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 \$604.40. This brings the total allocation and payment to \$4,845.57. On March 26, 2024, Vehicle #109 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 # 3722 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

July 3, 2024

Kristi Onstot Executive Council L O C A L

Subject: Deer Damage to Vehicle #109 on March 26, 2024 Department of Administrative Services Claim dated March 28, 2024 AOS Claim ID: 3722

The Department's request included a supplemental allocation request of \$604.40 because additional damages were identified. We recommend Executive Council approval of the supplemental allocation of \$604.40, which increases the allocation to \$4,845.57. 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>\$</u> | 4,845.57 |
|---|--------------------------------|----------|
| Executive Council allocation (Revised) | \$ | 4,845.57 |
| Less: Previous payments \$ This payment <u>4</u> Total | 0.00 4 <u>,845.57</u> \$ | 4,845.57 |
| Remaining Executive Council allocation | <u>\$</u> | 0.00 |

We recommend that reimbursement be made in the amount of \$4,845.57. This represents <u>full</u> and <u>final</u> payment on this allocation.

Sincerely,

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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: May 14, 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 # | 3722 |
|---------------------|-------------------------------------|
| Vehicle / Event | #109/Animal |
| Event Date | March 26, 2024 |
| Summary | Vehicle 109 struck a deer. (277662) |
| Amount Requested | \$4,845.57 - 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

Hoover State Office Building 1305 East Walnut Street | Des Moines, IA 50319 | (515) 281-5360 | http://das.iowa.gov

✓ Warrant Information

Warrants

Fiscal Year

Vendor Customer

2024

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Karl Bubser Financial User

Cancel

KB Edit * Required fields Amount Warrant Number \$4.845.57 73042205 Line Number Last Updated 1 05/08/2024 09:26 PM Void **Transaction ID** No RISK00524128003 **Transaction Line Number** Stop 1 No Comments **Batch Number Redeemed Bank Redeemed Fund Redeemed Department**

00003030887 Issue Information Issued 05/08/2024 12:00 AM Duplicate No Line Amount \$1,162.80 Redeemed Information Redeemed Sequence Number ~ COA Fund Object **Dept Object** 0665 2715 Sub Fund Sub Object **Dept Revenue** _ Department Unit Sub Unit 5790 005 **Object Class Revenue Source** Sub Revenue Source Appropriation **Revenue Source Class** BSA 0000

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Karl Bubser Financial User

Cancel

* Required fields

Warrant Information

Fiscal Year 2024 Vendor Customer 00003030887

Amount \$4,845.57 Line Number 2

Warrant Number 73042205 Last Updated 05/08/2024 09:26 PM

✓ Issue Information

Issued 05/08/2024 12:00 AM Duplicate No Line Amount \$238.00

Void No **Transaction Line Number** 2 Comments

Transaction ID RISK00524128003 Stop No

Redeemed Information

Redeemed **Batch Number Redeemed Bank** Sequence Number **Redeemed Fund Redeemed Department**

~ COA

Fund Object **Dept Object** 0665 2715 Sub Fund Sub Object **Dept Revenue** _ _ Department Unit Sub Unit 005 5790 **Object Class Revenue Source Sub Revenue Source** Appropriation **Revenue Source Class** BSA 0000 Sub BSA Show More

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| Varrants | | Edit Cancel | |
|--|---------------------------|--------------------------|--|
| | | * Required field | |
| Warrant Information | | | |
| Fiscal Year | Amount | Warrant Number | |
| 2024 | \$4,845.57 | 73042205 | |
| Vendor Customer | Line Number | Last Updated | |
| 00003030887 | 3 | 05/08/2024 09:26 PM | |
| | , | 00,00,2024 05.20 HW | |
| ✓ Issue Information | | | |
| Issued | Void | Transaction ID | |
| 05/08/2024 12:00 AM | No | RISK00524128003 | |
| Duplicate | Transaction Line Number | Stop | |
| No | 3 | No | |
| Line Amount Comments | | | |
| \$989.00 | Commente | | |
| Redeemed Information Redeemed | Batch Number | Redeemed Bank | |
| - Sequence Number | - Redeemed Fund | - Redeemed Department | |
| - | - | - | |
| | | | |
| ~ COA | | | |
| Fund | Object | Dept Object | |
| 0665 | 2715 | - | |
| Sub Fund | Sub Object | Dept Revenue | |
| - Department | - Unit | - Sub Unit | |
| Department 005 | 5790 | Sub Unit | |
| Object Class | S790 Revenue Source | - Sub Devenue Seuree | |
| - | revenue source | Sub Revenue Source | |
| - Appropriation | - Revenue Source Class | - BSA | |
| 0000 | - | - | |
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Karl Bubser Financial User

