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 Jowa

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 Public Safety's request for an emergency allocation in the amount of \$6,267.45, subject to an audit of actual invoices. On April 8, 2023, State Patrol Vehicle #175 was damaged by a deer. Request was to cover repair costs.

EXECUTIVE COUNCIL OF IOWA

Kristi Onstot

Kristi Onstot Executive Secretary

cc: Jeannie Adams, Department of Public Safety
 DAS Fleet Services, Risk
 Matt Bender, Department of Management
 Heather Hackbarth, Department of Management

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** LOCAL

Subject: Deer Damage to Vehicle #175 on April 8, 2023

Department of Public Safety – Iowa State Patrol

Claim dated December 4, 2023

AOS Claim ID: 3693

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 Public Safety - Iowa State Patrol is covered by Chapter 29C.20 of the Code of Iowa. Therefore, we recommend an Executive Council allocation in the amount of \$6,267.45, subject to an audit of actual invoices.

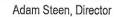
Sincerely,

Brian R. Brustkern, CPA

Por R Bis

Deputy Auditor of State

cc: Jeannie Adams, Iowa State Patrol, Department of Public Safety Mariah Fucaloro, Fleet Services Manager, Department of Administrative Services Heather Hackbarth, Department of Management





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 #	3693
Vehicle / Event	#175/Animal
Event Date	April 8, 2023
Summary	Vehicle 175 struck a deer (254853)
Amount Requested	\$6,267.45 - 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**.

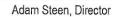
If you have any questions or need additional information, please do not hesitate to contact me.

Thank you,

Karl Bubser, Fleet Administrator

DAS Fleet Services karl.bubser@iowa.gov

515-281-3162





Date: December 4, 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	#175/Deer
Event Date	April 8, 2023
Summary	Vehicle 175 struck a deer. (254853)
Amount Requested	\$6,267.45- 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

Invoice

PO BOX 382 901 S. DIVISION CRESTON, IA 50801

Date	Invoice #
5/15/2023	26249

Bill To	
IOWA STATE PATROL #175 APDSOI0254853-001	

P.O. No.	Terms	Project	
20 Dodge Charger		26249	

Quantity	Description	Rate	Amount
	Frt Bumper License Plate Bracket	22.05	22.05T
	Frt Bumper License Plate Bracket	65.00	6.50T
3.1	Frt Bumper Cover Assy	65.00	201.50T
1	Frt Bumper Cover	686.00	686.00T
2.7	Frt Bumper Cover A	65.00	
1	Frt Lwr Bumper Grille	95.40	95.40T
0.3	Frt Lwr Bumper Grille	65.00	19.50T
1	PUSH BAR	1,530.00	1,530.00T
1	2 tone	65.00	65.00T
1	Grille	419.00	419.00T
	R Frt Combination Lamp Assembly	702.00	702.00T
0.4	R Frt Combination Lamp Assembly	65.00	26.00T
0.4	Headlamps	65.00	26.00T
1	R Fender Panel	312.00	312.00T
1.6	R Fender Panel	65.00	104.00T
2	R Fender Outside	65.00	130.00T
0.5	R Add To Edge Fender	65.00	32.50T
1	R Fender Splash Shield	144.00	144.00T
1	Frt Body Upper Crossmember	291.00	291.00T
	Frt Body Upper Crossmember	65.00	32.50T
	Upr Rad Supt Crossmember	65.00	97.50T
	Add To R&I/R&R Mechanical Components -M	75.00	37.50T
1	Frt Body Closing Panel	166.00	166.00T
	Frt Body Closing Panel	65.00	26.00T
1.2	R Frt Door Outside	65.00	78.00T
0.5	R Frt Rear View Mirror	65.00	32.50T
	R Frt Otr Door Belt Moulding	65.00	19.50T
0.5	R Frt Door Trim Panel	65.00	32.50T
	R Frt Otr Door Handle	65.00	19.50T
0.5	REMOVE DECAL FOR BLEND	65.00	32.50T
1	Paint/Materials	513.00	513.00T
1	Hazardous Waste Disposal	12.00	12.00T
	Clear Coat	65.00	130.00T
0.5	Tint Color	65.00	32.50T
Pho	one # Fax #	Total	

