

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 12th Street
Des Moines, IA, 50319

The Executive Council, in a meeting held on today's date, approved Department of Administrative Services request for a supplemental emergency allocation in the amount of \$572.14. This brings the total allocation to \$10,081.07. On November 23, 2023, Vehicle #404 was damaged by a deer. Request was to cover repair costs.

This represents full and final payment.

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 # 3656
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 11, 2024

Victoria Newton
Executive Council
L O C A L

Subject: Deer Damage to Vehicle #404 on November 23, 2023
Department of Administrative Services
Claim dated November 30, 2023
AOS Claim ID: 3656

The Department's request included a supplemental allocation request of \$572.14 because additional damages were identified. We recommend Executive Council approval of the supplemental allocation of \$572.14, which increases the allocation to \$10,081.07. In accordance with Executive Council policy, we have examined the invoices and supporting documentation for final payment related to this loss. We have found the items to be in order as shown below:

Documented request			<u>\$ 10,081.07</u>
Executive Council allocation (Revised)			\$ 10,081.07
Less:			
Previous payments	\$	0.00	
This payment		<u>10,081.07</u>	
Total			<u>\$ 10,081.07</u>
Remaining Executive Council allocation			<u>\$ 0.00</u>

We recommend that reimbursement be made in the amount of \$10,081.07. This represents full and final payment on this allocation.

Sincerely,

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



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

Date: January 19, 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: REIMBURSEMENT REQUEST - 29C20 Claim

AOS Claim #	3656
Vehicle / Event	#404/Animal
Event Date	November 23, 2023
Summary	Vehicle 404 struck a deer. (270538)
Amount Requested	\$10,081.07 - TOTAL

The Department of Administrative Services, Central Procurement Fleet Services Enterprise, has paid all vendors to date. We are seeking an allocation for those funds under 29C20 Contingency Fund – Disaster Aid. Please deposit into the following account: **0665-005-5790-0657**.

If you have any questions or need 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



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

Date: November 30, 2023

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	#404/Deer
Event Date	November 23, 2023
Summary	Vehicle 404 struck a deer. (270538)
Amount Requested	\$9,508.93 - 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,

Mariah Fucaloro, Fleet Manager
DAS Fleet Services
Mariah.Fucaloro@iowa.gov
515-414-6582

Warrants

[Menu](#)

Fiscal Year	Warrant Number	Line Number	Line Amount	Issued	Redeemed	Vendor Customer
✓ 2024	72854465	1	\$1,904.00	01/04/2024		00003000721
2024	72854465	2	\$96.00	01/04/2024		00003000721
2024	72854465	3	\$2,200.00	01/04/2024		00003000721
2024	72854465	4	\$5,881.07	01/04/2024		00003000721

First Prev Next Last

Search 

▼ Warrant Information

Fiscal Year : 2024 Amount : \$10,081.07
 Warrant Number : 72854465 Vendor Customer : 00003000721
 Line Number : 1 Last Updated : 1/4/24

▼ Issue Information

Issued : 01/04/2024 Void :
 Document ID : RISK00524003001 Duplicate :
 Document Line Number : 1 Stop :
 Line Amount : \$1,904.00
 Comments :

▼ Redeemed Information

Redeemed : Batch Number :
 Redeemed Bank : Sequence Number :
 Redeemed Fund :
 Redeemed Department :

▼ Fund Accounting

Fund : 0665 Object : 2715 Dept Object :
 Sub Fund : Sub Object : Dept Revenue :
 Department : 005 Object Class :
 Unit : 5790 Revenue Source :
 Sub Unit : Sub Revenue Source :
 Appropriation : 0000 Revenue Source Class :
 BSA :
 Sub BSA :

▼ Detail Accounting

Location : Reporting : Major Program :
 Sub Location : Sub Reporting : Program :
 Activity : Task : Phase :
 Sub Activity : Sub Task : Program Period :
 Function : Task Order :
 Sub Function :

[Top](#)

404



CARLSON AUTO BODY & REPAIR, LLC
540 HIGH ST
ROCKWELL, CITY, IOWA 50579
712-297-5517

Invoice

Number 7636

Date 12/14/2023

Ship To

Bill To DAS
IOWA STATE PATROL

PO Number	License #	Miles	Project	VIN
APDSOI0270538	404		22 FORD F-150	1FTFW1P82NKE64364

Description	Quantity	Price Each	Amount	Tax1
APPROVED ESTIMATE	1	\$9,646.76	\$9,646.76	
APPROVED SUPPLEMENT	1	\$434.31	\$434.31	

Sub Total	\$10,081.07
Sales Tax 7.00% on \$0.00	\$0.00
Total	\$10,081.07

FINANCE CHARGES will apply if the new balance is unpaid one month from the closing date of statement. The "FINANCE CHARGES" are computed by a periodic rate of 1.5% per month which is an ANNUAL PERCENTAGE RATE of 18%.

