

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



## Executive Council of Iowa

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

July 15, 2024

Accounting Department  
Office of the Treasurer  
Lucas Building  
321 E 12<sup>th</sup> 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 \$6,934.20, subject to an audit of actual invoices. On March 14, 2024, Vehicle #63 was damaged by a deer. Request was to cover repair costs.

EXECUTIVE COUNCIL OF IOWA

*Kristi 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

AOS Claim # 3714  
TOS Job # \_\_\_\_\_



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 Facsimile (515) 281-6518

April 12, 2024

Victoria Newton  
Executive Council  
L O C A L

Subject: Deer Damage to Vehicle #63 on March 14, 2024  
Department of Administrative Services  
Claim dated March 15, 2024  
AOS Claim ID: 3714

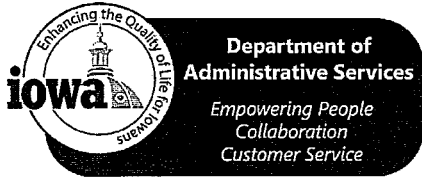
In accordance with Executive Council policy, we have examined the claim for 29C.20 funds for the above-mentioned damage. It is our conclusion that the above damage incurred by the Department of Administrative Services is covered by Chapter 29C.20 of the Code of Iowa. Therefore, we recommend an Executive Council allocation in the amount of \$6,934.20, subject to an audit of actual invoices.

Sincerely,

A handwritten signature in black ink, appearing to read "Brian R. Brustkern".

Brian R. Brustkern, CPA  
Deputy Auditor of State

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



Governor Kim Reynolds  
Lt. Governor Adam Gregg

Adam Steen, Director

Date: March 15, 2024

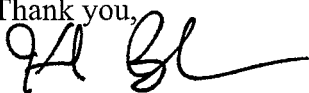
To: Tammy Hollingsworth, Auditor of State  
Victoria Newton, Treasurer of State  
Executive Council

From: Karl Bubser, Fleet Administrator  
DAS Fleet Services  
Department of Administrative Services

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

Vehicle / Event	#63/Animal
Event Date	March 14, 2024
Summary	Vehicle 63 stuck a deer. (276927)
Amount Requested	\$6,934.20 - 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,  


Karl Bubser, Fleet Administrator  
DAS Fleet Services  
Karl.Bubser@iowa.gov  
515-281-3162



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

29C20

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

Thu, Mar 14, 2024 at 8:05 AM

Draft To: TOS Executive Council <executivecouncil@tos.iowa.gov>, Tammy Hollingsworth <Tammy.Hollingsworth@aos.iowa.gov>, Jeannie R Adams <jadams@ddps.state.ia.us>

Please accept this email as initial 24 hr notification for AON, vehicle 63 struck a deer on 3/14/24. I will forward all information as soon as it is received.

**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](mailto:das.risk@iowa.gov)

<https://das.iowa.gov>



Department of  
Administrative Services

## 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 #: 2024006524**

Date: <small>(Month/Day/Year)</small>	3/14/2024	Time: <small>(Time plus a.m./p.m.)</small>	6:33 am
Vehicle Plate #:	HTF372	Vehicle Mileage:	29646
Vehicle Description: <small>(Yr/Make/Model/ &amp; Vin#)</small>	2022/Dodge/Charger/2C3CDXKG6NH236227		
Assigned To:	Davenport	Badge #	63
Driven By:	Davenport	Badge #	63
Driver's Lic #:	265DD5359	Damage:	\$6,934.20
Vehicle Towed: <small>(Yes / No)</small>	No	Towed By:	
Towed To:		Towing Cost:	\$
Seat Belt: <small>(Yes / No)</small>	Yes	Type of Vehicle: <small>(Marked/Semi /Unmarked)</small>	Unmarked
Injured/Injuries:	N/A		
Occupants: <small>(Other than driver)</small>	N/A		

