



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	#236/Deer
Event Date	November 3, 2021
Summary	Vehicle #236 struck a deer. (228731)
Amount Requested	\$2,728.82 - Estimate \$ 186.50 - Review Invoice \$2,915.32 - 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: ISP 236 (Michelle Beck) 10-50 car/deer

1 message

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

Wed, Nov 3, 2021 at 11:01 AM

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

All

SS8131 Please except this as a 24 hour notification for Trooper Beck #236 - She was involved in a deer hi today. I will send more information as I receive it.

Thank you

Jeannie Adams

ISP Fleet & Supply, Fleet Asset Manager

Department of Public Safety

30 N.E. 48th 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: Skaar John <skaar@dps.state.ia.us> Sent: Wednesday, November 3, 2021 10:38 AM

To: Guill Bryan <guill@dps.state.ia.us>; Current Michael <current@dps.state.ia.us>; Adams Jeannie <jadams@dps.state.ia.us>

Cc: Beenen Brian <beenen@dps.state.ia.us>; Sigwarth Mark <sigwarth@dps.state.ia.us>; Schaffer Jeremy <jschaffe@dps.state.ia.us>

Subject: ISP 236 (Michelle Beck) 10-50 car/deer

Lt.,

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 #: 2021026791

	/:	Mark II Act of	Valured / CASE #.	2021020131
Date:	11/3/2021		Time:	7:07 a.m.
(Month/Day/Year)			(Time plus a.m./p.m.)	
Vehicle Plate #:	EY	1120	Vehicle Mileage:	66300
Vehicle	004	0.0		
Description: (Yr/Make/Model/ & Vin#)	201	9 Dodge Char	ger	
Assigned To:	Trp.	Michelle	Badge #	236
	Bec	k		
Driven By:	Same		Badge #	236
Driver's Lic #:	809AK5835		Damage:	\$3530.07
Vehicle Towed: (Yes / No)	No		Towed By:	
Towed To:	16	20 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Towing Cost:	\$
Seat Belt: (Yes / No)	Yes		Type of Vehicle: (Marked/Semi /Unmarked)	Unmarked
Injured/Injuries:		None	(marked)	
Occupants: (Other than driver)		None		

### **VEHICLE #2:**

DL #:	State:	
Vehicle Lic. #	State:	
Driver's Name:		_
Driver's Address:		
Owner's Name:		
Owner's Address:		

0 1 01	1					
Owner's Phone:						
Insurance Info:						
(Carrier/Policy #/Phone)						
Veh Description: (Yr/Make/Model & Vin#)						
(11/Make/Model & VIII#)						
Damage:	\$		S	eat Belt	<del>'</del> :	No
				'es / No)		
Injured/Injuries:						
Occupants: (Other than driver)						
Occupant(s) Weari	ing Seat E	Belt: (Ye	es/No)	Ye	s	
	g ooat z	7010. (10	53/140)	110		
OTHER INFORMA	TION:					
Witnesses:						
Accident Location:		Coun	itv Roa	ad T55 1	/2 mile so	outh of Highway
(Street/Hwy)		1990 1990 1990	orhtbo		72 11110 00	Jan or riightvay
County:		Grun	Heady Comments of the Comments			
Weather/Road Conditions:			and d	rv		
Narrative: On 11-3					und on co	ounty road T55 in
Grundy county whe						
was drivable and w					and sile	Struck it. Verlicle
was arreadic and w	as mopeo	icu ai	lile i o	St.		
Property Damage of	ther than	Non	10			
Vehicles:	Milei Mari	INOII	ie.			
Cost:		\$			100 100 100	
Citations Issued To	. 1	Ψ	-			
(List Charge(s) and Statute	·					
(List Straigo(s) and Statuto	0000(0))					
Investigating Office	r:		Sat	. Skaar	#323	
mi congaming cinico	•			Ollaai	11020	
VEHICLE #3: (If ne	eded) (F	or moi	re veh	iclas n	lassa ma	ko ovtra
copies of this port		01 11101	IC VCII	icies, p	icase illa	ine extra
DL #:	1011)			State:		
Vehicle Lic. #				State:		
Driver's Name:				State.		
Driver's Address:					* * *	
Dilver 5 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) Wearir	ng Seat Belt: (Yes	/No) Yes	

Date: 11/ 9/2021 10:46 AM Estimate ID: 8431110008

Estimate Version:

Committed

Profile ID: \* Mitchell

# Property Damage Appraisers (PDA Waterloo)

P.O. Box 144, Collins, IA 50055 (641) 385-2277 Fax: (641) 385-2567 Email: pdawaterloo@pdaorg.net

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

Damage Assessed By: LAYNE MOSHER

Classification: Field

Appraised For: JESSICA HACKBARTH

Condition Code: Good

Date of Loss: 11/9/2021 Deductible: 0.00 File Number: 8431110008

Claim Number: APDSOI0228731-001

Insured: STATE OF IOWA Owner: STATE OF IOWA

Telephone:

Cell Phone: (319) 266-2677

Mitchell Service: 911667

Description: 2019 Dodge Charger Police

Body Style: 4D Sed

VIN: 2C3CDXKT6KH577281

Mileage: 66,715

OEM/ALT: Parts Profile: Waterloo

Color: Blue

Options: POWER BRAKE

Vehicle Production Date: 12/18

Drive Train: 5.7L Inj 8 Cyl 5A AWD License: EYJ120 IA

Type of Loss: Comprehensive

Parts Profile Version: 2

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	101927	BDY	REMOVE/INSTALL	Frt Bumper License Plate Bracket	Existing	Amount	INC r
2	100387	BDY	OVERHAUL	Frt Bumper Cover Assy	Existing		4.0 #
3	102899	BDY	REMOVE/REPLACE	Frt Bumper Cover	** QRP Certified	608.00	INC #
4	AUTO	REF	REFINISH	Frt Bumper Cover	Qiti Garanea		C 2.7 #
5	103553	BDY	REMOVE/REPLACE	R Frt Combination Lamp Assembly	68410312AD	981.00	0.4 #
6	AUTO	BDY	CHECK/ADJUST	Headlamps		301100	0.4
7				OEM Due To DODGE Embedded In Lens			0.1
8	100718	BDY	REMOVE/REPLACE	R Front Side Marker Lamp Assembly	** QUAL REPL PART	33.00	INC #
9	103247	BDY	REMOVE/REPLACE	R Fender Pin 6@1.30	** QUAL REPL PART	7.80	2.1.0 #
10	931127	MCH	ACCESS/INSPECT	Pre Repair Scan	Existing		1.0*
11	931128	MCH	ACCESS/INSPECT	Post Repair Scan	Existing		1.0*
12	100447	BDY	REMOVE/REPLACE	Frt Body Closing Panel	** QUAL REPL PART	150.00	INC #
13	936012		ADD'L COST	Hazardous Waste Disposal		5.00	
14	936014		ADD'L COST	Flex Additive		8.00	*
15	933000	REF	ADD'L OPR	Two Tone			1.0*
16	AUTO	REF	ADD'L OPR	Clear Coat			1.1

\* - Judgment Item

# - Labor Note Applies

\*\* QRP Certified - Quality Replacement Parts - Certified

\*\* QUAL REPL PART - Quality Replacement Parts

C - Included in Clear Coat Calc

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

ESTIMATE RECALL NUMBER: 11/09/2021 10:46:38 8431110008

Mitchell Data Version: OEM: OCT\_21\_V Alternate Parts: 11/09/2021 10:36:55 Copyright (C) 1994 - 2021 Mitchell International

Software Version: 7.1.241 All Rights Reserved Page 1 of 3

Date: 11/ 9/2021 10:46 AM Estimate ID: 8431110008

Estimate Version: 0

Committed

Profile ID: \* Mitchell

KEYSTONE-INS QUALITY PRT 2400 KERPER BLVD.

STE. E100A DUBUQUE IA 52004

WURTH USA 93 GRANT ST. RAMSEY NJ 07446

(319) 566-5030 (800) 747-2500

\*\* CH1000A24C \*\* CH2551133C \*\* CH1224101C

(201) 825-2710 (800) 864-6561 608.00 33.00

150.00

\*\* 150120458

7.80

#### Remarks

3

8

12

The vehicle has right front damage.

### **Estimate Totals**

I.	Labor Subtotals Body Refinish Mechanical	Units Rate 4.8 60.00 4.8 120.00 2.0 125.00  Taxable Labor 11.6	Add'I Labor Amount 0.00 0.00 0.00	Sublet Amount 0.00 0.00 0.00	Totals  288.00 T 576.00 T 250.00 T  1,114.00  1,114.00	II.	Part Replacement Summary Taxable Parts Parts Adjustments Total Replacement Parts Amount	Amount 1,779.80 177.98- 1,601.82
III.	Additional Costs Taxable Costs				Amount 13.00	IV.	Adjustments Insurance Deductible	Amount 0.00
	Total Addition	al Costs			13.00	I. II. III.	Customer Responsibility  Total Labor: Total Replacement Parts: Total Additional Costs: Gross Total:	0.00 1,114.00 1,601.82 13.00 2,728.82
						IV.	Total Adjustments: Net Total:	0.00 2,728.82

#### Point(s) of Impact

1 Right Front Corner (P)

Insurance Co: DAS FLEET SERVICES DES MOINES, IA 50139

Work Phone: (877) 544-7843

Inspection Site: K&S Tire

Address:

500 Ansborough Ave

Waterloo, IA 50701

Inspection Date: 11/9/2021

Address:

Body Shop: Witham Collision Center 2033 La Porte Rd

Waterloo, IA 50702 Telephone: (319) 236-7217

State Lic. No: 42-1060951

Email: juliejames@withamauto.com

ESTIMATE RECALL NUMBER: 11/09/2021 10:46:38 8431110008

Mitchell Data Version: OEM: OCT\_21\_V

Alternate Parts: 11/09/2021 10:36:55 All Rights Reserved

Software Version:

7.1.241

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Due upon receipt

INVOICE

INVOICE NUMBER	INVOICE DATE
843-0122470	11/09/2021

Attn: JESSICA HACKBARTH DAS FLEET SERVICES 109 SE 13TH ST

DES MOINESIA 50139

CLIENT CODE

DAS105001

BUSINESS LINE / LOSS TYPE

A - Commercial Auto

FOR INQUIRIES:

PDA Waterloo, IA #843

pdawaterloo@pdaorg.net (641) 385-2277

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		11/08/2021	843-111-0008
CLAIM#	POLICY#	LOSS DATE	REFERENCE #
APDSOI0228731-001			

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

\$ 179.00

Mileage: (6.00 miles) @ \$1.25

\$ 7.50

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.\*\*

Terms: Professional fees due upon receipt. Interest accrues at 1% per month.

Please include the invoice number on all payments.

INVOICE TOTAL:	186.50
0.00:	0.00
TOTAL CHARGES:	186.50