X _____
Customer Signature



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

29C20

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

Mon, Nov 27, 2023 at 10:38 AM

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

Please accept this email as initial 24 hr notification for AON, vehicle 404 struck a deer on 11/23/23. 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 13th St, Des Moines, IA 50319

515-281-3162 office



Certification of Officer Involved in a Motor Vehicle Accident While in the Line of Duty

The Code of Iowa, Section 321.267A, states that any traffic accident involving the operation of a motor vehicle by a certified law enforcement officer or other emergency responder shall be reported to the Iowa Department of Transportation by the officer's or responder's employer. The officer's or responder's employer shall certify to the department whether or not the accident occurred in the line of duty while operating an official government vehicle or during the responder's deployment on an emergency call. When an accident occurs in the line of duty, it will NOT be entered on the driver's record.

Date of Accident: 11/23/2023 DOT Case Number: 2023029878

Location of Accident: Highway 110 in Storm Lake, IA

Driver's Name: Jeffrey Charles Hansen DOB: 09/07/1981

Driver's Address: 410 E Church Dr., Schaller, IA 51053

Driver License Number: 513YY2025 State of Issuance: Iowa

VIN of Vehicle Driven by Officer: 1FTFW1P82NKE64364

Check one: Operating an official government vehicle while in the line of duty.
 Operating a personally-owned vehicle while in the line of duty.

Agency Investigating Accident: Iowa State Patrol - District 5

I certify under penalty of perjury and pursuant to the laws of the State of Iowa that the preceding is true and correct.

Signature of Employer

November 24, 2023

Date

Iowa Dept. of Public Safety - Iowa State Patrol

Employing Agency

215 E. 7th St., Des Moines, IA 50319

Address

712-232-5331

Telephone

This completed form may be e-mailed to accident.support@iowadot.us or mailed to the following address:

Office of Driver Services
 Iowa Department of Transportation
 P.O. Box 9204
 Des Moines, IA 50306-9204

Telephone: 515-244-9124 or 515-244-8725

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Law Enforcement Case Number:
2023029878

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

Date of Accident 11/23/2023		Time of Accident 10:39 Hrs.		County BUENA VISTA - 11		Accident occurred within corporate limits of (city) STORM LAKE - 7422											
U N I T 1	Driver's Name - Last HANSEN					First JEFFREY					Middle CHARLES						
	Address 410 E CHURCH DR					City SCHALLER					State IA	Zip 51053-0000					
	Date of Birth 09/07/1981		Driver's License Number 513YY2025			CDL Yes <input type="radio"/> No <input type="radio"/>	Citation Charge 1			Citation Charge 2							
	Male <input checked="" type="radio"/> Female <input type="radio"/>	State IA	Class A	Endorsements		Restrictions K	Citation Charge 3			Citation Charge 4							
Alcohol Test Given: 1		Test Results:		Drug Test Given: 1	Test Result:	Re-exam: Yes <input type="radio"/> No <input checked="" type="radio"/>		Reason for Re-Exam Request:									
Owner's Name - Last STATE OF IOWA					First					Middle							
Address 109 SE 13TH ST					City DES MOINES					State IA	Zip 50319-9018						
License Plate No.	State IA	Year	VIN: 1FTFW1P82NKE64364		Color WHI		Year 2022	Make FORD		Model F150 POLICE RE	Style PK						
Trailer Plate No.	State	Year	VIN:		Tow 1	Tow #		Towed To		Approx. Cost to Repair or Replace \$8,000.00							
Insurance Company Name SELF INSURED					Insurance Co. Phone Number			Insurance Policy Number									
Initial Travel Direction	Veh. Act.	Veh. Config. 02	Cargo Body Type 01		Veh. Defect	Point of Initial Impact	Most Damaged Area	Extent of Damage	Total Occ. in Veh. 1								
Special Veh. Func.	Emergency Status	Bus Use	Driver Condition	Vision Obscured	Contributing Circumstances Driver (up to two) 88			Driver Distractions 02	Speed Limit								
Traffic Controls	Horizontal Alignment		Vertical Alignment		SEQUENCE OF EVENTS	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event							
C O M M E R C I A L	Carrier Name/Lessee																
	Street Address					City					State	Zip Code					
	Number of Axles		Gross Vehicle Weight Rating			US DOT Number		MC Number		Underride/Override							
	Haz Mat Involvement	Haz Mat Placard		Placard Number	Haz. Mat Released	Haz Mat Class	Haz Mat Name										
	Trailer Plate:	State	Year	VIN													
	Trailer Plate:	State	Year	VIN													
Converter Dolly	Dolly Plate:		State	Plate Year	VIN												
P E R S O N S I N J U R I E D	DRIVER OF UNIT 1					Phone Number: (515) 802-4971		Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Ejection Path	Trapped/extracted	Source of Transport	Died at scene/enroute
						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:								