Phone # Fax # 641 782-5115 641 782-8011

Page 1

901 S. DIVISION CRESTON, IA 50801

PO BOX 382

Invoice

Date	Invoice #
6/15/2023	26249

Bill To	
IOWA STATE PATROL #175 APDSOI0254853-001	

P.O. No.	Terms	Project	
20 Dodge Charger		26249	

0.2 Mask For Overspray 65.00 13.0	Quan	ntity			Description	Rate	Amount
	Quan	1 0.2	Mask For O	verspray	Description	5.00 65.00	5.00T
Phone # Fax # Total \$6,267.4			"			Total	\$6,267.45

641 782-8011 641 782-5115

PO BOX 382 901 S. DIVISION CRESTON, IA 50801

Invoice

Date	Invoice #
6/15/2023	26249

Bill To	
IOWA STATE PATROL #175 APDSOI0254853-001	

P.O. No.	Terms	Project	
20 Dodge Charger		26249	

Quantity	Description	Rate	Amount
1	Frt Bumper License Plate Bracket	22.05	22.05T
	Frt Bumper License Plate Bracket	65.00	6.50T
3.1	Frt Bumper Cover Assy	65.00	201.50T
1	Frt Bumper Cover	686.00	686.00T
2.7	Frt Bumper Cover A	65.00	175.50T
1	Frt Lwr Bumper Grille	95.40	95.40T
0.3	Frt Lwr Bumper Grille	65.00	19.50T
1	PUSH BAR	1,530.00	1,530.00T
1	2 tone	65.00	65.00T
1	Grille	419.00	419.00T
1	R Frt Combination Lamp Assembly	702.00	702.00T
0.4	R Frt Combination Lamp Assembly	65.00	26.00T
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1	R Fender Panel	312.00	312.00T
1.6		65.00	104.00T
2	R Fender Outside	65.00	130.00T
0.5	R Add To Edge Fender	65.00	32.50T
1	R Fender Splash Shield	144.00	144.00T
1	Frt Body Upper Crossmember	291.00	291.00T
	Frt Body Upper Crossmember	65.00	32.50T
	Upr Rad Supt Crossmember	65.00	97.50T
0.5	Add To R&I/R&R Mechanical Components -M	75.00	37.50T
1	Frt Body Closing Panel	166.00	166.00T
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1.2	R Frt Door Outside	65.00	78.00T
	R Frt Rear View Mirror	65.00	32.50T
0.3	R Frt Otr Door Belt Moulding	65.00	19.50T
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0.3	R Frt Otr Door Handle	65.00	19.50T
0.5	REMOVE DECAL FOR BLEND	65.00	32.50T
1	Paint/Materials	513.00	513.00T
1	Hazardous Waste Disposal	12.00	12.00T
2	Clear Coat	65.00	130.00T
0.5	Tint Color	65.00	32.50T

Phone # Fax #

641 782-5115 641 782-8011

Total

PO BOX 382 901 S. DIVISION CRESTON, IA 50801

Invoice

Date	Invoice #
6/15/2023	26249

Bill To	
IOWA STATE PATROL #175 APDSOI0254853-001	

P.O. No.	Terms	Project
20 Dodge Charger		26249

Quantity		Description	Rate	Amount
0.2	Mask For Overspray Mask For Overspray Sales Tax		5.00 65.00 0.00%	5.00T 13.00T 0.00
	one # Fax #	1	Total	\$6,267.45

641 782-5115 641 782-8011 Fiscal Year Warrant Number Line Number Line Amount

Menu

√ 2023	72568021	1 \$578.50	06/29/2023	07/07/2023	00002124546	
2023	72568021	2 \$37.50	06/29/2023	07/07/2023	00002124546	
2023	72568021	3 \$1,276.00	06/29/2023	07/07/2023	00002124546	
2023	72568021	4 \$4,375.45	06/29/2023	07/07/2023	00002124546	
First Prev Next	Last		7			
Search #	•					
✓Warrant Inform	ation			-		
Fiscal Yea	ar: 2023	Amount : \$	6,267.45			
Warrant Number	er: 72568021	Vendor Customer: 0	0002124546			
Line Numbe	er: 1	Last Updated: 7	7/23			
Document Line Line Co Redeemed Info Redeemed	Amount: \$578.50 comments: comments: comments: 07/07/2023 cod Bank: 0000 cod Fund: 0665		p: 0000			
▼Fund Accountin	g					
Fund :	0665	Object :	2715	Dept Object	et:	
Sub Fund:		Sub Object :		Dept Revenue	e :	
Department :		Object Class :				
Unit :	5790	Revenue Source :				
Sub Unit :		Sub Revenue Source :				
Appropriation :	0000	Revenue Source Class :				

