

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 an emergency allocation in the amount of \$4,714.97, subject to an audit of actual invoices. On January 27, 2024, Vehicle #151 was damaged by a deer. Request was to cover repair costs.

EXECUTIVE COUNCIL OF IOWA

Kristi Onstot

Kristi Onstot
Executive Secretary

cc: Adam Steen, Director, Department of Administrative Services
DAS Fleet Services, Risk
Matt Bender, Department of Management
Heather Hackbarth, Department of Management

AOS Claim # 3687
TOS Job # _____



OFFICE OF AUDITOR OF STATE
STATE OF IOWA

Rob Sand
Auditor of State

State Capitol Building
Des Moines, Iowa 50319-0004
Telephone (515) 281-5834 Facsimile (515) 281-6518

April 12, 2024

Victoria Newton
Executive Council
L O C A L

Subject: Deer Damage to Vehicle #151 on January 27, 2024
Department of Administrative Services
Claim dated January 31, 2024
AOS Claim ID: 3687

In accordance with Executive Council policy, we have examined the claim for 29C.20 funds for the above-mentioned damage. It is our conclusion that the above damage incurred by the Department of Administrative Services is covered by Chapter 29C.20 of the Code of Iowa. Therefore, we recommend an Executive Council allocation in the amount of \$4,714.97, subject to an audit of actual invoices.

Sincerely,

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

Brian R. Brustkern, CPA
Deputy Auditor of State

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



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

Date: January 31, 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	#151/Animal
Event Date	January 27, 2024
Summary	Vehicle 151 struck a deer (274061)
Amount Requested	\$4,714.97 - 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



A05-3687

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

29C20

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

Mon, Jan 29, 2024 at 11:39 AM

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

Please accept this email as initial 24 hr notification for AON, vehicle 151 struck a deer on 1/27/24. I will forward all information as soon as it is received.

All accidents must be reported via email or phone to Fleet Services within 24 hours. All accident reports and estimates are due within 72 hours of an accident. Agencies have 60 days to complete repairs to vehicles once approval is given.

Thank you,

DAS Risk

Central Procurement and Fleet Services Enterprise

Iowa Department of Administrative Services

109 SE 13th St, Des Moines, IA 50319

515-281-3162 office

das.risk@iowa.gov

<https://das.iowa.gov>



Department of
Administrative Services

State Vehicle Damage Report

Attach this completed form to an email along with the items identified below and send to: *DPS – Vehicle Damage; DAS – Risk*

- 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 #: 2024002439

Date: <small>(Month/Day/Year)</small>	1/27/24	Time: <small>(Time plus a.m./p.m.)</small>	7:57 a.m.
Vehicle Plate #:	151	Vehicle Mileage:	107,583
Vehicle Description: <small>(Yr/Make/Model/ & Vin#)</small>	2019 Dodge Charger VIN - 2C3CDXKT2KH622765		
Assigned To:	Dave Goreham	Badge #	151
Driven By:	Goreham	Badge #	151
Driver's Lic #:	611DD7232	Damage:	\$
Vehicle Towed: <small>(Yes / No)</small>	No	Towed By:	
Towed To:		Towing Cost:	\$
Seat Belt: <small>(Yes / No)</small>	Yes	Type of Vehicle: <small>(Marked/Semi /Unmarked)</small>	Marked
Injured/Injuries:	NONE		
Occupants: <small>(Other than driver)</small>			

VEHICLE #2:

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

Insurance Info: (Carrier/Policy #/Phone)			
Veh Description: (Yr/Make/Model & Vin#)			
Damage:	\$	Seat Belt: (Yes / No)	No
Injured/Injuries:			
Occupants: (Other than driver)			
Occupant(s) Wearing Seat Belt: (Yes/No)			

OTHER INFORMATION:

Witnesses:			
Accident Location: (Street/Hwy)	190 th Street / Canfield Ave		
County:	Marshall		
Weather/Road Conditions:	normal		
Narrative: Trooper Goreham was driving west on County Road E29 and collided with a deer.			
Property Damage other than Vehicles:			
Cost:	\$		
Citations Issued To: (List Charge(s) and Statute Code(s))			