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: 2023029878	
Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>
County: 11	Route:
X Coordinate: 316358.281	
Y Coordinate: 4722554	
If Divided Highway, Provide Route (Cardinal) Travel Direction	
NB <input type="checkbox"/>	SB <input type="checkbox"/>
EB <input type="checkbox"/>	WB <input type="checkbox"/>

LOCATION	Date of Accident 11/23/2023	Time of Accident 10:39 Hrs.	County BUENA VISTA - 11	Accident occurred within corporate limits of (city) STORM LAKE - 7422	
	Literal Description SB HWY 110/ 610TH ST				
	If accident occurred outside of city limits show general vicinity		N NE E SE S SW W NW <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> of nearest city		
	On Road, Street or Highway:		At Intersection with:		
	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				
Milepost Number		Definable intersection, bridge, or railroad crossing		N NE E SE S SW W NW <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> and <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	

ACCIDENT ENVIRONMENT		ROADWAY CHARACTERISTICS									
Location of First Harmful Event	Weather Conditions (up to two)	Major Contributing Circumstances Environment									
Manner of Crash/Collision		Roadway									
Light Conditions	Surface Conditions	Type of Roadway Junction/Feature									
		FRA No.									

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

NONMOTORISTS	Name 001	Phone Number	DOB:																
	Address:		Alcohol Test Given	Test Results:	Drug Test Given	Result	Charged	Yes	No										
	Transported to:		Transported by:																
	Name	Phone Number	DOB:																

PROPERTY	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	

PROPERTY	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	

WITNESSES	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 11/23/2023	Incident Clearance Date 11/23/2023
Signature of Officer TROOPER L SELK	Badge Number 351	Time Officer Notified of Accident 10:39 Hrs.	Roadway Clearance Time 11:15 Hrs.
Name of Agency IOWA STATE PATROL - DIST 05	Date of Report 11/23/2023	Time Officer Arrived At Scene 10:50 Hrs.	Total Roadway Clearance Time 000:36
Report Reviewed By	Date of Review	Investigation made at scene? Y <input checked="" type="radio"/> N <input type="radio"/>	Total Incident Clearance Time 003:21
		T.I. No.	Other Technical Investigating Agency

INVESTIGATING OFFICER'S REPORT
OF MOTOR VEHICLE ACCIDENT

Form 4433003 (11-13)

Law Enforcement Case Number:

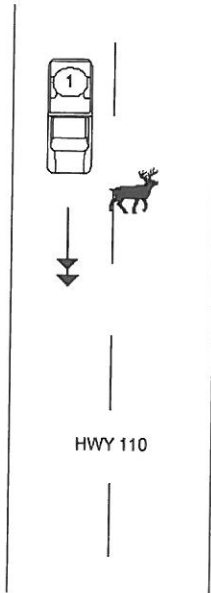
2023029878

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

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Not to Scale



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Unit 1 was traveling SB on Hwy 110 north of 610th Street in a fully marked patrol vehicle. A deer entered the roadway from the east ditch. Unit 1 struck the deer.