### VEHICLE #2:

DL #:		State:	
Vehicle Lic. #		State:	
Driver's Name:			
Driver's 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)	
Injured/Injuries:			
Occupants: (Other than driver)			
Occupant(s) Wearing Seat Belt: (Yes/No)			

**OTHER INFORMATION:**

Witnesses:	N/A
Accident Location: (Street/Hwy)	P13 just north of D46
County:	Calhoun County
Weather/Road Conditions:	Cloudy, Raining/Wet
<b>** Please Include narrative of events here**</b>	
On 03/14/2024, at approximately 06:33, a deer entered the roadway from the west ditch and struck Trooper Davenport's patrol vehicle on the front passenger side, then flipped and hit both of his passenger doors. He was travelling south bound on P13 just north of D46 in Calhoun County.	
Property Damage other than Vehicles:	None
Cost:	\$ N/A
Citations Issued To: (List Charge(s) and Statute Code(s))	N/A

Investigating Officer:	Sgt. Hobart
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**VEHICLE #3: (If needed) (For more vehicles, please make extra copies of this portion)**

DL #:		State:	
Vehicle Lic. #		State:	
Driver's Name:			
Driver's 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)	
Injured/Injuries:			
Occupants: (Other than driver)			
Occupant(s) Wearing Seat Belt: (Yes/No)			

### INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Law Enforcement Case Number:  
**2024006524**

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

Date of Accident <b>03/14/2024</b>	Time of Accident <b>06:33</b> Hrs.	County <b>CALHOUN - 13</b>	Accident occurred within corporate limits of (city)																						
UNIT 1	Driver's Name - Last <b>DAVENPORT</b>		First <b>JESSE</b>		Middle <b>MILES</b>																				
	Address <b>1961 LOUISE RIDGE RD</b>		City <b>FORT DODGE</b>		State   Zip <b>IA   50501</b>																				
	Date of Birth <b>03/20/1993</b>	Driver's License Number <b>265DD5359</b>	CDL Yes <input type="radio"/> No <input checked="" type="radio"/>	Citation Charge 1																					
	Male <input checked="" type="radio"/> Female <input type="radio"/>	State <b>IA</b>	Class <b>C</b>	Citation Charge 2																					
	Endorsements		Restrictions	Citation Charge 3																					
	Alcohol Test Given: <b>1</b>		Test Results: <b>1</b>	Drug Test Given: <b>1</b>	Test Result: <b>1</b>	Re-exam: Yes <input type="radio"/> No <input checked="" type="radio"/>																			
	Reason for Re-Exam Request:			Citation Charge 4																					
	Owner's Name - Last <b>STATE OF IOWA</b>		First		Middle																				
	Address <b>109 SE 13TH ST</b>		City <b>DES MOINES</b>		State   Zip <b>IA   50319</b>																				
	License Plate No. <b>HTF372</b>	State <b>IA</b>	Year <b>2024</b>	VIN: <b>2C3CDXKG6NH236227</b>	Color <b>MAR</b>	Year <b>2022</b>																			
Trailer Plate No.	State	Year	VIN:	Tow <b>1</b>	Tow #																				
Insurance Company Name <b>STATE OF IOWA</b>			Insurance Co. Phone Number		Insurance Policy Number																				
Initial Travel Direction <b>03</b>	Veh. Act. <b>01</b>	Veh. Config. <b>01</b>	Cargo Body Type <b>01</b>	Veh. Defect <b>01</b>	Point of Initial Impact <b>02</b>																				
Special Veh. Func <b>02</b>	Emergency Status <b>04</b>	Bus Use	Driver Condition <b>01</b>	Vision Obscured <b>01</b>	Contributing Circumstances Driver (up to two) <b>88</b>																				
Extent of Damage <b>2</b>	Total Occ. in Veh. <b>1</b>	Towed To																							
Approx. Cost to Repair or Replace <b>\$4,000.00</b>			Most Damaged Area <b>02</b>																						
SEQUENCE OF EVENTS <b>31</b>			First Event <b>31</b>																						
Second Event			Third Event																						
Fourth Event			Most Harmful Event <b>31</b>																						
Carrier Name/Lessee																									
Street Address			City		State   Zip Code																				
Number of Axles		Gross Vehicle Weight Rating		US DOT Number	MC Number																				
Underride/Override <b>1 - NONE</b>																									
Haz Mat Involvement		Haz Mat Placard		Haz Mat Name																					
Placard Number		Haz. Mat Released		Haz Mat Class																					
Trailer Plate:		State	Year	VIN																					
Trailer Plate:		State	Year	VIN																					
Converter Dolly		Dolly Plate:		State	Plate Year   VIN																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">Sex</td> <td style="width: 5%;">Seating Position</td> <td style="width: 5%;">Injury Status</td> <td style="width: 5%;">Occupant Protection</td> <td style="width: 5%;">Airbag Deployment</td> <td style="width: 5%;">Ejection</td> <td style="width: 5%;">Ejection Path</td> <td style="width: 5%;">Trapped/extricated</td> <td style="width: 5%;">Source of Transport</td> <td style="width: 5%;">Disputed/enroute</td> </tr> <tr> <td style="text-align: center;">5</td> <td style="text-align: center;">03</td> <td style="text-align: center;">03</td> <td style="text-align: center;">2</td> <td style="text-align: center;">01</td> <td style="text-align: center;">1</td> <td style="text-align: center;">01</td> <td style="text-align: center;">01</td> <td style="text-align: center;">01</td> <td style="text-align: center;">01</td> </tr> </table>						Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Ejection Path	Trapped/extricated	Source of Transport	Disputed/enroute	5	03	03	2	01	1	01	01	01	01
Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Ejection Path	Trapped/extricated	Source of Transport	Disputed/enroute																
5	03	03	2	01	1	01	01	01	01																
DRIVER OF UNIT 1			Phone Number: <b>(515) 707-2093</b>			Transported to:																			
			Transported to:			Transported by:																			
Name			Phone Number		DOB:																				
Address			Transported to:		Transported by:																				
Name			Phone Number		DOB:																				
Address			Transported to:		Transported by:																				
Name			Phone Number		DOB:																				
Address			Transported to:		Transported by:																				
Name			Phone Number		DOB:																				
Address			Transported to:		Transported by:																				