BSA: Sub BSA:

Reporting:

Sub Task:

Task Order:

Task:

Sub Reporting:

Redeemed

Major Program :

Program Period :

Program:

Phase:

Issued

Vendor Customer

Top

▼Detail Accounting

Location:

Sub Location:

Sub Activity:

Sub Function:

Function:

Activity: 2920



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

FW: Trooper Adam Cole car deer

1 message

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

Mon, Apr 10, 2023 at 8:49 AM

To: "ExecutiveCouncil [TOS]" <ExecutiveCouncil@tos.iowa.gov> Co: "Risk, DAS (das.risk@iowa.gov)" <das.risk@iowa.gov>

Please be advised 175 hit a deer yesterday morning. We should have more information later today.

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<mailto:jadams@dps.state.ia.us>

From: Anderson Allen <aanderso@dps.state.ia.us>

Sent: Sunday, April 9, 2023 10:40 AM

To: das.risk@iowa.gov; vehicledamage <vehicledamage@dps.state.ia.us>

Cc: Adams Jeannie <jadams@dps.state.ia.us>; Pollard Brad <pollard@dps.state.ia.us>; Taylor Aaron

<ataylor@dps.state.ia.us>; Major Wade <major@dps.state.ia.us>

Subject: Trooper Adam Cole car deer

All.

On 4-9-23 at 02:30 am Trooper Adam Cole # 175 struck a deer in the roadway on Hwy 169 3 miles north of Arispe. The vehicle sustained damage to the front and passenger side of the patrol vehicle. A report pictures and estimate will be completed on Monday 4-10-23.

Sergeant Allen Anderson Assistant District Commander Iowa State Patrol- District 2 1619 Truro Pavement Osceola, IA 50213

winmail.dat 18K

State Vehicle Damage Report

Attach this completed form to an email along with the items identified below and send

- to: <u>vehicledamage@dps.state.ia.us</u>; <u>das.risk@iowa.gov</u>

 ➤ 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 #: 2023009605

OTATE VEHICLE: (Mark II Act of Nature) CASE #. 2023009005						
Date: (Month/Day/Year)	4/9/	2023	Time: (Time plus a.m./p.m.)	02:30 am		
Vehicle Plate #:	175		Vehicle Mileage:	96861		
Vehicle Description: (Yr/Make/Model/ & Vin#)		2 Dodge Charg : 2C3CDXKT7L H				
Assigned To:	Ada	m Cole	Badge #	175		
Driven By:	Oriven By: Adam Cole		Badge #	175		
Driver's Lic #:	602V	VW9112	Damage:	\$		
Vehicle Towed: (Yes / No)	No		Towed By:			
Towed To:			Towing Cost:	\$		
Seat Belt: (Yes / No)	Yes		Type of Vehicle: (Marked/Semi /Unmarked)	Marked		
Injured/Injuries:		None				
Occupants: (Other than driver)		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:	
In the second of the second		×	(Yes / No)	
Injured/Injuries:		****		
Occupants: (Other than driver)				
Occupant(s) Weari	na Soat B	olt: or n		
Occupant(s) Wear	ng Seat b	elt: (Yes/No	0)	
OTHER INFORMA	TION:			
Witnesses:				
Accident Location:		3 miles No	rth of Arispe Hwy 16	9
(Street/Hwy)				
County:		Union		
Weather/Road Cor	ditions:	Clear		
Property Damage of	ther than	None		
Vehicles:	TOTAL TICEL	110110		
Cost:		\$		
Citations Issued To		Ψ		
(List Charge(s) and Statute				
,	0000(0))			
Investigating Office	r.		Sgt. Allen Ande	rcon
investigating Office	1.		ogt. Allen Andel	15011
VELUCI E #2. //s				
VEHICLE #3: (IT NO	eaea) (F	or more v	enicles, please	e make extra copies o
this portion)				
DL #:			State:	
Vehicle Lic. #		12000	State:	
Driver's Name:		**************************************		
Driver's Address:				
Owner's Name:				