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

***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 #: 2023029878

Date: <small>(Month/Day/Year)</small>	11/23/2023	Time: <small>(Time plus a.m./p.m.)</small>	10:39 AM a.m.
Vehicle Plate #:	404	Vehicle Mileage:	21,676
Vehicle Description: <small>(Yr/Make/Model/ & Vin#)</small>	2022 Ford F-150 with VIN 1FTFW1P82NKE64364		
Assigned To:	Trp. Hansen	Badge #	404
Driven By:	Trp. Hansen	Badge #	404
Driver's Lic #:	513YY2025	Damage:	\$ Pending estimate
Vehicle Towed: <small>(Yes / No)</small>	No	Towed By:	N/A
Towed To:	N/A	Towing Cost:	\$
Seat Belt: <small>(Yes / No)</small>	Yes	Type of Vehicle: <small>(Marked/Semi /Unmarked)</small>	Marked
Injured/Injuries:	None		
Occupants: <small>(Other than driver)</small>	None		

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)	No
Injured/Injuries:			
Occupants: (Other than driver)			
Occupant(s) Wearing Seat Belt: (Yes/No)	Yes		

OTHER INFORMATION:

Witnesses:			
Accident Location: (Street/Hwy)			
County:			
Weather/Road Conditions:			
Narrative:			
Property Damage other than Vehicles:			
Cost:	\$		
Citations Issued To: (List Charge(s) and Statute Code(s))			

Investigating Officer:	
------------------------	--

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)	Yes
Injured/Injuries:			
Occupants: (Other than driver)			
Occupant(s) Wearing Seat Belt: (Yes/No)	Yes		



MEMORANDUM

TO: Acting Sgt. Hilt #261
FROM: Trooper Jeff Hansen #404
DATE: August 11-24, 2023
SUBJECT: Trooper Hansen 10-50 Deer Case #2023029878

On the 23rd day of November at approximately 1039hrs, I Trooper Jeff Hansen 404 was on patrol in Buena Vista County traveling south on Hwy 110 in the city limits of Storm Lake near the Casino Beach area and Frank Starr Park. Once I passed Frank Starr park a deer jumped up from the east ditch in a wooded area and ran into the front driver side quarter panel of my 2022 state issued Ford F150 squad truck (VIN1FTFW1P82NKE64364).

With the aluminum side the damage extended into the front quarter, driver door, bumper and hood. Pictures were taken of the vehicle and given to Acting Sgt Hilt #261. A MARS report was completed by Trooper Luke Selk #351. The vehicle was drivable and was taken to my residence until it could get into a collision garage for estimates.

End of Report

Trooper Jeff Hansen 404

Date: 11/29/2023 09:07 AM
 Estimate ID: 3980
 Estimate Version: 0
 Preliminary
 Profile ID: State of Iowa
 Quote ID: 131757425

Carlson Auto Body & Repair

540 High St, Rockwell City, IA 50579
 (712) 297-5517
 Email: carlsonauto@hotmail.com

Damage Assessed By: Weston Carlson
 Classification: None

Condition Code: Excellent
 Deductible: UNKNOWN

Owner: IOWA STATE PATROL
 Telephone: Home Phone: (712) 368-5114

Mitchell Service: 912329

Description: 2022 Ford F-150 XL
 Body Style: 4D PkUpCrw 6' Bed 145" WB
 VIN: 1FTFW1P82NKE64364
 Mileage: 21,575
 OEM/ALT: O
 Options: PASSENGER AIRBAG, POWER LOCK, POWER WINDOW, POWER STEERING, AIR CONDITION
 TILT STEERING COLUMN, AM/FM STEREO, DRIVER AIRBAG
 FRONT SIDE AIRBAG WITH HEAD PROTECTION, ANTI-LOCK BRAKE SYS., TRACTION CONTROL
 REARVIEW CAMERA, REMOTE IGNITION, TIRE INFLATION/PRESSURE MONITOR
 ANTI-THEFT SYSTEM, AUXILIARY INPUT, BLUETOOTH WIRELESS CONNECTIVITY
 POWER ADJUSTABLE EXTERIOR MIRROR, 4WD OR AWD, TRIP COMPUTER
 FIRST ROW SPLIT BENCH SEAT, TELEMATIC SYSTEMS, CLOTH SEAT, 4 WHEEL DRIVE
 SIDE AIRBAGS, AUTOMATIC HEADLIGHTS, SECOND ROW SIDE AIRBAG WITH HEAD PROTECTION
 MP3 PLAYER, DAYTIME RUNNING LIGHTS, ELECTRONIC STABILITY CONTROL
 KEYLESS ENTRY SYSTEM, REAR BENCH SEAT, STEERING WHEEL AUDIO CONTROLS

