



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

Date: October 4, 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	# 2005 / Derecho
Event Date	August 10, 2020
Summary	Vehicle 2005 sustained damage from the Derecho storm.
Amount Requested	\$5,409.31 - Estimate <u>\$ 414.85 - Review invoice</u> \$5,824.16 - T
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

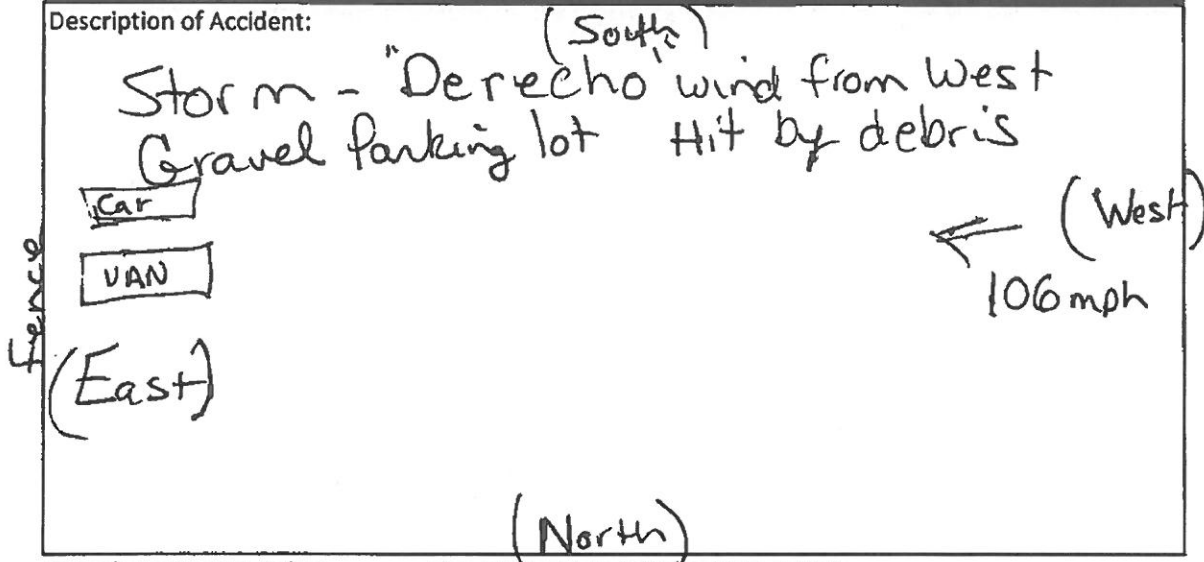
2160914

State of Iowa - Department of Administrative Services, DAS Fleet - Risk Management

VEHICLE ACCIDENT REPORT				
TIME AND LOCATION OF ACCIDENT				
Accident Date (Mo/Day/Year)		Day of Week:	Time:	No. of Vehicles
Aug. 10 th / 2020		Monday	12:30 PM	1
County: Marshall		State: Iowa		
NO. 1 (STATE VEHICLE)				
Driver's Name		Work Street Address		
NA / parked in lot		206 W State St		
Driver's License No. / State		City, State, Zip		
		Marshalltown IA 50158		
Date of Birth	Department	Work Phone	Home Phone	
	Marshall County Dept. Human Services	641 752-6741		
License Plate No.	VIN	Year, Make, Model		
2005	1FAHP2AD80K6108497	2019 Taurus		
Description of Damage: Large Dent in Rt Back door + many other dents and scratches on CAR from storm driven debris				
No. 2 (OTHER VEHICLE) If more than two vehicles - use additional forms				
Driver's Name		Street Address		
NA				
Driver's License No. / State		City, State, Zip		
Date of Birth	Work Phone	Home Phone	License Plate No.	
VIN		Year, Make, Model		
Owner's Name, Address (if Different)		Insurance Company Name / Agent's Name / Address and Phone		
Description of Damage:				
PROPERTY DAMAGE OTHER THAN VEHICLE (Fence, Utility Pole, ect)				
Owner's Name, Address and Phone		Property Damaged		
None				
INJURED PERSONS (Attach additional sheets if necessary)				
Vehicle no. 1 / Name and Address		Describe Injuries		
Vehicle no. 2 / Name and Address		Describe Injuries		
WITNESS				
Name		Address and Phone		
Name		Address and Phone		