COMMERCIAL

PERSONS INJURED



### 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 Number:

**2024006524**

L O C A T I O N	Date of Accident <b>03/14/2024</b>	Time of Accident <b>06:33</b> Hrs.	County <b>CALHOUN - 13</b>	Accident occurred within corporate limits of (city)	Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>
	Literal Description <b>VALLEY AVE &amp; 1/2 MILE NORTH OF 310TH ST</b>				County: <b>13</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>376881.531</b>	
	On Road, Street or Highway:			At Intersection with:	Y Coordinate: <b>4689379.5</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>		
Milepost Number		Definable intersection, Or bridge, or railroad crossing		<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>		

ACCIDENT ENVIRONMENT				ROADWAY CHARACTERISTICS			
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>		
FRA No.							

First Harmful Event (Crash)	<b>31</b>	WORKZONE RELATED?	Yes <input type="radio"/> No <input checked="" type="radio"/>	Activity	Location	Type	Workers Present	Sex	Struck by Unit No.	Injury Status	Non-Motorist Type	Location (for impact)	Action (prior to crash)	Condition	Safety Equipment	Contributing Circumstances	Source of Transport	Driver's License/Registration
-----------------------------	-----------	-------------------	---	----------	----------	------	-----------------	-----	--------------------	---------------	-------------------	-----------------------	-------------------------	-----------	------------------	----------------------------	---------------------	-------------------------------