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| Warrant Information | | |
| Fiscal Year | Amount | Warrant Number |
| 2024 | \$4,845.57 | 73042205 |
| Vendor Customer | Line Number | Last Updated |
| 00003030887 | 4 | 05/08/2024 09:26 PM |
| | | |
| | | |
| Issue Information | | |
| Issued | Void | Transaction ID |
| 05/08/2024 12:00 AM | No | RISK00524128003 |
| Duplicate | Transaction Line Number | Stop |
| No | 4 | No |
| 110 | | NO |
| Line Amount | Commonto | |
| Line Amount \$2,455.77 | Comments | |
| \$2,455.77 | Comments | |
| \$2,455.77 ~ Redeemed Information | Comments Batch Number | Redeemed Bank |
| \$2,455.77 ~ Redeemed Information Redeemed | Batch Number | - |
| \$2,455.77 ~ Redeemed Information Redeemed | | Redeemed Bank - Redeemed Department - |
| \$2,455.77 ~ Redeemed Information Redeemed | Batch Number | - |
| \$2,455.77 Redeemed Information Redeemed Sequence Number - | Batch Number | - |
| \$2,455.77 | Batch Number | - |
| \$2,455.77 Redeemed Sequence Number COA Fund 0665 | Batch Number - Redeemed Fund - - Object 2715 | - Redeemed Department - |
| \$2,455.77 Redeemed Sequence Number COA Fund 0665 | Batch Number - Redeemed Fund - Object | - Redeemed Department - |
| | Batch Number - Redeemed Fund - - Object 2715 | - Redeemed Department - Dept Object |
| \$2,455.77 | Batch Number - Redeemed Fund - - Object 2715 Sub Object - | - Redeemed Department - Dept Object - Dept Revenue - |
| \$2,455.77 | Batch Number - Redeemed Fund - - Object 2715 Sub Object - Unit | - Redeemed Department - Dept Object - Dept Revenue - |
| \$2,455.77 Redeemed Sequence Number COA Fund 0665 Sub Fund Department 005 Object Class - | Batch Number - Redeemed Fund - - Object 2715 Sub Object - Unit 5790 Revenue Source | - Redeemed Department - Dept Object - Dept Revenue - Sub Unit - Sub Revenue Source - |
| \$2,455.77 | Batch Number - Redeemed Fund - - Object 2715 Sub Object - Unit 5790 | - Redeemed Department - Dept Object - Dept Revenue - Sub Unit - |
| \$2,455.77 Redeemed Sequence Number COA Fund 0665 Sub Fund Department 005 Object Class - | Batch Number - Redeemed Fund - - Object 2715 Sub Object - Unit 5790 Revenue Source | - Redeemed Department - Dept Object - Dept Revenue - Sub Unit - Sub Revenue Source - |

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CGI Advantage



durantcollision@iowatelecom.net 1303 5th St, P O Box 638, DURANT, IA 52747 Phone: (563) 785-6353 FAX: (563) 785-6659 Workfile ID: PartsShare: Federal ID: 6465a242 7RLphb 202958038

Final Bill

| RO Number: 1742 | | | | |
|--------------------|------------|-------------------|--------------|---------------|
| Customer: | Insurance: | Adjuster: | Estimator: | Craig Moeller |
| Iowa State Patrol | | Phone: | Create Date: | 3/26/2024 |
| 22365 20th Ave. | | Claim: APDSOI2776 | 562-001 | |
| Stockton, IA 52769 | | Loss Date: | | |
| (563) 284-9501 | | Deductible: | | |
| | | | | |

2019 DODG Charger Police AWD (Fleet) 4D SED 8-5.7L Gasoline Sequential MPI silver

| VIN: | 2C3CDXKT1KH622773 | Interior Color: | | Mileage In: | 135,935 | Vehicle Out: |
|----------|-------------------|------------------|--------|--------------|---------|--------------|
| License: | 109 | Exterior Color: | silver | Mileage Out: | | |
| State: | IA | Production Date: | 3/2019 | Condition: | Good | Job #: |

| Line | Ver | Operation | Description | Qty | Extended Price \$ | Part Type | Labor | Туре | Paint |
|------|-----|----------------|--|-----|----------------------|--------------|-------|------|-------|
| 1 | E01 | | FRONT BUMPER & GRILLE | | | | | | |
| 2 | E01 | Repair | Bumper cover | | | | 3.5 | Body | 3.4 |
| 3 | E01 | | Add for Clear Coat | | | | | | 1.4 |
| 4 | E01 | Remove/Install | PUSH BAR AND WRAP | | | | 2.0 | Body | |
| 5 | E01 | Alignment | PUSH BAR AND WRAP | | | | 1.0 | Body | |
| 6 | E01 | Remove/Install | REMOVE AND REINSTALL BLACK APPLIQUE | | | | 1.0 | Body | |
| 7 | E01 | Remove/Replace | RT Air duct | 1 | 68.40 | OEM | | | |
| 8 | E01 | Remove/Replace | RT Bumper bracket | 1 | 42.45 | OEM | 0.1 | Body | |
| 9 | E01 | Remove/Replace | LT Support inner | 1 | 30.00 | OEM | | | |
| 10 | E01 | Remove/Replace | LT Support outer | 1 | 12.10 | OEM | | | |
| 11 | S01 | Remove/Replace | Upper grille black crossbars | 1 | 369.00 | A/M | 0.7 | Body | |
| 12 | S01 | Remove/Replace | Closure panel | 1 | 181.00 | A/M | 0.1 | Body | |
| 13 | E01 | | FRONT LAMPS | | | | | | |
| 14 | E01 | Remove/Replace | LT Headlamp assy halogen | 1 | 851.00 | OEM | 0.4 | Body | |
| 15 | E01 | Remove/Replace | Aim headlamps | | | | 0.5 | Body | |
| 16 | E01 | | RADIATOR SUPPORT | | | | | | |
| 17 | E01 | Remove/Replace | Front shield w/police | 1 | 222.82 | OEM | 0.4 | Body | |
| 18 | E01 | Remove/Replace | Splash shield AWD w/police | 1 | 135.00 | OEM | 0.2 | Body | |
| 19 | E01 | Remove/Replace | Radiator support | 1 | 296.00 | OEM | 1.0 | Body | 1.6 |
| 20 | E01 | Remove/Replace | Evacuate & recharge | | | | 1.4 | Mech | |
| 21 | E01 | Remove/Replace | Refrigerant recovery | | | | 0.4 | Mech | |
| 22 | E01 | | FENDER | | | | | | |
| 23 | E01 | Repair | LT Fender | | | | 4.0 | Body | 2.0 |
| 24 | E01 | | Overlap Major Non-Adj. Panel | | | | | | (0.2) |
| 25 | E01 | | Add for Clear Coat | | | | | | 0.4 |
| 26 | E01 | Remove/Install | Decal"State Trooper" | | | | 0.6 | 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