Owner's Address:			
Owner's Phone:		5.500	
Insurance Info:	0.300	2021 NO AND NO 100 NO	
(Carrier/Policy #/Phone)			
Veh Description:			
(Yr/Make/Model & Vin#)			
Damage:	\$	Seat Belt:	Yes
3	•		100
		(Yes / No)	
Injured/Injuries:			
Occupants:			
(Other than driver)			
Occupant(s) Wearin	ng Seat Belt: (Yes	s/No) Yes	

Form 4433003 (11-13)

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Law Enforcement Case Number: 2023009605

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

	ate of Accident Time of Accident County 4/09/2023 02:30 Hrs. UNION - 88						Accident occurred within corporate limits of (city)														
04/0	Driver's Name - La		Hrs. L	JNION	- 88				First						1						
U	COLE	151							First	ADAM					Middle JOSEPH						
N	Address									City											
ï	1857 170TH AVE									DIAGONL					State	1	845				
Т	Date of Birth		r's Lice	nse Ni	umber		CDL	Cita							Charge		043				
1	05/12/1985	602W	VW9112	2			Yes N	No.		000 000 000 000						Charge					
							s _	Cita	ation Cha	ion Charge 3 Citation C						Charge 4					
	Alcohol Test Giver	n: Tes	t Result	ts:	Drug T	est Given:	Test F	Result:	Re-exam: Yes No Reason for Re-Exam Reques					est:							
							First			/		-		Middle							
	STATE OF IOWA																				
	Address	/ENAPAIT							City							State					alected to the
	1619 TRURO PAV			- basi					OSCE	OLA		1	1			IA		213			
	License Plate No.	State	200	40 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		71 1140404			Color			Year				Mode			Style	•	
	Trailer Plate No.	IA State	e Year			7LH12422	24		GRY	T	,	2020		and the		CHAI	CHARGER		4D		
	Trailer Flate No.	State	rear	VIIN.	i .				Tow 1	Tow #	Ŧ		lov	ved To	10			Approx. Cost to Repair or Replace \$4,500.00		ace	
	Insurance Compar	ıy Name					31830 W		Insurar	nce Co.	Phone	Numbe	er Inst	ırance	Policy N	Number					
	STATE OF IOWA							_//av -u													
	Initial Travel Direct	ion Veh	ı. Act.		Config.	Cargo Bo	dy Type	Veh. I	Defect F	Point of	Initial I	mpact	Most D	amag	ed Area	Extent	of Da	mage	Total	Occ. i	n Veh.
	Cresial Vah Eura	IFmara		01	Don He	01		Ive :		110		0.							1		
	Special Veh. Func							Vision	Obscure	88	tributin	g Circui	mstance	s Driv	er (up to		river 2	Distrac	tions	Speed	d Limit
	Traffic Controls	Horizor	ntal Alig	jnment	Vertic	al Alignme		QUENC		t Event	s	econd I	Event	Third	Event	Fourth	n Eve	nt M	ost Ha	armful l	Event
_	Carrier Name/Less	ee					•														
C	Street Address								City			-		-		State	Zin	Code			
М	The analysis of the second sec							Oity							State	Zip	Code				
M	Number of Axles Gross Vehicle Weight Rating						US DO	T Num	ber	M	C Numb	er		Unde	rride/0	Overrid	е				
E R																					
С	Haz Mat Involvement Haz Mat Placard Placard Number					er Haz. Mat Released Haz Mat Class				iss Ha	az Mat N	lame									
A	Trailer Plate:	Sta	ate Y	ear ear	VIN										ion	ŧ			P	Ħ	oute
L	Trailer Plate:	: State Year		VIN	VIN							Sex Seating Position		cupant Protection	bag Deployment		£	Trapped/extricated	irce of Transport	at scene/enroute	
	0		W 51.4		-	Tev. V	1				11122		9 Pos	urv Status	ant P	Depl	_	Ejection Path	d/ext	P F	scer
	Converter Dolly	100	olly Plat	.e:	State	Plate Ye	ear VIN					,	eatin	N A	conb	rbag	Ejection	ectio	abbe	nrce	Died at
-			70.00		Phor	A Number	·· /6/1\ 3	142-210	0			5	0 0	7	O	Ā	Ш	ii)	F	01	-
Р	Phone Number: (641) 342-2109 DRIVER OF UNIT 1 Transported to:											11	Tra	nsported	l by:				01	01	
E	BILIVER	01 011													ransported by:						
R S	Name	,				P	hone Nu	mber		D	OB:						W.S.F.				
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NI									Папъро	neu io.				1116	insported	ı by:					
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	Address								Transpor	rted to:				Tra	nsported	i by:					
														1							1