N O N M O T O R I S T S	Name <b>001</b>	Phone Number	DOB:																
	Address:			Alcohol Test Given	Test Results:	Drug Test Given	Result	Charged	Yes	No									
	Transported to:			Transported by:															
	Name	Phone Number	DOB:																

N P R O P E R I T 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	Phone Number														
	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																	

W I T N E S S	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
	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>03/14/2024</b>	Incident Clearance Date <b>03/14/2024</b>
Signature of Officer <b>TROOPER J MISSMAN</b>	Badge Number <b>246</b>	Time Officer Notified of Accident <b>06:33</b> Hrs.	Roadway Clearance Time <b>06:34</b> Hrs.
Name of Agency <b>IOWA STATE PATROL - DIST 07</b>	Date of Report <b>03/14/2024</b>	Time Officer Arrived At Scene <b>06:33</b> Hrs.	Incident Clearance Time <b>06:35</b> Hrs.
Report Reviewed By <b>A HOBART</b>	Date of Review <b>03/14/2024</b>	Investigation made at scene? Y <input type="radio"/> N <input type="radio"/>	Total Roadway Clearance Time <b>000:01</b>
		T.I. No.	Total Incident Clearance Time <b>000:02</b>
		Other Technical Investigating Agency	

INVESTIGATING OFFICER'S REPORT  
OF MOTOR VEHICLE ACCIDENT

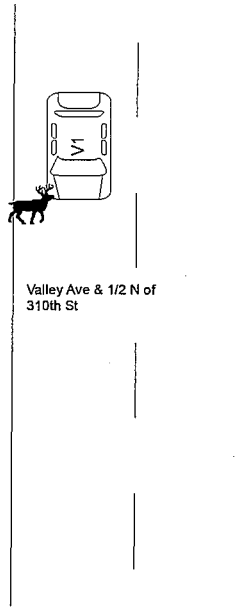
Form 4433003 (11-13)

Law Enforcement Case Number:

2024006524

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

D  
I  
A  
G  
R  
A  
M



Valley Ave & 1/2 N of  
310th St

N  
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R  
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V  
E