RO Number: 1742

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2019 DODG Charger Police AWD (Fleet) 4D SED 8-5.7L Gasoline Sequential MPI silver

| 27 | E01 | Remove/Replace | LT Fender liner 3.6, 5.7 liter | 1 | 114.00 | OEM | 0.3 | Body |
|----|-----|----------------|--------------------------------|---|--------|-------|-----|------|
| 28 | E01 | | ***** ADD-ONS ***** | | | A/M | | |
| 29 | E01 | Remove/Replace | Cover Car | 1 | 10.00 | Other | | |
| 30 | E01 | Repair | Color sand and buff | | | | 1.0 | Body |
| 31 | E01 | Remove/Replace | Corrosion protection primer | 1 | 10.00 | Other | | |
| 32 | E01 | Remove/Replace | RT Fender liner 3.6, 5.7 liter | 1 | 114.00 | OEM | 0.3 | Body |
| 33 | E01 | | VEHICLE DIAGNOSTICS | | | | | |
| 34 | E01 | | Pre-repair scan | | | OEM | 0.5 | Mech |
| 35 | E01 | ····· | Post-repair scan | | | OEM | 0.5 | Mech |

| Estimate Totals | Discount \$ | Markup \$ | Rate \$ | Total Hours | Total \$ |
|-------------------|--|-----------|---------|-------------|----------|
| Parts | ······································ | | | | 2,455.77 |
| Labor, Body | | | 68.00 | 17.1 | 1,162.80 |
| Labor, Refinish | | | 115.00 | 8.6 | 989.00 |
| Labor, Mechanical | | | 85.00 | 2.8 | 238.00 |
| Subtotal | | | | | 4,845.57 |
| Sales Tax | | | | | 0.00 |
| Grand Total | | | | | 4,845.57 |
| Net Total | | | | · | 4,845.57 |

Estimate Version Total \$ Original 4,241.17 Supplement S01 604.40 Insurance Total \$: 4,845.57 Received from Insurance \$: 0.00 Balance due from Insurance \$: 4,845.57 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



Adam Steen, Director

Date: March 28, 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 | #109/Animal |
|-----------------------------|---|
| Event Date | March 26, 2024 |
| Summary | Vehicle 109 struck a deer. (277662) |
| Amount Requested | \$4,241.17 - 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>

Fwd: Trooper Smith #109 Car Vs. Deer.

1 message

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

Wed, Mar 27, 2024 at 11:14 AM To: Jeannie R Adams <jadams@dps.state.ia.us>, "Guill, Bryan [DPS]" <guill@dps.state.ia.us>, Tammy Hollingsworth <Tammy.Hollingsworth@aos.iowa.gov>, TOS ExecutiveCouncil <executivecouncil@tos.iowa.gov>

Please accept this email as initial 24 hr notification for AON, vehicle 109 struck a deer on 3/26/2024. 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

das.risk@iowa.gov

https://das.iowa.gov



--- Forwarded message ------From: Saldivar David <saldivar@dps.state.ia.us> Date: Wed, Mar 27, 2024 at 7:57 AM Subject: Trooper Smith #109 Car Vs. Deer. To: das.risk@iowa.gov <das.risk@iowa.gov>, vehicledamage <vehicledamage@dps.state.ia.us> Cc: post12sup <post12sup@dps.state.ia.us>, Guill Bryan <guill@dps.state.ia.us>

Please let us know if you need anything else. Thank You!

Sergeant David Saldivar 281

Iowa State Patrol / District 12

22365 20th Avenue

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!!!

| | (n | aik il Act ul i | value \square) CASE #. | 2024007031 |
|---|------|-----------------|---|------------|
| Date: (Month/Day/Year) | 03/2 | 26/2024 | Time: (Time plus a.m./p.m.) | 6:18 AM |
| Vehicle Plate #: | 109 | | Vehicle Mileage: | 135887 |
| Vehicle Description: (Yr/Make/Model/ & Vin#) | 201 | 9 Dodge Charç | ger VIN: 2C3CDXKT1K | H622773 |
| Assigned To: | Trp. | Smith | Badge # | 109 |
| Driven By: | Trp. | Smith | Badge # | 109 |
| Driver's Lic #: | 220 | DD5706 | Damage: | \$4241.17 |
| Vehicle Towed: (Yes / No) | NO | | Towed By: | N/A |
| Towed To: | N/A | | Towing Cost: | \$0.00 |
| Seat Belt: (Yes / No) | Yes | | Type of Vehicle: (Marked/Semi /Unmarked) | Marked |
| Injured/Injuries: | | None | | |
| Occupants: (Other than driver) | | None | | |

STATE VEHICLE: (Mark if Act of Nature) CASE #: 2024007631

VEHICLE #2:

| DL #: | State: | |
|-------------------|--------|--|
| Vehicle Lic. # | State: | |
| Driver's Name: | | |
| Driver's Address: | | |
| | | |
| Owner's Name: | | |
| Owner's Address: | | |
| | | |

August 2018

| 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) Weari | ng Seat Belt: (Yes/No |) |

OTHER INFORMATION:

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| Witnesses: | None |
|--|-----------------------------------|
| Accident Location: (Street/Hwy) | Hwy 64 EB at Jct of Lead Mine Rd. |
| County: | Jones |
| Weather/Road Conditions: | Clear/Dry |
| Unit 1 struck a deer. | |
| | |
| Property Damage other than Vehicles: | None |
| Cost: | \$ 0.00 |
| Citations Issued To: (List Charge(s) and Statute Code(s)) | None |

| Investigating Officer: Sgt. Saldivar | |
|--------------------------------------|--|
|--------------------------------------|--|

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: | | |

August 2018

| 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) Weari | ng Seat Belt: (| Yes/No) Yes | |

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Form 4433003 (11-13)