INVESTIGATING OFFICER'S REPORT

MA	IL REPORTS TO: lowa	Departme	nt of Transpo	ortation. Offi	ice of D			P.O. Box 9:					9204					20230			nt Cas	se Nu	mber	:
	Date of Accident	Time of		County			000,					within o		ate li	mits c	of (city	')	Legal		Г	7]	Private	•	$\overline{\Box}$
L	04/09/2023 Literal Description	02:30	Hrs.	UNION -	88												4	Intervention? Property? County: Route:					30.50.00	Ш
C	3 MILES NORTH	OF ARISE	PE ON HW	Y 169 SB														County: Route:						
A T	If accident occurre		-		N	NE E	S	E S S	w w	NW								X Coordinate:						
1	oity limits show ger On Road, Street or						At	Intersection	on with:	0	of nea	arest cit	у				_	393543.031 Y Coordinate:						
O																		4545847.5						
14	Note: Unless accid	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 neccessar													K Divi	الدياد	lia L.	D						
			E SE			S					I NE		SE S			restores work		(Cardi	inal)	Travel	ghway, Provide Ro ravel Direction SB EB W			
		OC	000	000	\circ) and		****		_(\mathcal{O}	00	\mathcal{I})(\mathcal{O}	\circ	_	NB)	SB		B	WB	,
	Milepost Number	Or		e intersect or railroad		ng													,	0				
	ACCIE	DENT EN	VIRONME	NT			F	ROADWAY	Y CHAI	RACT	ERIST	rics					T,							
Locati	on of First Harmful Eve	ent	Weather (Conditions (up to to	wo) Majo	or Co	ntributing C	ircumsta	ances	Environ	ment						ct)				unces		
	er of Crash/Collision					Roa	dway	'							ė.		90	Impa	ash)		ŧ	umsta	ort	route
_ight (Conditions		Surface C	conditions		7.0		Roadway Ju	nction/F	eature	2				Struck by Unit No.	2	st Typ	rior to	or to co		ipmer	g Circ	of Transport	ne/en
First	Harmful Event (Cra	sh) Iwo	RKZONE	Yes N	o T	FRA No. O Activity Location			Туре	e Workers F		rs Pres	ent			Injury Status	Non-Motorist Type	Location (prior to impact)	Action (prior to crash)	ition	Safety Equipment	Contributing Circumstances	T Jo ac	Died at scene/enroute
31		, , , ,	ATED?	Ö	Č	710117119		cation	Турс		TTOTAG	13 1 103	one	Sex	Struc	Injury	Non-	Loca	Actio	Condition	Safet	Contr	Source	Died
١	Name 001						Pho	ne Numbe	er			DOB:									Problem			
M M	Address:									Alco	hol Te	st Giver	n Te	st Re	sults:	Dru	g Te	st Give	en F	Result	Ch	argeo	Yes	No
0	Transported to: Transported by:																		\cup	\bigcirc				
0																								
R	Name	Phone Number			DOB:																			
S	Address:	ddress: Alcohol Test Given Test Results: Drug										g Te	Test Given Result Charged Yes No					No						
Т	Transported to:											\cup												
	S																							
N P	If Property other that vehicles damaged of	an explain	Object Da	imaged																Est	imate	of D	amag	е
	Owner's Last Name)				First Name				Midd	Middle Name					Phone Number								
/ P	Address		-04			City				State	State Zip Code					Was owner or tenant notified?								
I R			Object Da	magad							â					1 = Yes 2 = No 9 = Unknown Estimate of Damage								
	If Property other the vehicles damaged of		Object Da	mageu																Est	imate	OT D	amag	е
, D	Owner's Last Name)				First Na	me					Midd	le Nar	ne				Pho	ne N	umbei	r		*****	
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s	I AM								\perp				222											
Last Name First Name Address City State Zip Code Phone Number									er															
s Thi	This a Secondary Crash? Type of Primary Incident Roadway Clearance Date Incident Clearance Date																							
Y N N Signature of Officer					Bado	Badge Number Time Officer Notified				tified	04/09/2023 ied of Accident Roadway Clearance Time				ime	04/09/2023 Incident Clearance Time								
	ERGEANT A ANDERSON				420 00.20				Hrs.	rs. 02:4 5 Hrs.					02:50 Hrs.									
	STATE PATROL -	DIST 02			I	0/2023	•	02:45	OCI AII		Ars.		000:15		vay C	neara	iice		1 otal		ent C	iearai	ice I	irne
Report Reviewed By					Date	of Revie	w	Investigat		ade at		?	Γ.I. No			C	ther	Techr	nical	Invest	igatir	ng Age	ency	