Drive Train: 3.5L Turbo Inj 6 Cyl 4WD
 License: 404
 Search Code: None

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	AUTO	BDY	OVERHAUL	Frnt Bumper Assy			3.5 #
2	206091	BDY	REMOVE/REPLACE	Frnt Upr Bumper Cover	ML3Z 17D957 CAPTM	521.48	INC #
3	AUTO	REF	REFINISH	Frnt Upr Bumper Cover			C 1.3
4	202114	BDY	REMOVE/REPLACE	L Frnt Bumper Cover Reinforcement	ML3Z 17C947 E	26.65	INC #
5	AUTO	BDY	REMOVE/INSTALL	Frnt Upr Bumper Assy			INC #
6	200010	BDY	REMOVE/REPLACE	Frnt Bumper Face Bar	ML3Z 17757 BPTM	674.17	INC #
7	AUTO	BDY	REMOVE/INSTALL	Grille Assy			INC #
8	AUTO	REF	REFINISH	Frnt Face Bar			C 2.3
9	202179	BDY	REMOVE/REPLACE	L Frnt Bumper Valance Panel	ML3Z 17626 C	29.47	INC
10	202160	BDY	REMOVE/REPLACE	L Frnt Bumper Mount Plate	** QUAL REPL PART	115.00 *	INC
11	202813	BDY	REMOVE/REPLACE	Grille Assembly	ML3Z 8200 AA	417.77	0.6 #
12	202484	BDY	REMOVE/INSTALL	R Front Combination Lamp			0.4 #
13	200354	BDY	REMOVE/REPLACE	L Frnt Combination Lamp	** QUAL REPL PART	920.00 *	0.4 #
14	AUTO	BDY	CHECK/ADJUST	Headlamps			0.4
15	202335	BDY	REMOVE/REPLACE	Hood Panel	ML3Z 16612 D	807.72	1.8
16	AUTO	REF	REFINISH	Hood Outside			C 3.0
17	AUTO	REF	REFINISH	Add For Hood Underside			C 1.5
18	203842	BDY	REPAIR	R Fender Panel	Existing		0.5*#
19	AUTO	REF	REFINISH	R Fender Outside			C 1.8
20	203843	BDY	REMOVE/REPLACE	L Fender Panel	ML3Z 16006 A	345.55	1.7 #
21	AUTO	BDY	REMOVE/INSTALL	L Cowl Top Grille			INC #
22	AUTO	BDY	REMOVE/INSTALL	L Front Combination Lamp			INC #
23	AUTO	REF	REFINISH	L Fender Outside			C 1.8

ESTIMATE RECALL NUMBER: 11/29/2023 09:07:30 3980
 Mitchell Data Version: OEM: JUL_23_V

Software Version: 7.1.243

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 All Rights Reserved

Page 1 of 3

Date: 11/29/2023 09:07 AM
 Estimate ID: 3980
 Estimate Version: 0
 Preliminary
 Profile ID: State of Iowa
 Quote ID: 131757425