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INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Sheet 1 of 3

| Law Enforcement Case Number: | |
|------------------------------|--|
| 2024007631 | |

| MAI | L REPORTS TO: | Iowa De | partment | of Tran | sportati | ion, Offi | ce of Urive | r Service | s, P.O. Bo | x 9204, L | Des M | oines, Io | wa 503 | 306-9204 | 1 | | | _ | | | | |
|--------------------------|-----------------------------|------------------|--------------------|----------------|-----------------|--------------|---------------|------------|------------------|--------------|--------|---------------|----------------|---------------------|-------------|---------------|-----------|-------------------|--------------------|-----------|--------------------|--|
| | | Time of 06:18 | Acciden Hrs. | | ounty ONES - | · 53 | | | | Accio | dento | occurre | d with | in corp | orate l | imits o | f (city) | | | | | |
| υ | Driver's Name SMITH | - Last | | | | | | | | First BLA | | | | | | | | Middle ROBE | | | | |
| N I | Address 22365 20TH A | VE | | | | | | | | City STO | скто | ON | | | | | | State IA | Zip 52769 | | | |
| Т 1 | Date of Birth 03/13/1993 | | Driver's 220DD5 | | se Nun | nber | | CDL | . Cit | ation Cl | harge | :1 | | | | | Citation | Charge : | 2 | | | |
| 1 | Male Female | State IA | Class C | Endo | rseme | nts F | Restriction | TS Yes | No Cit | ation Cł | harge | 3 | | | | | Citation | Charge 4 | 4 | | | |
| | Alcohol Test G | eiven: | Test R | esuits: | | Drug To 1 | est Given | : Test | Result: | Re-e | xam: | Yes | ^N ⁰ | Reaso | n for R | e-Exa | m Reque | st: | | | | |
| | Owner's Name STATE OF IO | | 1 | | | | | | | First | | | <u> </u> | | | | | Middle | | | | |
| | Address | | | | | | | | | City | | | | | | | | State | Zip | | | |
| | 109 SE 13TH | | I I | | | | | | | DES | | NES | | | | | | IA | 50319 | | | |
| | License Plate | No. | State IA | Year | | эхкт | 1KH6227 | 73 | | Color SIL | r | | | Year 2019 | Mal DO | | | Model CHAR | GER PO | | Style 4D | |
| | Trailer Plate N | lo. | State | Year | VIN: | | | | | Tow 1 | Т | ow # | | | Tow | ved To | ŀ | • | Approx. \$4,241 | | Repair or F | Replace |
| | Insurance Con | npany I | Vame | | <u> </u> | | | | | Insur | ance | Co. Pl | none N | lumber | ไทรเ | irance | Policy N | umber | | | | |
| | Initial Travel D | irection | Veh. A | | /eh. Co 01 | onfig. | Cargo B 01 | ody Typ | e Veh. | Defect | Poir | nt of Ini | tial Im | pact N | Aost D | amage | ed Area | Extent o | f Dama | ge T 1 | | c. in Veh. |
| | Special Veh. F | unc E | mergeno | cy Stat | tus B | us Use | Driver (| Conditio | n Vision | Obscu | | Contrit 88 | outing | Circum | stance | s Driv | er (up to | two) Dr 02 | | tractio | ons Sp | eed Limit |
| | Traffic Control | s H | lorizonta | I Align | ment | Vertic | al Alignm | - I - | EQUEN OF EVEN | | irst E | vent | Se | cond Ev | /ent | Third I | Event | Fourth | Event | Mos | st Harm | ful Event |
| с | Carrier Name/ | Lessee | | | | 1 | | | | I | | | | | . <u> </u> | | | L | | | | |
| о М | Street Address | S | | | | | | | | City | | | | | | | | State | Zip Co | de | | |
| M E | Number of Axi | es | Gros | s Vehi | icle We | eight R | tating | | | US D | N TO | lumbe | • | мс | Numb | er | | Underr | ide/Ove | rride | | |
| | Haz Mat Involv | vement | Haz | Mat Pla | acard | Place | ard Numb | per Ha | z. Mat R | eleased | | laz Ma | t Clas | s Haz | : Mat N | lame | | I | | | | |
| Α | Trailer Plate: | | State | e Yea | ar | VIN | | <u>. I</u> | | | | | | | | | tion | ent | | | | Dort |
| L | Trailer Plate: | | State | e Yei | ar | VIN | | | | | | | | | Position | atus | tt Protec | Airbag Deployment | | | /extincated | Source of Transport Died at scene/enroute |
| | Converter Doll | У | Dolly | Plate: | : | State | e Plate Y | ′ear VII | N | | | | | Sex | Seating | Iniury Status | Occupanti | Airbag D | Éjection | | lfapped | source o |
| | | | ! | | | Phor | ne Numbe | ər: | | | | | | 1 | 1 | | | | | 200 | 01 | adaminta and and a |
| P E | DRIVI | ER OI | F UNIT | [·] 1 | | Tran | sported to | 0: | | | | | | | | Tra | insported | by: | | | | |
| R S O | Name | | | | | | | Phone N | lumber | | | DOI | 3: | | | | | | | | | |
| NI | Address | | | | | | | | | Trans | porte | d to: | | | | Tra | insported | L ⊫ by: | | | | |
| | Name | | | | | | (| Phone N | lumber | 1 | | DO | 3: | | | | | | | | - 5 | |
| I U N N | Address | | | | | | I | | | Trans | porte | d to: | | | | i ar | insported | by: | | | | |
| J I U T | Name | | | | | | | Phone N | lumber | J | | DOE | 3: | | | | | | | | | |
| R E ¹ D | Address | | | | | | ł | | | Trans | porte | d to: | | | <u> ###</u> | | insported | Lf≝ by: | | | | |
| _ | Name | | | | | | | Phone N | lumber | .1 | | DOI | 3: | | | | | | Burger | | | |
| | Address | | | | | | I | | | Trans | porte | d to: | | 1 | | Tra | insported | LI≊ by: | aller all | 1 | | |

| Form 4433003 | (11-13) |
|--------------|---------|
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INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