Unit 1 struck a deer



## MEMORANDUM

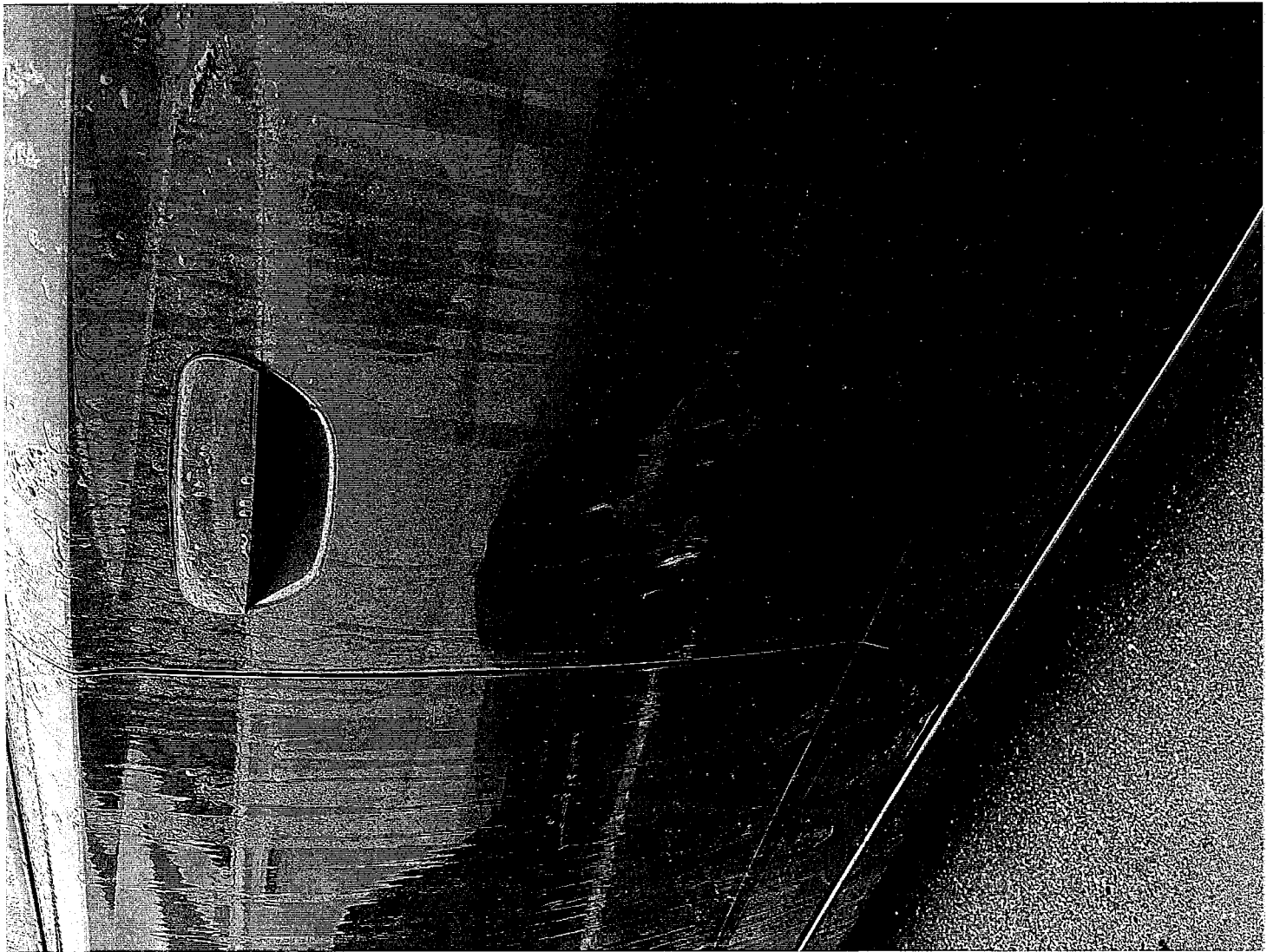
**TO:** Post 7 Supervision

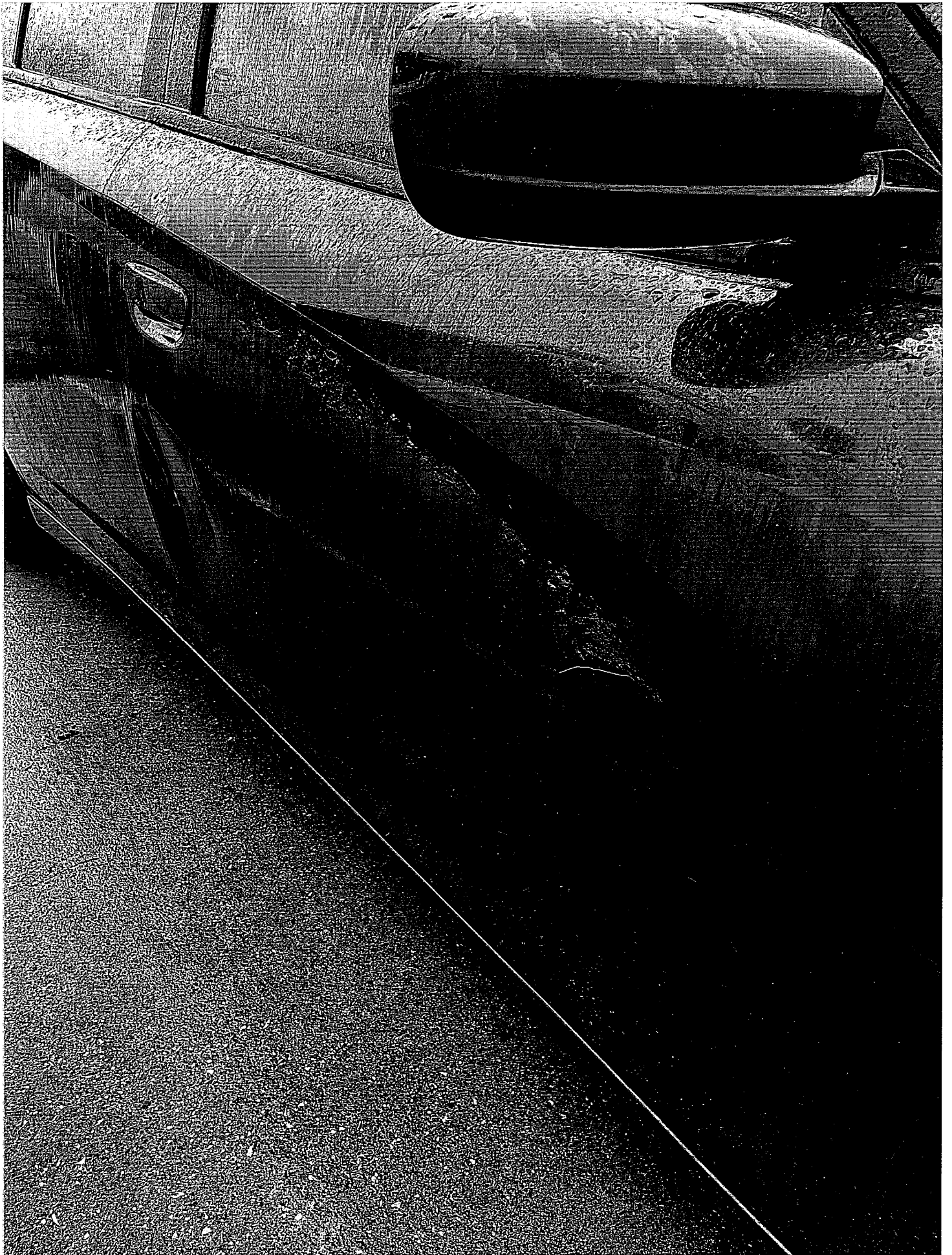
**FROM:** Trooper Jesse Davenport

**DATE:** 03/14/2024

**SUBJECT:** Car vs Deer

On 03/14/2024, at approximately 06:33, a deer entered the roadway from the west ditch and struck my vehicle on the front passenger side and then flipped and hit both of my passenger doors. I was travelling south bound on P13 just north of D46 in Calhoun County. The mileage of my patrol vehicle was 29646. Trooper Missman covered the 10-50 report and I attached pictures of the damage.





**CARLSON AUTO BODY & REPAIR, LLC**  
 540 HIGH ST, ROCKWELL CITY, IA 50579  
 Office: (712) 297-5517  
 Fax: (712) 297-8106  
 carlsonauto@hotmail.com  
 Tax ID: 270942183

Estimate ID  
 17629331  
 Original

Owner  
 IOWA STATE PATROL  
 davenpot@dps.state.ia.us

Appraiser  
 WESTON CARLSON  
 carlsonauto@hotmail.com

Classification  
 None

Loss Type                      Deductible  
 Unknown                      Unknown

**2022 Dodge Charger Police Fleet 4 Door Sedan 3.6L 6 Cyl Gas Injected 5 Speed Auto Trans AWD**

Exterior Color                      License                      VIN                      Drivable  
 PEC (Sinamon Stick Metallic)    HTF372                      2C3CDXKG6NH236227    Unknown

Odometer                      Mitchell Service Code  
 29763                      911667