Investigating Officer:	Trooper Salesberry #284
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VEHICLE #3: (If needed) (For more vehicles, please make extra copies of this portion)

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

Owner's Phone:			
Insurance Info: (Carrier/Policy #/Phone)			
Veh Description: (Yr/Make/Model & Vin#)			
Damage:	\$	Seat Belt: (Yes / No)	Yes
Injured/Injuries:			
Occupants: (Other than driver)			
Occupant(s) Wearing Seat Belt: (Yes/No)	Yes		

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

Law Enforcement Case Number:
2024002439

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

Date of Accident 01/27/2024		Time of Accident 07:57 Hrs.		County MARSHALL - 64		Accident occurred within corporate limits of (city)									
U N I T 1	Driver's Name - Last GOREHAM					First DAVID			Middle LEE						
	Address 601 SUNRISE ST					City DENVER			State IA	Zip 50622					
	Date of Birth 03/31/1970		Driver's License Number 611DD7232		CDL Yes No <input type="radio"/> <input checked="" type="radio"/>	Citation Charge 1		Citation Charge 2							
	Male <input checked="" type="radio"/>	Female <input type="radio"/>	State IA	Class C	Endorsements	Restrictions	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. 151	State IA	Year 2024	VIN: 2C3CDXKT2KH622765		Color SIL	Year 2019	Make DODG	Model CHARGER POLI	Style 4D					
	Trailer Plate No.	State	Year	VIN:		Tow 1	Tow #	Towed To	Approx. Cost to Repair or Replace \$5,900.00						
	Insurance Company Name SELF INSURED					Insurance Co. Phone Number		Insurance Policy Number							
Initial Travel Direction	Veh. Act.	Veh. Config. 01	Cargo Body Type 01	Veh. Defect	Point of Initial Impact 88	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)		Driver Distractions 02	Speed Limit							
Traffic Controls	Horizontal Alignment	Vertical Alignment	SEQUENCE OF EVENTS	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event							
C O M M E R C I A L	Carrier Name/Lessee														
	Street Address					City			State	Zip Code					
	Number of Axles		Gross Vehicle Weight Rating			US DOT Number		MC Number		Underride/Override					
	Haz Mat Involvement	Haz Mat Placard	Placard Number	Haz. Mat Released	Haz Mat Class	Haz Mat Name									
	Trailer Plate:	State	Year	VIN											
	Trailer Plate:	State	Year	VIN											
Converter Dolly	Dolly Plate:	State	Plate Year	VIN											
P E R S O N S I N J U R E D	DRIVER OF UNIT 1					Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Ejection Path	Trapped/extricated	Source of Transport	Died at scene/enroute
	Phone Number:					Transported to:	Transported by:								
	Name					Phone Number		DOB:							
	Address					Transported to:			Transported by:						
	Name					Phone Number		DOB:							
	Address					Transported to:			Transported by:						
	Name					Phone Number		DOB:							
	Address					Transported to:			Transported by:						
	Name					Phone Number		DOB:							
	Address					Transported to:			Transported by:						