| Form | 4433003 (11-13) | | II | | | FFICER'S R | | т | | | | | | of 3 | | |
|------------|--|------------------------------------|--------------------------------|---------------------|-----------------------|-------------------------|-----------|--------------------------------|------------------------------------|----------------------|--|------------------|---------------------|---|--|--|
| M | AIL REPORTS TO: Iowa Depart | ment of Transportati | ion, Office of Driv | | | Des Moines, Iowa | | 204 | | Law Er | nforceme 07631 | ent Cas | se Num | ber: | | |
| | | of Accident Cou | | | | cident occurred v | | | (city) | Legal Interve | ntion? | | Private Property | <u>а</u> П | | |
| 0 | Literal Description | | | | | | | | | County | | | | | | |
| C A | IA 64 E AND LEAD MIN | | N | NEES | SE S SW | W NW | | | | 53 | dinate: | | | | | |
| Т | If accident occurred outsi city limits show general v | | Ö | ÖŌŎ | ŐŐŐ | $\sim \sim$ | rest city | | | 645842 | | | | | | |
| | On Road, Street or Highv | vay: | | At | Intersection v | /ith: | | | | Y Coor 466080 | dinate: | | | | | |
| N | Note: Unless accident oc | | | | | | | | | | | | | | | |
| | | | | | | | | | | | If Divided Highway, Provide Route (Cardinal) Travel Direction | | | | | |
| | 0 | 0000000 and 0000000 | | | | | | | | | | | ~ | | | |
| | Milepost Number | Definable int Or bridge, or rai | tersection, ilroad crossing | | | | | | | | | · 、 | | \sim | | |
| | | ENVIRONMENT | | | ROADWAY C | HARACTERIST | ICS | | | | | | | | | |
| | tion of First Harmful Event | Weather Cond | litions (up to two | Major Co Roadway | - | mstances Environn | nent | | | act) | | | tance | œ | | |
| | t Conditions | Surface Condi | tions | | y Roadway Juncti | on/Feature | | | , vpe | (o impact) | o crash) | lent | licum | nsport enrour | | |
| | | | | FRA No. | • | | | y Unit | Status Motorist | ation (prion | prior to | -quipr | jauling C | of Iransport | | |
| Firs 31 | 1- | VORKZONE Ye | | tivity Lo | ocation Ty | pe Worker | s Preser | t Sex Struck by Unit No. | Injury Status Non-Motorist Type | ocatio | Action (prior Condition | Safety Equipment | Contrib | Source of Transport Diedial scene/encode | | |
| N | Name 001 | | | Pho | one Number | [| DOB: | | | | 4 | | | | | |
| 0 | Address: | | | | | Alcohol Tes | t Given | Test Results: | Drug T | est Give | n Resu | 副 ult Ch | arged ` | Yes No | | |
| N N C | | | · . | | | Transported | l by: | | | | | | | 00 | | |
| ד כ | | | | | | | • | dessentation and the | annous . | | | 8 1 | energeneter (| | | |
| F | Iname | | | Pho | one Number | | OOB: | | | | | | | | | |
| s s | Address: | | | Alcohol Test Giv | | | t Given | ven Test Results: Drug Tes | | | est Given Result Charge | | | | | |
| T S | Transported to: | | | | | Transported | ł by: | | 1 | | | | , | | | |
| N F | If Property other than | Object Damag | ged | | | | | | | | E | stimate | of Dar | nage | | |
| O F N C | | 1 | | First Name | | | Middle | Name | | Phon | e Numb | er | | | | |
| V F | | | | 7 14 . | | | Chata | | | | | | | | | |
| н Б | | | | City | | | State | Zip Code | | owner o 'es 2 = N | | | | | | |
| I T C Y | If Property other than vehicles damaged explair | Object Damag | ged | | | | | | | E | stimate | e of Dar | nage | | | |
| U | Owner's Last Name | 1 - | | First Name | | | Middle | Name | | Phon | ie Numb | er | | | | |
| LC AN | Address | | | City | | | State | Zip Code | | | owner o | | | | | |
| RG | Last Name | First Name | Addr | ess | | | City | _[| State | 1 = Y Zip Cod | íes 2 = N le l | | Unknow Numbe | | | |
| W I | Last Name | First Name | Addr | | | | City | | State | Zip Cod | | Phone | Numbe | r | | |
| Т | | | | | | | | | | | | | | | | |
| N E | Last Name | First Name | Addr | ess | | | City | | State | Zip Cod | le I | Phone | Numbe | r | | |
| S S | Last Name | First Name | Addr | ess | | | City | | State | Zip Cod | le l | Phone | Numbe | r | | |
| | Last Name | First Name | Addr | ess | | | City | | State | Zip Cod | le I | Phone | Numbe | r | | |
| ls Ti Y | his a Secondary Crash? | Type of Prima | ary Incident | | | | | adway Clearan /26/2024 | ce Date | | ncident ()3/26/20 | | nce Dat | e | | |
| Sigr | nature of Officer | | - | Number | | Notified of Accie | dent Ro | adway Clearan | ce Time | - | ncident (| | nce Tim | ie | | |
| | DOPER M KLEBE | | 172 Date o | f Report | 06:32 Time Officer | Hrs. Arrived At Scen | | :24 tal Roadway Cl | Hrs. earance | | 11:20 Fotal Inci | ident C | H: learanc | | | |
| PC\ | 1 | | 03/26/ | 2024 | 11:00 | Hrs. | 00 | 0:06 | | c | 005:02 | | | | | |
| кер | ort Reviewed By | | Date o | f Review | Investigation Y O | N O | r [f. | . No. | Othe | eriechn | ical Inve | stigatir | ng Ager | ю | | |

Form 4433003 (11-13)

