

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 Public Safety's request for a supplemental emergency allocation in the amount of \$1,860.80. This brings the total allocation and payment to \$7,091.80. On November 18, 2023, Vehicle #484 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: Jeannie Adams, Department of Public Safety
DAS Fleet Services, Risk
Matt Bender, Department of Management
Heather Hackbarth, Department of Management

AOS Claim # 3655
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

April 11, 2024

Victoria Newton
Executive Council
L O C A L

Subject: Deer Damage to Vehicle #484 on November 18, 2023
Department of Public Safety – Iowa State Patrol
Claim dated November 30, 2023
AOS Claim ID: 3655

The Department's request included a supplemental allocation request of \$1,860.80 because additional damages were identified. We recommend Executive Council approval of the supplemental allocation of \$1,860.80, which increases the allocation to \$7,091.80. 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>7,091.80</u>
Executive Council allocation (Revised)			\$	7,091.80
Less:				
Previous payments	\$	0.00		
This payment		<u>7,091.80</u>		
Total			\$	<u>7,091.80</u>
Remaining Executive Council allocation			\$	<u>0.00</u>

As requested by the Department, we recommend that reimbursement be made to the Department of Administrative Services in the amount of \$7,091.80. This represents full and final payment on this allocation.

Sincerely,

Brian R. Brustkern, CPA
Deputy Auditor of State

cc: Jeannie Adams, Iowa State Patrol, Department of Public Safety
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 #	3655
Vehicle / Event	#484/Animal
Event Date	November 18, 2023
Summary	Vehicle 484 struck a deer. (270136)
Amount Requested	\$7,091.80 - 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	#484/Deer
Event Date	November 18, 2023
Summary	Vehicle 484 struck a deer. (270136)
Amount Requested	\$5,231.00 - 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,

A handwritten signature in blue ink, appearing to read "MFucaloro".

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	72871008	1	\$1,067.60	01/12/2024		00002124546
	2024	72871008	2	\$85.00	01/12/2024		00002124546
	2024	72871008	3	\$1,647.20	01/12/2024		00002124546
	2024	72871008	4	\$4,292.00	01/12/2024		00002124546

First Prev Next Last

Search

▼Warrant Information

Fiscal Year : 2024 Amount : \$7,091.80
Warrant Number : 72871008 Vendor Customer : 00002124546
Line Number : 1 Last Updated : 1/12/24

▼Issue Information

Issued : 01/12/2024 Void :
Document ID : RISK00524010002 Duplicate :
Document Line Number : 1 Stop :
Line Amount : \$1,067.60
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 : 2920 Task : Phase :
Sub Activity : Sub Task : Program Period :
Function : Task Order :
Sub Function :

[Top](#)

F & M BODY SHOP INC
 fandmbodysshop@yahoo.com
 901 S DIVISION ST, CRESTON, IA 50801
 Phone: (641) 782-5115

Workfile ID: c5133c14
 PartsShare: 7FLCTp
 Federal ID: 42-1489289

Final Bill

RO Number: 1043

Customer: Iowa State Patrol, JUSTIN
 CAR #484
 (515) 975-2846

Insurance:

Adjuster:
 Phone:
 Claim: APDSOI 0270136-001
 Loss Date:
 Deductible:

Estimator: Jeff Wynn
 Create Date: 11/20/2023

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

VIN: 2C3CDXKT2LH130450
 License:
 State: IA

Interior Color:
 Exterior Color:
 Production Date:

Mileage In:
 Mileage Out:
 Condition:

Vehicle Out:
 Job #:

Line	Ver	Operation	Description	Qty	Extended Price \$	Part Type	Labor	Type	Paint
1	E01		FRONT BUMPER & GRILLE						
2	E01	Remove/Replace	O/H front bumper				3.5	Body	
3	E01	Remove/Replace	Bumper cover w/o wide body	1	672.00	A/M	0.0	Body	3.2
4	E01		Add for Clear Coat						1.6
5	S01	Remove/Replace	Upper grille black crossbars	1	352.00	A/M	0.0	Body	
6	S01	Remove/Replace	Closure panel	1	171.00	A/M	0.0	Body	
7	E01		FRONT LAMPS						
8	E01	Remove/Replace	LT Headlamp assy halogen	1	888.00	A/M	0.4	Body	
9	E01	Remove/Replace	Aim headlamps				0.5	Body	
10	S01		RADIATOR SUPPORT						
11	S01	Remove/Replace	Radiator support	1	284.00	A/M	1.0	Body	1.6
12	S01	Remove/Replace	Evacuate & recharge				1.4	Body	
13	S01	Remove/Replace	Refrigerant recovery				0.4	Body	
14	S01		HOOD						
15	S01	Repair	Hood (ALU)				4.0	Body	3.0
16	S01		Add for Clear Coat						1.2
17	E01		FENDER						
18	E01	Remove/Replace	LT Fender w/o wide body	1	322.00	A/M	1.5	Body	2.0
19	S01		Overlap Major Adj. Panel						(0.4)
20	E01		Add for Clear Coat						0.3
21	E01		Add for Edging						0.5
22	E01		Add for Clear Coat						0.1
23	E01		FRONT DOOR						
24	E01	Blend	LT Door shell (HSS)						1.1
25	E01	Remove/Install	LT Door w'strip				0.4	Body	

T = Taxable Item, RPD = Related Prior Damage, AA = Appearance Allowance, UPD = Unrelated Prior Damage, PDR = Paintless Dent Repair, A/M = Aftermarket, Rechr = Rechromed, Reman = Remanufactured, OEM = New Original Equipment Manufacturer, Recor = Re-cored, RECOND = Reconditioned, LKQ = Like Kind Quality or Used, Diag = Diagnostic, Elec = Electrical, Mech = Mechanical, Ref = Refinish, Struc = Structural

Final Bill

RO Number: 1043

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

26	E01	Remove/Install	LT Power mirror w/o heat, w/o memory, w/o blind spot blue				0.5	Body
27	E01	Remove/Install	LT Handle, outside black				0.4	Body
28	S01	Sublet	PUSH BAR	1	1,590.00	Other		
29	E01	Remove/Replace	Pre-Repair Scan				0.5	Mech
30	E01	Repair	MASK FOR TWO TONE ON BUMPER				1.0	Body
31	E01	Remove/Replace	Post-Repair Scan				0.5	Mech
32	E01	Sublet	Hazardous waste removal	1	3.00	Other		
33	E01	Remove/Replace	Cover Car	1	5.00	Other	0.2	Body
34	E01		Color tint / color match				0.5	Body
35	E01	Remove/Replace	Flex additive	1	5.00	Other		

Estimate Totals	Discount \$	Markup \$	Rate \$	Total Hours	Total \$
Parts					2,699.00
Sublet/Miscellaneous					1,593.00
Labor, Body			68.00	15.7	1,067.60
Labor, Refinish			68.00	14.2	965.60
Labor, Mechanical			85.00	1.0	85.00
Material, Paint					681.60
Subtotal					7,091.80
Sales Tax					0.00
Grand Total					7,091.80
Net Total					7,091.80

Estimate Version	Total \$
Original	4,414.00
Supplement S01	2,677.80

Insurance Total \$:	7,091.80
Received from Insurance \$:	0.00
Balance due from Insurance \$:	7,091.80
Customer Total \$:	0.00
Received from Customer \$:	0.00
Balance due from Customer \$:	0.00

T = Taxable Item, RPD = Related Prior Damage, AA = Appearance Allowance, UPD = Unrelated Prior Damage, PDR = Paintless Dent Repair, A/M = Aftermarket, Rechr = Rechromed, Reman = Remanufactured, OEM = New Original Equipment Manufacturer, Recor = Re-cored, RECOND = Reconditioned, LKQ = Like Kind Quality or Used, Diag = Diagnostic, Elec = Electrical, Mech = Mechanical, Ref = Refinish, Struc = Structural