24	AUTO	REF	REFINISH	L Add To Edge Fender						
25	203845	BDY	REMOVE/REPLACE	L Upr Fender Support	ML3Z 16152 A	32.93	0.2 #			
26	AUTO	REF	REFINISH	L Support					C 0.3	
27	203847	BDY	REMOVE/REPLACE	L Fender Bracket	ML3Z 16A143 B	23.00	0.2 #			
28	AUTO	REF	REFINISH	L Bracket					C 0.3	
29	203109	BDY	REMOVE/REPLACE	L Fender Liner	** QUAL REPL PART	65.00	* INC			
30	203855	BDY	REMOVE/REPLACE	L Fender Rivet	* W716510 S300	2.75				
31	203857	BDY	REMOVE/REPLACE	L Fender Liner Clip 8@1.63	* W705589 S	13.04				
32	203121	BDY	REMOVE/INSTALL	R Fender Nameplate					0.2 #	
33	203123	BDY	REMOVE/INSTALL	R Fender Antenna					0.1 #	
34	203135	BDY	REMOVE/REPLACE	L Fender Nameplate	ML3Z 16720 AA	188.85	INC #			
35	203128	BDY	REMOVE/INSTALL	R Fender Splash Shield	Existing					r
36	201143	GLS	REMOVE/REPLACE	W/Shield Glass	ML3Z 1503100 G	541.53	2.8 #			
37	200954	BDY	REMOVE/REPLACE	W/Shield Adhesive	N.A.	30.00	*			
38	201530	REF	REFINISH	L Roof Rail					C 1.6 #	
39	201605	BDY	REMOVE/INSTALL	R Cowl Top Grille					0.6 #	
40	201701	BDY	REPAIR	L Cab Door Opening Panel	Existing				0.5* #	
41	201307	BDY	REMOVE/INSTALL	L Roof Moulding					0.3 #	
42	201310	BDY	REMOVE/INSTALL	L Lwr Corner Panel Mldg					0.2	
43	200296	BDY	REMOVE/REPLACE	L Frt Door Shell	ML3Z 1620125 D	779.23	5.2 #			
44	AUTO	REF	REFINISH	L Frt Door Outside					C 2.0	
45	AUTO	REF	REFINISH	L Frt Add For Jambs & Interior					C 1.0	
46	AUTO	MCH	REMOVE/REPLACE	L Frt Add w/Side Impact Sensor	-M				0.3	
47	201397	REF	BLEND	L Rear Door Outside					C 1.0	
48	201411	BDY	REMOVE/INSTALL	L Rear Door Front Sash Moulding					0.2 #	
49	201413	BDY	REMOVE/INSTALL	L Rear Otr Door Belt Moulding					0.2	
50	201423	BDY	REMOVE/INSTALL	L Rear Door Trim Panel					0.4	
51	202286	BDY	REMOVE/INSTALL	L Rear Otr Door Handle					0.3 #	
52	931127	MCH	ADD'L LABOR OP	Pre Repair Scan	Existing				0.5*	
53	931128	MCH	ADD'L LABOR OP	Post Repair Scan	Existing				0.5*	
54	936014		ADD'L COST	Flex Additive					5.00 *	
55	AUTO	REF	ADD'L OPR	Clear Coat						
56	900500	BDY *	REMOVE/INSTALL	Push Bumper	Existing				3.9	
57	900500	BDY *	REMOVE/REPLACE	Seam Seal New Door Shell	New	25.00	* 0.5*			r
58	900500	BDY *	ADD'L LABOR OP	Remove R Fender Stickers & Adhesive	Existing				0.4*	
59	900500	BDY *	REMOVE/INSTALL	Fender & Grille Lights	Existing				1.0* r	
60	900500	MCH *	REMOVE/REPLACE	Front Wheel Alignment	New	89.99	* 0.0*			
61	933018	REF	ADD'L OPR	Mask For Overspray		15.00	* 0.5*			
62	AUTO		ADD'L COST	Hazardous Waste Disposal					5.00 *	

* - Judgment Item

- Labor Note Applies

C - Included in Clear Coat Calc

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

Estimate Totals

I. Labor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals	II. Part Replacement Summary	Amount
Body	20.6	62.00	0.00	0.00	1,277.20 T	Taxable Parts	5,649.13
Refinish	22.8	100.00	15.00	0.00	2,295.00 T		
Glass	2.8	62.00	0.00	0.00	173.60 T	Total Replacement Parts Amount	5,649.13
Mechanical	1.3	80.00	0.00	0.00	104.00 T		
Taxable Labor					3,849.80		
Labor Summary	47.5				3,849.80		
III. Additional Costs					<u>Amount</u>	IV. Adjustments	<u>Amount</u>
Taxable Costs					10.00	Customer Responsibility	0.00
Total Additional Costs					10.00		
					I. Total Labor:		3,849.80
					II. Total Replacement Parts:		5,649.13
					III. Total Additional Costs:		10.00
					Gross Total:		9,508.93
					IV. Total Adjustments:		0.00
					Net Total:		9,508.93

This is a preliminary estimate.
Additional changes to the estimate may be required for the actual repair.