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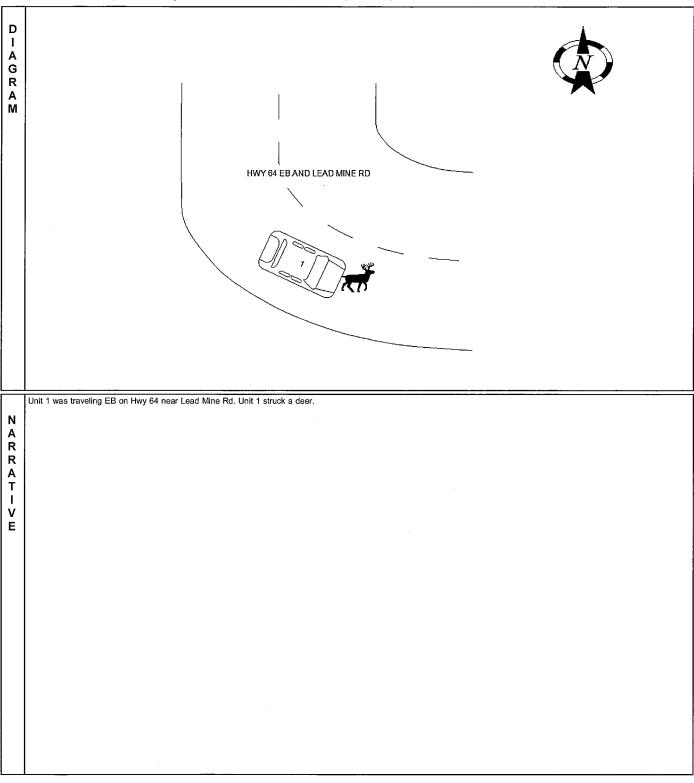
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INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

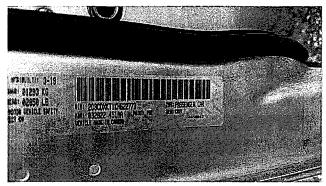
Sheet 3 of 3

Law Enforcement Case Number: 2024007631

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



| | Image Report | | | | | | | | | | | | |
|------------|-------------------|---------------|-------------------|----------------|-------------------|------------------|---------|--|--|--|--|--|--|
| Owner: | Iowa State Patrol | Insurance: | | Estimator: | Craig Moeller | Vehicle Out: | | | | | | | |
| RO Number: | | Claim Number: | | | | | | | | | | | |
| Year: | 2019 | Color: | silver | License Plate: | 109 | Production Date: | 3/2019 | | | | | | |
| Make: | DODG | Body Style: | 4D SED | State: | IA | Mileage In: | 135,935 | | | | | | |
| Model: | Charger Police AW | Engine: | 8-5.7L Gasoline S | VIN: | 2C3CDXKT1KH622773 | Condition: | Good | | | | | | |







3/26/2024 Comments: RF



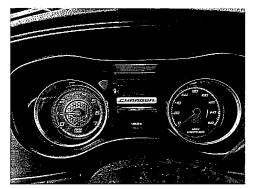
3/26/2024 Comments: LR



3/26/2024 Comments: LF



3/26/2024 Comments: RR

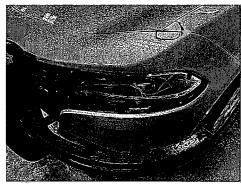


3/26/2024 Comments: ODOMETER 135,935

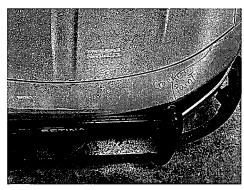
| Image Report | | | | | | | |
|--------------|-------------------|---------------|-------------------|----------------|-------------------|------------------|---------|
| Owner: | Iowa State Patrol | Insurance: | | Estimator: | Craig Moeller | Vehicle Out: | |
| RO Number: | | Claim Number: | | | | | |
| Year: | 2019 | Color: | silver | License Plate: | 109 | Production Date: | 3/2019 |
| Make: | DODG | Body Style: | 4D SED | State: | IA | Mileage In: | 135,935 |
| Model: | Charger Police AW | Engine: | 8-5.7L Gasoline S | VIN: | 2C3CDXKT1KH622773 | Condition: | Good |



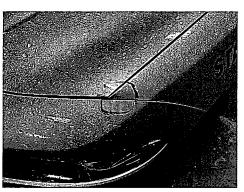
3/26/2024 Comments: FRONT



3/26/2024 Comments: LT HEADLAMP



3/26/2024 Comments: REPAIR BUMPER



3/26/2024 Comments: REPAIR FENDER



3/26/2024 Comments: LT FENDER

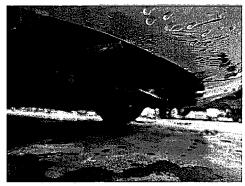


3/26/2024 Comments: LF

| | Image Report | | | | | | | |
|------------|-------------------|---------------|-------------------|----------------|-------------------|------------------|---------|--|
| Owner: | Iowa State Patrol | Insurance: | | Estimator: | Craig Moeller | Vehicle Out: | | |
| RO Number: | | Claim Number: | | | | | | |
| Year: | 2019 | Color: | silver | License Plate: | 109 | Production Date: | 3/2019 | |
| Make: | DODG | Body Style: | 4D SED | State: | IA | Mileage In: | 135,935 | |
| Model: | Charger Police AW | Engine: | 8-5.7L Gasoline S | VIN: | 2C3CDXKT1KH622773 | Condition: | Good | |



3/26/2024 Comments: LICENSE



3/26/2024 Comments: undercover front gone



3/26/2024 Comments: undercover rear gone



3/26/2024 Comments:

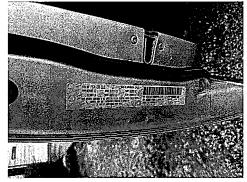


3/26/2024 Comments: rt liner and ducts gone

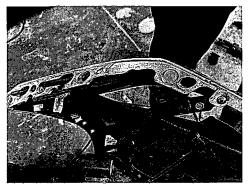


3/26/2024 Comments: It liner

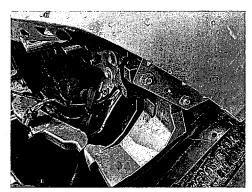
| | Image Report | | | | | | | |
|------------|-------------------|---------------|-------------------|----------------|-------------------|------------------|---------|--|
| Owner: | Iowa State Patrol | Insurance: | | Estimator: | Craig Moeller | Vehicle Out: | | |
| RO Number: | | Claim Number: | | | | | | |
| Year: | 2019 | Color: | silver | License Plate: | 109 | Production Date: | 3/2019 | |
| Make: | DODG | Body Style: | 4D SED | State: | IA | Mileage In: | 135,935 | |
| Model: | Charger Police AW | Engine: | 8-5.7L Gasoline S | VIN: | 2C3CDXKT1KH622773 | Condition: | Good | |



3/26/2024 Comments: VINTAG



3/26/2024 E01 Comments: It side bumper brackets



3/26/2024 E01 Comments: radiator support



TO: SGT. SALDIVAR

FROM: TRP. SMITH

DATE: 3/26/2024

SUBJECT: CAR VS. DEER

Sgt. Saldivar,

On 3/26/24 at approximately 0618hrs, I hit a deer that was crossing Highway 64 SE of Anamosa. My milage at that time was 135887. The damage was minimal, breaking the left headlight cover and took a tiny chunk out of the grill. I have already taken it to Durant Collision for an estimate.

Thanks, Trooper Blaine Smith #109



durantcollision@iowatelecom.net 1303 5th St, P O Box 638, DURANT, IA 52747 Phone: (563) 785-6353 FAX: (563) 785-6659

Workfile ID: PartsShare:

Federal ID: State ID:

6465a242 7RLphb 202958038 116006756

| | 1700. (505) 70 | 55 6655 | |
|------------------------------------|--|---------------------------------|------------------------|
| | Preliminary E | stimate | |
| Customer: Iowa State Pat | rol | | |
| | Written By: Crai | g Moeller | |
| Insured: Iowa State Patrol | Policy #: | Claim #: | |
| Type of Loss: | Date of Loss: | Days to Repair: | 0 |
| Point of Impact: 11 Left Front | | | - |
| Owner: | Inspection Location: | Insurance Cor | npany: |
| Iowa State Patrol | DURANT COLLISION REPAIR | ξ | |
| 22365 20th Ave. | 1303 5th St | | |
| Stockton, IA 52769 | P O Box 638 | | |
| (563) 284-9501 Day | DURANT, IA 52747 | | |
| | Repair Facility | | |
| | (563) 785-6353 Business | | |
| VIN: 2C3CDXKT1KH622773 | eet) 4D SED 8-5.7L Gasoline Sequential MF Interior Color: | 1 silver Mileage In: 135,935 | Vehicle Out: |
| License: 109 | Exterior Color: silver | Mileage Out: | |
| State: IA | Production Date: 3/2019 | Condition: Good | Job #: |
| TRANSMISSION | CONVENIENCE | AM Radio | Cloth Seats |
| Automatic Transmission | Air Conditioning | FM Radio | Bucket Seats |
| 4 Wheel Drive | Intermittent Wipers | Stereo | Reclining/Lounge Seats |
| POWER | Tilt Wheel | Search/Seek | WHEELS |
| Power Steering | Cruise Control | Auxiliary Audio Connection | Styled Steel Wheels |
| Power Brakes | Rear Defogger | SAFETY | PAINT |
| Power Windows | Keyless Entry | Drivers Side Air Bag | Clear Coat Paint |
| Power Locks | Mossage Conter | Passenger Air Bag | OTHER |
| | Message Center | russenger var bag | OTTER |
| Power Mirrors | Steering Wheel Touch Controls | Anti-Lock Brakes (4) | Traction Control |
| Power Mirrors Power Driver Seat | - | | |

Dual Mirrors Tinted Glass **Overhead Console**

Climate Control Backup Camera Parking Sensors RADIO

Front Side Impact Air Bags Head/Curtain Air Bags Hands Free Device

California Emissions Power Trunk/Liftgate

Get live updates at www.carwise.com/e/4KATJ3

SEATS

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2019 DODG Charger Police AWD (Fleet) 4D SED 8-5.7L Gasoline Sequential MPI silver