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:
2024002439

L O C A T I O N	Date of Accident 01/27/2024	Time of Accident 07:57 Hrs.	County MARSHALL - 64	Accident occurred within corporate limits of (city)				Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>																																								
	Literal Description 190TH ST AND CANFIELD AVE						County: 64	Route:																																									
	If accident occurred outside of city limits show general vicinity						X Coordinate: 483850.312																																										
	On Road, Street or Highway:						Y Coordinate: 4658412																																										
	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																																										
<table style="width: 100%; text-align: center;"> <tr> <td>N</td><td>NE</td><td>E</td><td>SE</td><td>S</td><td>SW</td><td>W</td><td>NW</td> <td>N</td><td>NE</td><td>E</td><td>SE</td><td>S</td><td>SW</td><td>W</td><td>NW</td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td> <td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td> </tr> </table>						N	NE	E	SE	S	SW	W	NW	N	NE	E	SE	S	SW	W	NW	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<table style="width: 100%; text-align: center;"> <tr> <td>NB</td><td>SB</td><td>EB</td><td>WB</td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td> </tr> </table>				NB	SB	EB	WB	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
N	NE	E	SE	S	SW	W	NW	N	NE	E	SE	S	SW	W	NW																																		
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NB	SB	EB	WB																																														
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																														
Milepost Number Or Definable intersection, bridge, or railroad crossing																																																	
ACCIDENT ENVIRONMENT						ROADWAY CHARACTERISTICS																																											
Location of First Harmful Event			Weather Conditions (up to two)			Major Contributing Circumstances Environment																																											
Manner of Crash/Collision			Light Conditions			Roadway			Type of Roadway Junction/Feature			FRA No.																																					
First Harmful Event (Crash)			WORKZONE RELATED?		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																												
31					<input type="radio"/>	<input type="radio"/>																																											
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 <input type="radio"/>																														
	Transported to:						Transported by:																																										
	Name						Phone Number			DOB:																																							
	Address:						Alcohol Test Given			Test Results:			Drug Test Given			Result			Charged Yes No <input type="radio"/>																														
	Transported to:						Transported by:																																										
N P O R N O V P E E H R I T C 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																																	
W I T N E S S	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																																	
	Last Name		First Name		Address		City		State		Zip Code		Phone Number																																				
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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 01/27/2024			Incident Clearance Date 01/27/2024																																		
Signature of Officer TROOPER J SALESBERRY						Badge Number 284			Time Officer Notified of Accident 07:57 Hrs.			Roadway Clearance Time 07:57 Hrs.			Incident Clearance Time 07:57 Hrs.																																		
Name of Agency IOWA STATE PATROL - DIST 01						Date of Report 01/27/2024			Time Officer Arrived At Scene 07:57 Hrs.			Total Roadway Clearance Time 000:00			Total Incident Clearance Time 000:00																																		
Report Reviewed By						Date of Review			Investigation made at scene? Y <input type="radio"/> N <input checked="" type="radio"/>			T.I. No.			Other Technical Investigating Agency																																		

INVESTIGATING OFFICER'S REPORT
OF MOTOR VEHICLE ACCIDENT

Form 4433003 (11-13)

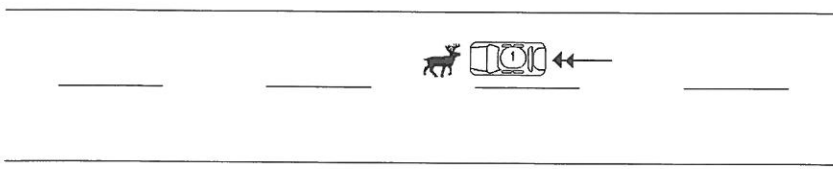
Law Enforcement Case Number:

2024002439

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
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M

190th st westbound at Canfield Ave



N
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E

Unit 1 was westbound on 190th St when it struck a deer.



MEMORANDUM

TO: Sgt. Trimble #312
FROM: Trooper Goreham #151
DATE: 1/27/24
SUBJECT: Squad / Deer Collision

On 01/27/2024 at approx. 0755, I was driving West on E 29 in Marshall County. Just to the West of Davidson Ave., a deer ran North across E-29 striking the front left corner of my patrol car.

Dave



WITHAM COLLISION CENTER

FORD-CHEVROLET-VW-KIA
2033 LAPORTE RD, WATERLOO, IA 50702
Phone: (319) 236-7217

Workfile ID: 6e04bf12
PartsShare: 7M3Rsd
Federal ID: 42-1060951

Preliminary Estimate

Customer: Iowa State Patrol #151

Written By: Branden Frederick

Insured: Iowa State Patrol #151 Policy #: Claim #:
Type of Loss: Date of Loss: Days to Repair: 0
Point of Impact:

Owner: Iowa State Patrol #151
(319) 415-9410 Cell

Inspection Location: WITHAM COLLISION CENTER
2033 LAPORTE RD
WATERLOO, IA 50702
Repair Facility
(319) 236-7217 Business

Insurance Company:

VEHICLE

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

VIN: 2C3CDXKT2KH622765 Interior Color: Mileage In: Vehicle Out:
License: Exterior Color: Mileage Out:
State: IA Production Date: Condition: Job #:

TRANSMISSION

Automatic Transmission
4 Wheel Drive

POWER

Power Steering
Power Brakes
Power Windows
Power Locks
Power Mirrors
Power Driver Seat

DECOR

Dual Mirrors
Tinted Glass
Overhead Console

CONVENIENCE

Air Conditioning
Intermittent Wipers
Tilt Wheel
Cruise Control
Rear Defogger
Keyless Entry
Message Center
Steering Wheel Touch Controls
Telescopic Wheel

CLIMATE

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

Get live updates at www.carwise.com/e/4H3s9H

Preliminary Estimate

Customer: Iowa State Patrol #151

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

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		FRONT BUMPER & GRILLE					
2	R&I	R&I bumper cover				1.9	
3	* <>	Rpr Bumper cover				<u>2.0</u>	3.4
4		Add for Clear Coat					1.4
5	R&I	License bracket type 1				0.1	
6	R&I	Upper grille black crossbars				0.7	
7	Repl	LT Support outer	68213538AC	1	11.75		
8		FRONT LAMPS					
9	R&I	RT R&I headlamp assy				0.3	
10	**	Repl A/M LT Headlamp assy halogen	68541681AA	1	800.00	0.4	
11		Aim headlamps				0.5	
12		FENDER					
13	**	Repl A/M CAPA LT Fender	68213061AC	1	322.00	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	**	Repl A/M CAPA LT Fender liner 3.6, 5.7 liter	68205937AH	1	121.00	Incl.	
18		PILLARS, ROCKER & FLOOR					
19	*	Rpr LT Aperture panel				<u>2.0</u>	4.4
20		Overlap Major Adj. Panel					-0.4
21	*	Add for Clear Coat					0.8
22	R&I	LT W/S pillar trim w/police				0.2	
23		FRONT DOOR					
24	*	Rpr LT Door shell (HSS)				<u>1.0</u>	2.1
25		Overlap Major Adj. Panel					-0.4
26	*	Add for Clear Coat					0.3
27	R&I	LT Lower w/strip				0.2	
28	R&I	LT Power mirror w/o heat, w/o memory, w/o blind spot blue				0.5	
29	R&I	LT Handle, outside black				0.4	
30	R&I	LT R&I trim panel				0.5	
31		MISCELLANEOUS OPERATIONS					
32	#	Hazardous waste removal		1	4.00 T		
33	#	Repl Flex Additive		1	5.00		
34	#	Corrosion protection		1	10.00	0.3	
35	#	4 Wheel Alignment		1	140.00		
36	#	Remove Decals		1		1.0	
37	#	R&I Push Bar				2.0	
38	#	Pre Scan		1		1.0 M	
39	#	Post Scan		1		1.0 M	
40	#	Cover Car		1	10.00	0.3	
SUBTOTALS					1,423.75	17.9	14.3

Preliminary Estimate

Customer: Iowa State Patrol #151

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

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			1,419.75
Parts Discount	\$ 11.75	-10.0 %	-1.18
Body Labor	15.9 hrs @	\$ 72.00 /hr	1,144.80
Paint Labor	14.3 hrs @	\$ 132.00 /hr	1,887.60
Mechanical Labor	2.0 hrs @	\$ 130.00 /hr	260.00
Miscellaneous			4.00
Subtotal			4,714.97
Grand Total			4,714.97
Deductible			0.00
CUSTOMER PAY			0.00
INSURANCE PAY			4,714.97

AUTHORIZED AND ACCEPTED: YOU ARE HEREBY AUTHORIZED TO MAKE THE ABOVE REPAIRS. I UNDERSTAND THAT PAYMENT IN FULL WILL BE DUE UPON RELEASE OF VEHICLE, INCLUDING ADDITIONAL SUPPLEMENTAL DAMAGE CHARGES, AND HEREBY GRANT YOU AND/YOUR EMPLOYEES, PERMISSION TO OPERATE THE CAR, TRUCK, OR VEHICLE HEREIN DESCRIBED ON STREETS, HIGHWAYS, OR ELSEWHERE FOR THE PURPOSE OF TESTING AND / OR INSPECTION. AN EXPRESS MECHANIC'S LIEN IS HEREBY ACKNOWLEDGED ON THE ABOVE CAR, TRUCK, OR VEHICLE TO SECURE THE AMOUNT OF REPAIRS THERETO. YOU WILL NOT BE HELD RESPONSIBLE FOR LOSS OR DAMAGE TO THE VEHICLE OR ARTICLES LEFT IN VEHICLE IN CASE OF FIRE, THEFT, ACCIDENT, OR ANY OTHER CAUSE BEYOND YOUR CONTROL.