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

29C20

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

Mon, Nov 20, 2023 at 10:51 AM

Draft To: Tammy Hollingsworth <Tammy.Hollingsworth@aos.iowa.gov>, TOS ExecutiveCouncil <executivecouncil@tos.iowa.gov>

Bcc: Jeannie R Adams <jadams@dps.state.ia.us>

Please accept this email as initial 24 hr notification for AON, vehicle  484 struck a deer on 11/18/23. 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

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Law Enforcement Case Number:

2023029577

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

Date of Accident 11/18/2023	Time of Accident 19:15 Hrs.	County LUCAS - 59	Accident occurred within corporate limits of (city)															
UNIT 1	Driver's Name - Last KNEDLER					First JUSTIN					Middle CRAIG							
	Address 3053 325TH ST					City TRURO					State IA		Zip 50257					
	Date of Birth 07/09/1976		Driver's License Number 427KK0650			CDL		Citation Charge 1			Citation Charge 2							
	Male <input checked="" type="radio"/>	Female <input type="radio"/>	State IA	Class C	Endorsements L	Restrictions B	Yes <input type="radio"/>	No <input checked="" type="radio"/>	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					
	License Plate No. 484		State IA	Year 2024	VIN: 2C3CDXKT2LH130450			Color SIL		Year 2020	Make DODG	Model CHA		Style SD				
	Trailer Plate No.		State	Year	VIN:			Tow 1	Tow #		Towed To		Approx. Cost to Repair or Replace \$6,000.00					
	Insurance Company Name STATE OF IOWA					Insurance Co. Phone Number					Insurance Policy Number							
Initial Travel Direction		Veh. Act. 01	Veh. Config.	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								
COMMERCIAL	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			Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Ejection Path	Trapped/extricated	Source of Transport	Died at scene/enroute	
	Trailer Plate:		State	Year	VIN													
	Converter Dolly		Dolly Plate:		State	Plate Year	VIN											
PERSONNEL	DRIVER OF UNIT 1					Phone Number:					01 01		Transported to:			Transported by:		
						Transported to:												
	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:							

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:
2023029577

L O C A T I O N	Date of Accident 11/18/2023	Time of Accident 19:15 Hrs.	County LUCAS - 59	Accident occurred within corporate limits of (city)	Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>
	Literal Description HWY65SB JUST NORTH OF HWY 34				County: 59	Route:
	If accident occurred outside of city limits show general vicinity <div style="display: flex; justify-content: space-around; align-items: center;"> NNEESESSWWNW </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: 460455.406	
	On Road, Street or Highway:			At Intersection with:	Y Coordinate: 4542352	
	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	

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

First Harmful Event (Crash) 31	WORKZONE RELATED? <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>	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
--	---	---------------------------	--------------------------	----------	----------	------	-----------------	-----	--------------------	---------------	-------------------	----------------------------	-------------------------	-----------	------------------	----------------------------	---------------------	-----------------------

N O N M O T O R I S T S	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:															

N P O R O V P E E H 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

Is This a Secondary Crash? Y <input type="radio"/> N <input checked="" type="radio"/>	Type of Primary Incident	Roadway Clearance Date 11/18/2023	Incident Clearance Date 11/18/2023
Signature of Officer TROOPER A COLE	Badge Number 175	Time Officer Notified of Accident 19:23 Hrs.	Roadway Clearance Time 19:24 Hrs.
Name of Agency IOWA STATE PATROL - DIST 02	Date of Report 11/18/2023	Time Officer Arrived At Scene 19:24 Hrs.	Total Roadway Clearance Time 000:01
Report Reviewed By	Date of Review	Investigation made at scene? Y <input checked="" type="radio"/> N <input type="radio"/>	T.I. No. Other Technical Investigating Agency

INVESTIGATING OFFICER'S REPORT
OF MOTOR VEHICLE ACCIDENT

Form 4433003 (11-13)

Law Enforcement Case Number:

2023029577

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



Unit 1



Hwy 65sb north of Hwy 34

N
A
R
R
A
T
I
V
E

On 11/18/2023 Unit 1 was southbound on Hwy 65. A deer entered onto the travel portion of the roadway from the West ditch. The driver of Unit 1 was unable to avoid the deer and struck it with the front of Unit 1. Unit 1 sustained damage to the front bumper, grill, push bumper, and drivers side quarter panel.