Form 4433003 (11-13)

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Sheet 3 of 3

Law Enforcement Case Number:

2023009605

IVIA	ic NCI ONTO TO, Iowa Department o	of Transportation, Office of Driver Services, P.O. Box 9204, Des Moines, Iowa 50306-9204	
DIAGRAM			
	Unit 1 was southbound on HWY	/ 169 and struck a deer that was in the roadway.	
NARRATIVE			

QUALITY CLAIMS SOLUTIONS

Workfile ID:

4d0ece6c

105 N Krohn Place SIOUX FALLS, SD 57103 Phone: (877) 237-3727, FAX:(866) 371-2844 qcs@qcsdirect.com

For:

QUALITY CLAIMS SOLUTIONS

DAS Fleet Services

Supplement of Record 2 with Summary

Owner: IOWA STATE PATROL Job Number:

Written By: Mike Mayer

Insured:

IOWA STATE PATROL

Policy #:

UNKNOWN

Claim #:

APDSOI0254853-001

Type of Loss:

Collision

Date of Loss:

4/13/2023 12:00 PM

Days to Repair:

Point of Impact: 02 Right Front Pillar (Right

Side)

Owner:

Inspection Location:

Repair Facility:

IOWA STATE PATROL

F & M BODY SHOP CRESTON, IA 50801

901 S DIVISION ST CRESTON, IA 50601

Other

(641) 782-5115 Evening

VEHICLE

2020 DODG Charger Police AWD (Fleet) 4D SED 8-5.7L Gasoline Sequential MPI

VIN:

2C3CDXKT7LH124224

Production Date:

Interior Color:

License:

Odometer:

0

Exterior Color:

State:

Condition:

TRANSMISSION

Automatic Transmission

4 Wheel Drive

Power Steering

Power Windows

Power Brakes

Power Locks

Tinted Glass

POWER

Air Conditioning

Intermittent Wipers

Tilt Wheel Cruise Control

CONVENIENCE

Rear Defogger Keyless Entry

Message Center

Power Mirrors Power Driver Seat **DECOR Dual Mirrors**

Overhead Console

Steering Wheel Touch Controls Telescopic Wheel Climate Control

Backup Camera Parking Sensors

RADIO

AM Radio FM Radio

Stereo Search/Seek

Auxiliary Audio Connection

SAFETY

Drivers Side Air Bag Passenger Air Bag Anti-Lock Brakes (4)

4 Wheel Disc Brakes Front Side Impact Air Bags Head/Curtain Air Bags

Hands Free Device

SEATS

Cloth Seats **Bucket Seats**

Reclining/Lounge Seats

WHEELS

Styled Steel Wheels

PAINT

Clear Coat Paint

OTHER

Traction Control Stability Control California Emissions Power Trunk/Liftgate

Owner: IOWA STATE PATROL

Job Number:

2020 DODG Charger Police AWD (Fleet) 4D SED 8-5.7L Gasoline Sequential MPI

Line	1.05.745.755.05.0		Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1	FRONT	BUMP	ER & G	RILLE	****				
2				O/H front bumper				3.4	
3	** <>	8	Repl	A/M Bumper cover	68267765AC	1	686.00	Incl.	3.4
4				Add for Clear Coat					1.4
5	*		Repl	Lower grille w/o adaptive cruise	68214782AB	1	95.40	Incl.	
6	#	502	Subl	Push Bar - OPEN FOR INVOICE		1	1,530.00		
				Note: Incl Labor					
7		S01	Repl	Upper grille black crossbars	5PP33DX8AB	1	419.00	Incl.	
8	*	S01	Repl	License bracket	68202631AB	1	22.05	0.1	
9	FRONT	LAMP	S						
10	**		Repl	A/M RT Headlamp assy halogen	68541680AA	1	702.00	0.4	
11				Aim headlamps				0.5	
12	FENDE	R							
13	**		Repl	A/M RT Fender w/o wide body	68213060AC	1	312.00	1.6	2.0
14				Overlap Major Non-Adj. Panel					-0.2
15				Add for Clear Coat					0.4
16				Add for Edging					0.5
17		S01	Repl	RT Fender liner 3.6, 5.7 liter	68205936AH	1	144.00	Incl.	
18	FRONT	DOOR							
19			Blnd	RT Outer panel (HSS)					1.1
20			R&I	RT Power mirror w/o heat, w/o memory, w/o blind spot blue				0.5	
21			R&I	RT Belt w'strip				0.3	
22			R&I	RT R&I trim panel				0.5	
23			R&I	RT Handle, outside black				0.4	
24	#		Rpr	Remove Decal				0.5	
25	RADIA	TOR SU	PPORT	Г					
26	**	S01	Repl	A/M Crossmember	5065240AH	1	291.00	0.5	1.5
27	#	501	R&I	Add To R&R Mechanical Components				0.5 M	
28	**	501	Repl	A/M Front shield w/police	68231862AA	1	166.00	Incl.	
29	MISCEL	LANEC	US OP	ERATIONS			Ne sure		
30	*		Repl	Cover car/bag		1	<u>5.00</u>	0.2	
31	#			Tint Color		1			0.5
32	#			Hazardous Waste		1	3.00		
33	#	S01		2 Tone		1			1.0
					SUBTOTALS		4,375.45	9.4	11.6

Owner: IOWA STATE PATROL

Job Number:

2020 DODG Charger Police AWD (Fleet) 4D SED 8-5.7L Gasoline Sequential MPI

ESTIMATE TOTALS

Category	Basis		Rate	Cost \$
Parts				4,375.45
Body Labor	8.9 hrs	@	\$ 65.00 /hr	578.50
Paint Labor	11,6 hrs	@	\$ 110.00 /hr	1,276.00
Mechanical Labor	0.5 hrs	@	\$ 75.00 /hr	37.50
Subtotal				6,267.45
Total Cost of Repairs				6,267.45
Deductible				0.00
Total Adjustments				0.00
Net Cost of Repairs				6,267.45

Owner: IOWA STATE PATROL

Job Number:

2020 DODG Charger Police AWD (Fleet) 4D SED 8-5.7L Gasoline Sequential MPI

SUPPLEMENT SUMMARY

Line			Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
Changed Items									
6	#		Subl	Push Bar - OPEN FOR INVOICE		1	-1,150.00		
				NOTE: Incl Labor					
6	#	S02	Subl	Push Bar - OPEN FOR INVOICE		1	1,530.00		
				NOTE: Incl Labor					
					SUBTOTALS		380.00	0.0	0.0

CHANGES TO ADJUSTMENTS

TOTALS SUMMARY

Category	Basis	Rate	Cost \$
Parts			380.00
Subtotal			380.00
Total Supplement Amount			380.00
NET COST OF SUPPLEMENT			380.00

CUMULATIVE EFFECTS OF SUPPLEMENT(S)

4,609.90	Mike Mayer
1,277.55	Mike Mayer
380.00	Mike Mayer
\$ 6,267.45	
\$ 6,267.45	
20.00	1,277.55 380.00 \$ 6,267.45

THIS IS NOT AN AUTHORIZATION TO BEGIN REPAIRS.