AUTHORIZED BY: _____ DATE _____

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

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.

Preliminary Estimate

Customer: Iowa State Patrol #151

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

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 01/17/2024, 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 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. Blend=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.

Preliminary Estimate

Customer: Iowa State Patrol #151

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

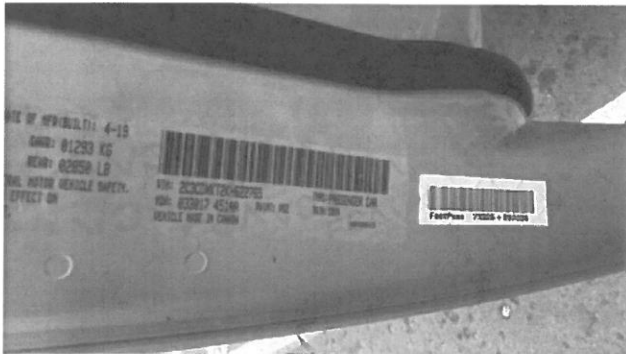
PARTS SUPPLIER LIST

Line	Supplier	Description	Price
10	Keystone, Inc 100 EAST 5TH ST WATERLOO IA 50703 (800) 258-8885	#CH2502337V A/M LT Headlamp assy halogen Quote: 2362716263 Expires: 03/14/24	\$ 800.00
13	Keystone, Inc 100 EAST 5TH ST WATERLOO IA 50703 (800) 258-8885	#CH1240282PP A/M CAPA LT Fender Quote: 2362719906 Expires: 03/14/24	\$ 322.00
17	Keystone, Inc 100 EAST 5TH ST WATERLOO IA 50703 (800) 258-8885	#CH1248171C A/M CAPA LT Fender liner 3.6, 5.7 liter Quote: 2362720556 Expires: 03/14/24	\$ 121.00

WITHAM COLLISION CENTER
2033 LAPORTE RD, WATERLOO, IA 50702
Phone: (319) 236-7217

Image Report

Owner:	Iowa State Patrol	Insurance:		Estimator:	Branden Frederick	Vehicle Out:
RO Number:		Claim Number:				
Year:	2019	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:	2C3CDXKT2KH622765	Condition:



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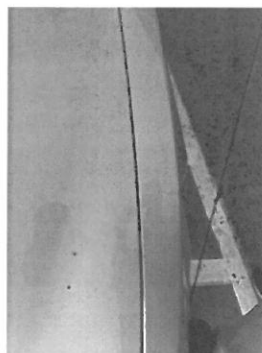
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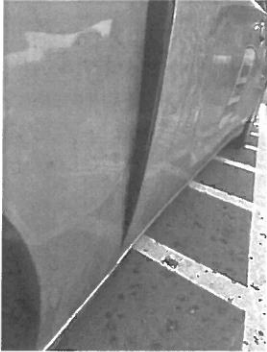


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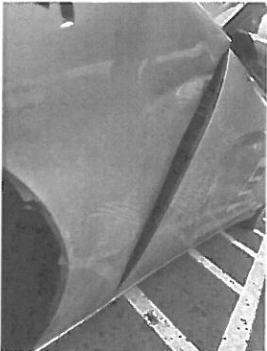
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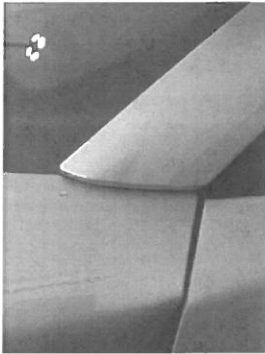


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