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 #: 2023029577

Date: <small>(Month/Day/Year)</small>	11-18-23	Time: <small>(Time plus a.m./p.m.)</small>	7:15 PM
Vehicle Plate #:	484	Vehicle Mileage:	79310
Vehicle Description: <small>(Yr/Make/Model/ & Vin#)</small>	2020 Dodge Charger VIN# 2c3cdxkt2lh130450		
Assigned To:	Trp. Frank	Badge #	438
Driven By:	Trp. Knedler	Badge #	443
Driver's Lic #:	427KK0650	Damage:	\$5231.00
Vehicle Towed: <small>(Yes / No)</small>	No	Towed By:	N/A
Towed To:	N/A	Towing Cost:	\$ N/A
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>	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:	None
Accident Location: (Street/Hwy)	Highway 92 West of Winterset
County:	Madison County
Weather/Road Conditions:	Dry/Normal
Trp. Knedler was on routine patrol, traveling on Hwy 65, when a deer entered roadway. Trp. Knedler's patrol vehicle struck deer in roadway resulting in damage to the front of the vehicle. Trooper Knedler was operating Trooper Frank's patrol vehicle	
Property Damage other than Vehicles:	None
Cost:	\$
Citations Issued To: (List Charge(s) and Statute Code(s))	N/A

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: SGT. ANDERSON
FROM: TROOPER KNEDLER
DATE: 11/18/23
SUBJECT: 10-50 CAR/DEER

On 11/18/23 I was on routine patrol on highway 65 just north of highway 34 traveling southbound when a deer came out of the west ditch striking my patrol vehicle at approximately 1915 hours. Damage to the front of the vehicle and the left front quarter panel. This will be 484 vehicle.

Mileage 79310
VIN 2C3CDXKT2LH130450
DL# 427kk0650
2020 Dodge charger
Case # 2023029577

F & M BODY SHOP INC
901 S DIVISION ST, CRESTON, IA 50801
Phone: (641) 782-5115

Image Report

Owner:	Iowa State Patrol,	Insurance:		Estimator:	Jeff Wynn	Vehicle Out:
RO Number:		Claim Number:				
Year:	2020	Color:		License Plate:		Production Date:
Make:	DODG	Body Style:	4D SED	State:	IA	Mileage In:
Model:	Charger Police AW...	Engine:	8-5.7L Gasoline S...	VIN:	2C3CDXKT2LH130450	Condition:



11/20/2023
 Comments:



11/20/2023
 Comments:



11/20/2023
 Comments:



11/20/2023
 Comments:



11/20/2023
 Comments:



11/20/2023
 Comments:

F & M BODY SHOP INC
901 S DIVISION ST, CRESTON, IA 50801
Phone: (641) 782-5115

Image Report

Owner:	Iowa State Patrol,	Insurance:		Estimator:	Jeff Wynn	Vehicle Out:
RO Number:		Claim Number:				
Year:	2020	Color:		License Plate:		Production Date:
Make:	DODG	Body Style:	4D SED	State:	IA	Mileage In:
Model:	Charger Police AW...	Engine:	8-5.7L Gasoline S...	VIN:	2C3CDXKT2LH130450	Condition:



11/20/2023
 Comments:



11/20/2023
 Comments:



11/20/2023
 Comments:

F & M BODY SHOP INC
fandmbodyshop@yahoo.com
901 S DIVISION ST, CRESTON, IA 50801
Phone: (641) 782-5115

Workfile ID: c5133c14
PartsShare: 7FLCTp
Federal ID: 42-1489289

Estimate

RO Number:

Customer:	Insurance:	Adjuster:	Estimator:	Jeff Wynn
Iowa State Patrol, JUSTIN		Phone:	Create Date:	11/20/2023
		Claim:		
(515) 975-2846		Loss Date:		
		Deductible:		