| Line | | | Oper | Description | Part Number | Qty | Extended Price \$ | Labor | Paint |
|------|----|---------|----------|--|-------------------|-----|----------------------|--------------|-------|
| 1 | FR | | 1PER & G | RILLE | | | | | |
| 2 | * | <> | Rpr | Bumper cover | | | | <u>3.5</u> | 3.4 |
| 3 | | | | Add for Clear Coat | | | | | 1.4 |
| 4 | # | | R&I | PUSH BAR AND WRAP | | | | 2.0 | |
| 5 | # | | Algn | PUSH BAR AND WRAP | | | | 1.0 | |
| | | | | Note: PULL AND ALIGN | | | | | |
| 6 | # | | R&I | REMOVE AND REINSTALL BLACK APPLIQUE | | | | 1.0 | |
| | | | | Note: TO PAINT BUMPER SILVER AF | TER CRACK REPAIRS | | | | |
| 7 | | | Repl | RT Air duct | 68214812AA | 1 | 68.40 | | |
| 8 | | | Repl | RT Bumper bracket | 68226544AB | 1 | 42.45 | 0.1 | |
| 9 | * | | Repl | LT Support inner | 68226533AA | 1 | <u>30.00</u> | | |
| 10 | | | Repl | LT Support outer | 68213538AC | 1 | 12.10 | | |
| 11 | FR | ONT LAM | IPS | | | | | | |
| 12 | * | | Repl | LT Headlamp assy halogen | 68541681AA | 1 | 851.00 | 0.4 | |
| 13 | | | | Aim headlamps | | | | 0.5 | |
| 14 | RA | DIATOR | SUPPOR | Г | | | | | |
| 15 | * | | Repl | Front shield w/police | 68231862AA | 1 | <u>222.82</u> | 0.4 | |
| 16 | | | Repl | Splash shield AWD w/police | 4806075AB | 1 | 135.00 | 0.2 | |
| 17 | * | | Repl | Radiator support | 68200478AC | 1 | <u>296.00</u> | 1.0 | 1.6 |
| 18 | | | | Evacuate & recharge | | | m | 1.4 M | |
| 19 | | | | Refrigerant recovery | | | m | 0.4 M | |
| 20 | FE | NDER | | | | | | | |
| 21 | * | | Rpr | LT Fender | | | | <u>4.0</u> | 2.0 |
| 22 | | | | Overlap Major Non-Adj. Panel | | | | | -0.2 |
| 23 | | | | Add for Clear Coat | | | | | 0.4 |
| 24 | # | | R&I | Decal"State Trooper" | | | | 0.6 | |
| 25 | * | | Repl | LT Fender liner 3.6, 5.7 liter | 68205937AH | 1 | <u>114.00</u> | 0.3 | |
| 26 | ** | | | A/M ***** ADD-ONS ***** | | 1 | | | |
| 27 | # | | Repl | Cover Car | | 1 | 10.00 | | |
| 28 | # | | Rpr | Color sand and buff | | | | 1.0 | |
| 29 | # | • | Repl | Corrosion protection primer | | 1 | 10.00 | | |
| 30 | * | | Repl | RT Fender liner 3.6, 5.7 liter | 68205936AH | 1 | <u>114.00</u> | 0.3 | |
| 31 | VE | HICLE D | IAGNOST | ICS | | | | | |
| 32 | * | | | Pre-repair scan | | 1 | m | <u>0.5</u> M | |
| 33 | * | | | Post-repair scan | | 1 | m | <u>0.5</u> M | |
| | | | | | SUBTOTALS | | 1,905.77 | 19.1 | 8.6 |

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2019 DODG Charger Police AWD (Fleet) 4D SED 8-5.7L Gasoline Sequential MPI silver

| Category | Basis | | Rate | Cost \$ |
|------------------|----------|---|---------------|----------|
| Parts | | | | 1,905.77 |
| Body Labor | 16.3 hrs | 0 | \$ 68.00 /hr | 1,108.40 |
| Paint Labor | 8.6 hrs | @ | \$ 115.00 /hr | 989.00 |
| Mechanical Labor | 2.8 hrs | @ | \$ 85.00 /hr | 238.00 |
| Subtotal | | | | 4,241.17 |
| Grand Total | | | | 4,241.17 |
| Deductible | | | | 0.00 |
| CUSTOMER PAY | | | | 0.00 |
| INSURANCE PAY | · | | | 4,241.17 |

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.

2019 DODG Charger Police AWD (Fleet) 4D SED 8-5.7L Gasoline Sequential MPI silver

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 03/15/2024, 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 2024 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.

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.

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2019 DODG Charger Police AWD (Fleet) 4D SED 8-5.7L Gasoline Sequential MPI silver

PARTS SUPPLIER LIST

| Line | Supplier | Description | Price |
|------|--------------------------|--------------------------------|-----------|
| 9 | Billion Automotive Group | #68226533AA | \$ 30.00 |
| | 3015 S. Minnesota Ave | LT Support inner | |
| | Sioux Falls SD 57105 | Quote: 2040384381 | |
| | | Expires: 04/24/24 | |
| 12 | Billion Automotive Group | #68541681AA | \$ 851.00 |
| | 3015 S. Minnesota Ave | LT Headlamp assy halogen | |
| | Sioux Falls SD 57105 | Quote: 2044769575 | |
| | | Expires: 04/24/24 | |
| 15 | Billion Automotive Group | #68231862AA | \$ 222.82 |
| | 3015 S. Minnesota Ave | Front shield w/police | |
| | Sioux Falls SD 57105 | Quote: 2044389914 | |
| | | Expires: 04/24/24 | |
| 17 | Billion Automotive Group | #68200478AC | \$ 296.00 |
| | 3015 S. Minnesota Ave | Radiator support | |
| | Sioux Falls SD 57105 | Quote: 2044392891 | |
| | | Expires: 04/24/24 | |
| 25 | Billion Automotive Group | #68205937AH | \$ 114.00 |
| | 3015 S. Minnesota Ave | LT Fender liner 3.6, 5.7 liter | |
| | Sioux Falls SD 57105 | Quote: 2043783759 | |
| | | Expires: 04/24/24 | |
| 30 | Billion Automotive Group | #68205936AH | \$ 114.00 |
| | 3015 S. Minnesota Ave | RT Fender liner 3.6, 5.7 liter | |
| | Sioux Falls SD 57105 | Quote: 2046758737 | |
| | | Expires: 04/24/24 | |
| | | | |

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2019 DODG Charger Police AWD (Fleet) 4D SED 8-5.7L Gasoline Sequential MPI silver

ALTERNATE PARTS USAGE

2019 DODG Charger Police AWD (Fleet) 4D SED 8-5.7L Gasoline Sequential MPI silver

| VIN: | 2C3CDXKT1KH622773 | Interior Color: | | Mileage In: | 135,935 | Vehicle Out: |
|----------|-------------------|------------------|--------|--------------|---------|--------------|
| License: | 109 | Exterior Color: | silver | Mileage Out: | | |
| State: | IA | Production Date: | 3/2019 | Condition: | Good | Job #: |

| Alternate Part Type | Selection Method | # Of Times Notified Of Available Parts | # Of Parts Selected |
|---------------------|--------------------|---|---------------------|
| Aftermarket | Automatically List | 0 | 1 |
| Optional OEM | Automatically List | 0 | 0 |
| Reconditioned | Automatically List | 0 | 0 |
| Recycled | N/A | 0 | 0 |