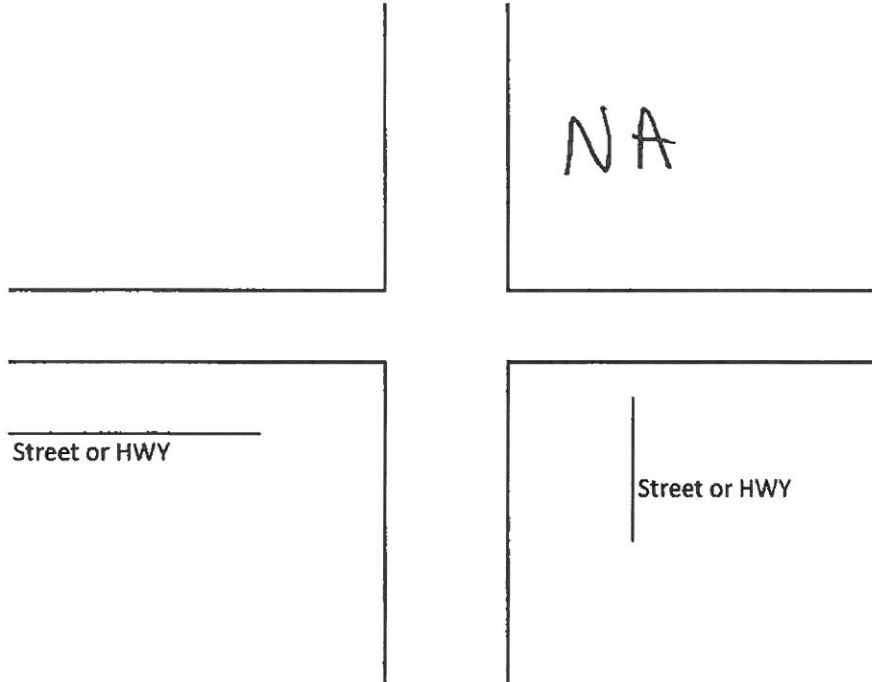
ACCIDENT DIAGRAM

Description of Accident:



Complete Diagram Below.

Use number 1 to indicate State vehicle.



**State of Iowa - Department of Administrative Services
ACCIDENT INFORMATION EXCHANGE SHEET**

State employee: Please complete the bottom half of this form and give to the other party.
Have the other party complete the top half of this form and give it to you.

Other Vehicle Information:

Driver's Name	NA		
Street Address		City, State, Zip	
Driver License No./State		Date of Birth	
Work Phone No.		Home Phone No.	
Owner's name			
Street Address		City, State, Zip	
Name of Insurance Company		Policy No.	
Address of Insurance Company		City, State, Zip	
Type of Vehicle		Mileage	
Make	Year	License Plate No.	
Number of Occupants			
Names and Addresses of Passengers			

Cut along line - Give to other driver

State Employee:

Name			
Driver License No./State			
Type of Vehicle		Mileage	
Make	Year	License Plate No.	
Owner's Name	State of Iowa		
Street Address	301 E. 7th St	City, State, Zip	Des Moines, IA 50319

This is to advise, the State of Iowa is Self-Insured.

If you have any questions, please contact:
Department of Administrative Services
DAS Fleet Services - Risk Management
515-725-2243

Due upon receipt

INVOICE

INVOICE NUMBER	INVOICE DATE
843-0120602	02/17/2021

BILL TO
Attn: DEB ANDERSON 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 <i>Please reference the invoice number and enclose a copy of the invoice on all payments.</i>

INSURED	CLAIMANT	ASSIGNMENT DATE	PDA ASSIGNMENT #
STATE OF IOWA		02/16/2021	843-102-0020
CLAIM #	POLICY #	LOSS DATE	REFERENCE #
216094		08/10/2020	

SERVICE FEE: (1 Unit(s) @ \$186.00) \$ 186.00

Mileage: (115.00 miles) @ \$1.25 \$ 143.75

Long Distance Drive Time/Mile: 115.00 miles @\$.74/mile \$ 85.10

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

Click [here](https://pdaclientportal.com) 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. <i>Terms: Professional fees due upon receipt. Interest accrues at 1% per month. Please include the invoice number on all payments.</i>	TOTAL CHARGES:	414.85
	:	
	INVOICE TOTAL:	\$ 414.85