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

VIN: 2C3CDXKT2LH130450	Interior Color:	Mileage In:	Vehicle Out:
License:	Exterior Color:	Mileage Out:	
State: IA	Production Date:	Condition:	Job #:

Line	Ver	Operation	Description	Qty	Extended Price \$	Part Type	Labor	Type	Paint
1	E01		FRONT BUMPER & GRILLE						
2	E01	Remove/Replace	O/H front bumper				3.5	Body	
3	E01	Remove/Replace	Bumper cover w/o wide body	1	672.00	A/M	0.0	Body	3.2
4	E01		Add for Clear Coat						1.3
5	E01		FRONT LAMPS						
6	E01	Remove/Replace	LT Headlamp assy halogen	1	888.00	A/M	0.4	Body	
7	E01	Remove/Replace	Aim headlamps				0.5	Body	
8	E01		FENDER						
9	E01	Remove/Replace	LT Fender w/o wide body	1	322.00	A/M	1.6	Body	2.0
10	E01		Add for Clear Coat						0.8
11	E01		Add for Edging						0.5
12	E01		Add for Clear Coat						0.1
13	E01		FRONT DOOR						
14	E01	Blend	LT Door shell (HSS)						1.1
15	E01	Remove/Install	LT Door w'strip				0.4	Body	
16	E01	Remove/Install	LT Power mirror w/o heat, w/o memory, w/o blind spot blue				0.5	Body	
17	E01	Remove/Install	LT Handle, outside black				0.4	Body	
18	E01	Sublet	PUSH BAR	1	1,590.00	Other			
19	E01	Remove/Replace	Pre-Repair Scan				0.5	Mech	
20	E01	Repair	MASK FOR TWO TONE ON BUMPER				1.0	Body	
21	E01	Remove/Replace	Post-Repair Scan				0.5	Mech	
22	E01	Sublet	Hazardous waste removal	1	5.00	Other			
23	E01	Remove/Replace	Cover Car	1	5.00	Other	0.2	Body	
24	E01		Color tint / color match				0.5	Body	
25	E01	Remove/Replace	Flex additive	1	8.00	Other			

T = Taxable Item, RPD = Related Prior Damage, AA = Appearance Allowance, UPD = Unrelated Prior Damage, PDR = Paintless Dent Repair, A/M = Aftermarket, Rechr = Rechromed, Reman = Remanufactured, OEM = New Original Equipment Manufacturer, Recor = Re-cored, RECOND = Reconditioned, LKQ = Like Kind Quality or Used, Diag = Diagnostic, Elec = Electrical, Mech = Mechanical, Ref = Refinish, Struc = Structural

Estimate

RO Number:

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

Estimate Totals	Discount \$	Markup \$	Rate \$	Total Hours	Total \$
Parts					1,895.00
Sublet/Miscellaneous					1,595.00
Labor, Body			68.00	9.0	612.00
Labor, Refinish			68.00	9.0	612.00
Labor, Mechanical			85.00	1.0	85.00
Material, Paint			48.00	9.0	432.00
Subtotal					5,231.00
Sales Tax					0.00
Grand Total					5,231.00
Net Total					5,231.00

Estimate Version	Total \$
Original	5,231.00

Insurance Total \$:	5,231.00
Received from Insurance \$:	0.00
Balance due from Insurance \$:	5,231.00
Customer Total \$:	0.00
Received from Customer \$:	0.00
Balance due from Customer \$:	0.00

T = Taxable Item, RPD = Related Prior Damage, AA = Appearance Allowance, UPD = Unrelated Prior Damage, PDR = Paintless Dent Repair, A/M = Aftermarket, Rechr = Rechromed, Reman = Remanufactured, OEM = New Original Equipment Manufacturer, Recor = Re-cored, RECOND = Reconditioned, LKQ = Like Kind Quality or Used, Diag = Diagnostic, Elec = Electrical, Mech = Mechanical, Ref = Refinish, Struc = Structural