBER: 10/20/2021 09:28:59 7761100048

Mitchell Data Version: OEM: OCT\_21\_V1019 Alternate Parts: 10/20/2021 09:14:41

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Software Version: 7.1.241

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Due upon receipt

INVOICE

INVOICE NUMBER	INVOICE DATE
776-0280592	10/20/2021

BILL TO	CLIENT CODE
Attn: JESSICA HACKBARTH	DAS105001
Attn: JESSICA HACKBARTH DAS FLEET SERVICES 109 SE 13TH ST	BUSINESS LINE / LOSS TYPE
DES MOINESIA 50139	A - Commercial Auto

FOR INQUIRIES:
PDA Des Moines, IA #776

pdadesmoines@pdaorg.net (515) 222-1906

SUBMIT PAYMENT TO:

Property Damage Appraisers, Inc. 75-1160563 Dept #161, P.O. Box 1000

Memphis, TN 38148-0161

Please reference the invoice number and enclose a copy of the invoice on all payments.

INSURED	CLAIMANT	ASSIGNMENT DATE	PDA ASSIGNMENT#
STATE OF IOWA		10/18/2021	776-110-0048
CLAIM#	POLICY#	LOSS DATE	REFERENCE #
APDSOI0227714-001			

SERVICE FEE: ( 1 Unit(s) @ \$179.00 )

\$ 179.00

Mileage: (129.00 miles) @ \$1.25

\$ 161.25

Long Distance Drive Time/Mile: 129.00 miles @\$.74/mile

\$ 95.46

ACH Payment Info: Bank: First Horizon Bank ABA (US): 084000026 Bank Account: 220002525824 Email Remit Information to: achbackup@pdaorg.net

Click here to pay your invoice at PDAClientPortal.com

Same-Day Service. Guaranteed. PDA now offers expedited service for standard auto claims in select	markets.	
**WE HAVE CHANGED OUR BANK REMITTANCE INFORMATION AS NOTED ABOVE PLEASE UTILIZE OUR PORTAL FOR ALL OTHER ELECTRONIC PAYMENTS.**	TOTAL CHARGES:	435.71
Terms: Professional fees due upon receipt. Interest accrues at 1% per month.	:	
Please include the invoice number on all payments.	INVOICE TOTAL:	\$ 435.71