Options

Air Conditioning	All Wheel Drive	AM-FM Stereo	Anti-Lock Brake Sys. (ABS)	Automatic Headlights
Auxiliary Input	Bluetooth Wireless Connectivity	Cloth Seat	Cruise Control	Daytime Running Lights
Driver-Front Air Bag	Dual A/C	Electric Defogger	Electronic Parking Aid	Electronic Stability Control
First Row Bucket Seat	Keyless Entry System	Leather Steering Wheel	Left-Curtain Air Bag	MP3 Player
Passenger-Front Air Bag	Power Door Locks	Power Driver Seat	Power Remote Mirror	Power Steering
Power Windows	Rear Bench Seat	Rearview Camera	Remote Decklid Or Tailgate Release	Second Row Side Airbag With Head Protection
Side Airbags	Smart Key System	Steering Wheel Mounted Audio Control	Tilt Steering Wheel	Tire Pressure Monitoring System
Traction Control/Electronic	Trip Computer			

**IOWA STATE PATROL | 2022 Dodge Charger Police Fleet**

Parts Profile                      Parts Profile Version  
 N/A                      N/A

Line #	Description	LABOR		PART					
		Operation	Type	Total Units	Type	Number	Qty	Total Price	Tax
<b>Front Bumper</b>									
1	AUTO Frt Bumper Cover Assy	Overhaul	Body	4.0#	Existing				
2	102899 Frt Bumper Cover	Remove / Replace	Body	INC#	New	68267765AC	1	\$963.00	Yes
3	AUTO Frt Bumper Cover	Refinish Only	Refinish	2.7# C					

**Grille**

Line #	Description	LABOR		PART					
		Operation	Type	Total Units	Type	Number	Qty	Total Price	Tax
4	101091 Grille	Remove / Replace	Body	INC#	New	5PP33DX8AB	1	\$479.00	Yes
5	AUTO Frt Bumper Cover	Remove / Install	Body	INC#					
<b>Front Lamps</b>									
6	104218 R Frt Combination Lamp Assembly	Remove / Replace	Body	0.4#	New	68546770AC	1	\$888.00	Yes
7	AUTO Headlamps	Check / Adjust	Body	0.4					
<b>Hood</b>									
8	100010 Add For Hood Underside	Refinish Only	Refinish	1.4 C	Existing				
9	100559 Hood Panel (Alum)	Repair	Body	3.0*	Existing				
10	AUTO Hood Outside	Refinish Only	Refinish	2.8 C	Existing				
11	102478 Hood Insulator	Remove / Install	Body	0.3r	Existing				
12	100569 Hood Weatherstrip	Remove / Install	Body	0.2r	Existing				
<b>Front Fender</b>									
13	101042 R Fender Panel	Repair	Body	3.0*#	Existing				
14	AUTO R Fender Outside	Refinish Only	Refinish	1.6 C	Existing				
15	103654 R Fender Splash Shield	Remove / Install	Body	INC#	Existing				
<b>Front Inner Structure</b>									
16	100447 Frt Body Closing Panel	Remove / Replace	Body	INC#	New	68226530AF	1	\$239.00	Yes
<b>Rocker / Pillars / Floor</b>									
17	102049 R Rocker Moulding	Remove / Install	Body	0.4	Existing				
<b>Front Door</b>									
18	101424 R Frt Door Shell (Steel/Hss)	Remove / Replace	Body	5.0#	Qual Recycled Part		1	\$800.00*	Yes
19	900510 Line Markup 25.0%							\$200.00	
20	AUTO R Frt Door Outside	Refinish Only	Refinish	1.9 C					
21	AUTO R Frt Add For Jambs & Interior	Refinish Only	Refinish	1.0 C					
<b>Rear Door</b>									
22	100004 R Rear Door Outside	Blend	Refinish	0.9 C	Existing				
23	100735 R Rear Otr Door Belt Moulding	Remove / Install	Body	INC	Existing				
24	100737 R Rear Door Rear Applique	Remove / Install	Body	0.4#	Existing				
25	100745 R Rear Door Trim Panel	Remove / Install	Body	INC	Existing				
26	100763 R Rear Otr Door Handle	Remove / Install	Body	INC#	Existing				
27	100765 R Rear Door Carrier	Remove / Install	Body	1.8#	Existing				
<b>Additional Costs &amp; Materials</b>									
28	936014 Flex Additive	Additional Cost						\$8.00*	Yes