CUSTOMER #: 2813162

289292

CLEMONS, INC.**CHEVROLET**

ACCOUNTING

P.O. Box 1533 • 2909 S. Center St.
Marshalltown, IA 50158
(641) 752-5456
(800) 542-7971
www.clemonsinc.com
email: office@clemonsinc.com

IOWA DEPARTMENT OF ADMINISTRATIVE SE
301 E 7TH ST

DES MOINES, IA 50319

PAGE 1

HOME: 515-281-3162 CONT: 515-281-3162 ** PRE-INVOICE **

BUS: 515-281-3162 CELL:

SERVICE ADVISOR: 676 MIKE HAMMER

COLOR			YEAR		MAKE/MODEL		VIN		LICENSE		MILEAGE IN/ OUT		TAG		
			19		FORD TAURUS		1FAHP2D80KG108497				21595/21595				
DEL DATE		PROD. DATE		WARR. EXP.		PROMISED		PO NO.		RATE		PAYMENT		INV DATE	
01JUL21 DD						17:00 01JUL21				112.00		CASH		30JUL21	
R.O. OPENED				READY		OPTIONS:		ENG:3.5_Liter_TivCT							
								6700							

08:39 01JUL21 15:28 30JUL21

LINE OPCODE TECH TYPE A/HRS S/HRS

A REPAIR AS ESTIMATE

LIST

NET

TOTAL

REP REPAIR AS ESTIMATE

9704	CBT	33.80	33.80	84500	209668		2096.68	2096.68
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1 CG1Z-176707-BA GLASS

ASSEMBLY

6516	8145	0	81.45	81.45	81.45
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1 AG1Z-5424701-A PANEL

ASSEMBLY

42825	53532	0	535.32	535.32	535.32
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1 BG1Z-54255A35-AA

MOLDING

4205	5257	0	52.57	52.57	52.57
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1 AG1Z-5420879-AA MOLDING

5413	7217	0	72.17	72.17	72.17
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1 02101703 TAILLIGHT

14500	18125	0	181.25	181.25	181.25
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1 AG1Z-5421453-A FRONT

BELT MOLDING

13078	17437	0	174.37	174.37	174.37
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1 AG1Z-5425597-A REAR

BELT MOLDING

12817	17090	0	170.90	170.90	170.90
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B REFINISH PER ESTIMATE

REP REFINISH PER ESTIMATE

9704	CBC	19.50	19.50	48750	121400		1214.00	1214.00
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MISC PAINT

CBM

84076	81060		810.60	810.60
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SUBL HAZ WASTE

CBSL

000	500		5.00	5.00
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SUBL FLEX ADDITIVE

CBSL

000	400		4.00	4.00
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SUBL COVER CAR

CBSL

000	500		5.00	5.00
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SUBL CORROSION PROTECTION

CBSL

000	600		6.00	6.00
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ACCOUNT	SALE	COST	CONTROL	ACCOUNT	SALE	COST	CONTROL
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47100	209668	84500		47700	126803	99354	
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47200	121400	48750		47900	81060	84076	
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47600	2000	0		22500	540931	*****	
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COST, SALE, & COMP TOTALS 216680 540931 0

We care about your business.
If you are not completely satisfied
with services performed, please
call Service Manager - Jason Colby
at 641-752-5456 or Collision
Center Manager - Mike Hammer at
641-752-8958

DISCLAIMER OF WARRANTIES: Any warranties on the
products sold hereby are those made by the
manufacturer. The Seller, CLEMONS INC, hereby
expressly disclaims all warranties, either express or
implied, INCLUDING ANY IMPLIED WARRANTY OF
MERCHANTABILITY OR FITNESS FOR A PARTICULAR
PURPOSE, and CLEMONS INC, neither assumes nor
warrants any other person is assured for it any
use for in connection with the sale of said products.

DESCRIPTION	TOTALS
LABOR AMOUNT	3310.68
PARTS AMOUNT	1268.03
GAS OIL LUBE	0.00
SUBLET AMOUNT	20.00
MISC CHARGES	810.60
TOTAL CHARGES	5409.31
LESS ADJUSTMENT	0.00
SALES TAX	0.00
PLEASE PAY THIS AMOUNT	5409.31

ACCOUNTING COPY