SUPPLEMENTS - Please be advised that the INSURANCE COMPANY requires notice of any supplements prior to the work being performed. Failure to notify INSURANCE COMPANY and allow INSURANCE COMPANY to review the supplemental charges may result in non-payment of the supplemental items.

ESTIMATE AUDIT - THIS DOCUMENT IS NOT AN APPRAISAL. INQUIRIES SHOULD BE DIRECTED TO THE INSURANCE COMPANY LISTED AT THE TOP OF THIS DOCUMENT.

REPAIR SHOPS CAN CONTACT QCS AUDITOR FOR ANY REPAIR RELATED INQUIRIES AT 1-877-237-3727.

Owner: IOWA STATE PATROL

Job Number:

2020 DODG Charger Police AWD (Fleet) 4D SED 8-5.7L Gasoline Sequential MPI

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF AFTERMARKET CRASH PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. ANY WARRANTIES APPLICABLE TO THESE REPLACEMENT PARTS ARE PROVIDED BY THE MANUFACTURER OR DISTRIBUTOR OF THESE PARTS RATHER THAN THE MANUFACTURER OF YOUR VEHICLE.

Estimate based on MOTOR CRASH ESTIMATING GUIDE and potentially other third party sources of data. Unless otherwise noted, (a) all items are derived from the Guide DR3PB11, CCC Data Date 06/01/2023, and potentially other third party sources of data; and (b) the parts presented are OEM-parts. OEM parts are manufactured by or for the vehicle's Original Equipment Manufacturer (OEM) according to OEM's specifications for U.S. distribution. OEM parts are available at OE/Vehicle dealerships or the specified supplier. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships with discounted pricing. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor data provided by third party sources of data may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. The symbol (<>) indicates the refinish operation WILL NOT be performed as a separate procedure from the other panels in the estimate. Non-Original Equipment Manufacturer aftermarket parts are described as Non OEM, A/M or NAGS. Used parts are described as LKQ, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries.

Some 2023 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The CCC ONE estimator has a list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

The following is a list of additional abbreviations or symbols that may be used to describe work to be done or parts to be repaired or replaced:

SYMBOLS FOLLOWING PART PRICE:

m=MOTOR Mechanical component. s=MOTOR Structural component. T=Miscellaneous Taxed charge category. X=Miscellaneous Non-Taxed charge category.

SYMBOLS FOLLOWING LABOR:

D=Diagnostic labor category. E=Electrical labor category. F=Frame labor category. G=Glass labor category. M=Mechanical labor category. S=Structural labor category. (numbers) 1 through 4=User Defined Labor Categories.

OTHER SYMBOLS AND ABBREVIATIONS:

Adj.=Adjacent. Algn.=Align. ALU=Aluminum. A/M=Aftermarket part. Blnd=Blend. BOR=Boron steel. CAPA=Certified Automotive Parts Association. D&R=Disconnect and Reconnect. HSS=High Strength Steel. HYD=Hydroformed Steel. Incl.=Included. LKQ=Like Kind and Quality. LT=Left. MAG=Magnesium. Non-Adj.=Non Adjacent. NSF=NSF International Certified Part. O/H=Overhaul. Qty=Quantity. Refn=Refinish. Repl=Replace. R&I=Remove and Install. R&R=Remove and Replace. Rpr=Repair. RT=Right. SAS=Sandwiched Steel. Sect=Section. Subl=Sublet. UHS=Ultra High Strength Steel. N=Note(s) associated with the estimate line.

Owner: IOWA STATE PATROL

Job Number:

2020 DODG Charger Police AWD (Fleet) 4D SED 8-5.7L Gasoline Sequential MPI

CCC ONE Estimating - A product of CCC Intelligent Services Inc.

The following is a list of abbreviations that may be used in CCC ONE Estimating that are not part of the MOTOR CRASH ESTIMATING GUIDE:

BAR=Bureau of Automotive Repair. EPA=Environmental Protection Agency. NHTSA= National Highway Transportation and Safety Administration. PDR=Paintless Dent Repair. VIN=Vehicle Identification Number.