Line #	Description	LABOR			PART				
		Operation	Type	Total Units	Type	Number	Qty	Total Price	Tax
29	936004 Shipping	Additional Operation						\$100.00*	Yes
<b>Additional Operations</b>									
30	AUTO Clear Coat	Additional Operation	Refinish	3.0				\$0.00	
31	931127 Pre Repair Scan	Additional Operation	Mechanical	0.5*				\$0.00	
32	931128 Post Repair Scan	Additional Operation	Mechanical	0.5*				\$0.00	
33	933018 Mask For Overspray	Additional Operation	Refinish	0.5*				\$15.00*	
34	933026 LKQ Part Cleanup	Additional Operation	Body	1.5*				\$0.00	
35	933025 Transfer LKQ Part Trim	Additional Operation	Body	2.0*				\$0.00	
36	933005 Restore Corrosion Protection	Additional Operation	Body	0.0				\$10.00*	
<b>Special / Manual Entry</b>									
37	900500 Mask For Primer	Remove / Replace	Body*	0.5*	New		1	\$15.00*	Yes

\* Judgment Item  
T Included in Two Tone Calculation  
# Labor Note Applies  
d Discontinued by Manufacturer

C Included in Clear Coat Calculation  
A Included in Clear Coat and Two Tone Calculation  
r CEG R&R Time Used for this Labor Operation  
[ ] Verify the part number and price before ordering

Disclaimer: Recycled part pricing may represent either actual pricing (the price at which the recycler is willing to sell the part for in its existing condition) or undamaged pricing (the price at which the recycler would sell the part if it was in undamaged condition). If you are unsure, please contact the automotive recycler.

### Estimate Totals

Labor	Units	Rate	Sublet Add'l Amount	Totals
Body Labor	22.9	\$68.00	\$10.00	\$1,567.20
Refinish Labor	15.8	\$100.00	\$15.00	\$1,595.00
Mechanical Labor	1.0	\$80.00		\$80.00
<b>Total Labor</b>	<b>39.7</b>			<b>\$3,242.20</b>
			Taxable	\$3,242.20
			Tax 0.0000%	\$0.00
			Non-Taxable	\$0.00
			Pre-Tax Discount	\$0.00
			0.00%	
			<b>Labor Total</b>	<b>\$3,242.20</b>
Parts	Amount			Totals
Taxable Parts	\$3,384.00			\$3,384.00
			Parts Adjustments	\$200.00
			Tax 0.0000%	\$0.00
			Non-Taxable	\$0.00
			Pre-Tax Discount	\$0.00
			0.00%	
			<b>Parts Total</b>	<b>\$3,584.00</b>
Costs	Amount			Totals
Other Additional Costs	\$108.00			\$108.00
Paint Materials	\$0.00			\$0.00



## Estimate Totals

Taxable	\$108.00
Tax 0.0000%	\$0.00
Non-Taxable	\$0.00
Pre-Tax Discount 0.00%	\$0.00
<b>Costs Total</b>	<b>\$108.00</b>

Gross Totals	Amount
Gross Total	\$6,934.20

Taxable	\$6,934.20
Tax	\$0.00
Non-Taxable	\$0.00
Pre-Tax Discount 0.00%	\$0.00
<b>Gross Total</b>	<b>\$6,934.20</b>

Adjustments	Amount
Total Customer Responsibility	\$0.00

**Net Estimate Total \$6,934.20**

### Estimate Event Log

**Job Created** 3/14/2024 01:43 PM  
**Estimate Started** 3/14/2024 01:44 PM  
**Estimate Printed** 3/14/2024 02:10 PM  
**Estimate Committed** Estimate Not Committed  
**Estimate Retrieval ID** 1000468855