

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 \$5,217.03, subject to actual invoices. On December 29, 2023, Vehicle #642 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 # 3651
TOS Job # _____



OFFICE OF AUDITOR OF STATE
STATE OF IOWA

Rob Sand
Auditor of State

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

April 11, 2024

Victoria Newton
Executive Council
L O C A L

Subject: Deer Damage to Vehicle #642 on December 29, 2023
Department of Administrative Services
Claim dated January 2, 2024
AOS Claim ID: 3651

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 \$5,217.03 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 2, 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	#642/Deer
Event Date	December 29, 2023
Summary	Vehicle 642 hit a deer. (272361)
Amount Requested	\$5,217.03 - 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

	Fiscal Year	Warrant Number	Line Number	Line Amount	Issued	Redeemed	Vendor Customer
✓	2024	86131879	1	\$412.50	02/02/2024	02/07/2024	VS000002922
	2024	86131879	2	\$1,250.00	02/02/2024	02/07/2024	VS000002922
	2024	86131879	3	\$3,003.93	02/02/2024	02/07/2024	VS000002922

First Prev Next Last

Search 

Warrant Information

Fiscal Year : Amount :
 Warrant Number : Vendor Customer :
 Line Number : Last Updated :

Issue Information

Issued : Void :
 Document ID : Duplicate :
 Document Line Number : Stop :
 Line Amount :
 Comments :

Redeemed Information

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

Fund Accounting

Fund : Object : Dept Object :
 Sub Fund : Sub Object : Dept Revenue :
 Department : Object Class :
 Unit : Revenue Source :
 Sub Unit : Sub Revenue Source :
 Appropriation : Revenue Source Class :
 BSA :
 Sub BSA :

Detail Accounting

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

[Top](#)

All Makes Collision Center

524 23rd Ave
 Council Bluffs, IA 51501
 Phone (712) 256-3195

Invoice

No: 2243

Scheduled In Date: 1/29/2024
 Completed Date: 1/31/2024
 Service Rep: Kortnie Getzschman
 Page 1
 PO No:

Name

state of iowa

Service Item

19 Chevrolet Impala 1LS 4 DR Sedan
 Lic: Unit#
 VIN: 2G11Z5S38K9114795 Color:
 Mileage In: Mileage Out:
 Paint Code: _____

Insurance Information

Claim No: 272361-001
 Policy No:
 Date of Loss:
 Deductible: 0.0000

Insurance Company

Ext:

Insured

Ext:

Adjuster

Type	Description	Qty	Each	Amount	Sales Tax%	Sales Tax	Total
RL	Refinish Labor	12.2	100.00	1,220.00	7.00%	0.00	1,220.00
BL	Body Labor	8.0	55.00	440.00	7.00%	0.00	440.00
NP	NonTaxable Part			3,006.43	0.00%	0.00	3,006.43
ESTIMATE TOTALS				\$4,666.43		\$0.00	\$4,666.43

Type	Description	Qty	Each	Amount	Sales Tax%	Sales Tax	Total
RL	Refinish Labor	12.2	100.00	1,220.00	7.00%	0.00	1,220.00
BL	Body Labor	8.0	55.00	440.00	7.00%	0.00	440.00
NP	NonTaxable Part			3,006.43	0.00%	0.00	3,006.43
INVOICE TOTALS				\$4,666.43		\$0.00	\$4,666.43

An express mechanic's lien is hereby acknowledged on the above vehicle to secure the amount of costs incurred by in collecting amounts owed for repairs on the above vehicle. I also hereby make, constitute and appoint you and/or your employees as my true lawful attorney for me and in my name, place, and stead to ask, demand, collect, sign for and receive all such sums of money which are or shall be due owing, payable and belonging to me, or detained from me, related to the vehicle herein described. This includes full power and authority to sign my name to all checks, drafts, and/or negotiable instruments related to or arising out of work done by you and/or your employees on the above mentioned vehicle.

Signature: _____

Date: _____



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

29C20

1 message

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

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

Tue, Jan 2, 2024 at 11:52 AM

Please accept this email as initial 24 hr notification for AON, vehicle 642 struck a deer on 12/29/23. 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

das.risk@iowa.gov

<https://das.iowa.gov>



Department of
Administrative Services

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Law Enforcement Case Number:

202400084

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

Date of Accident 12/29/2023		Time of Accident 18:00 Hrs.		County POTTAWATTAMIE - 78		Accident occurred within corporate limits of (city)															
U N I T 1	Driver's Name - Last KOTROUS					First TYLER			Middle JOHN												
	Address 215 E 7TH ST					City DES MOINES			State IA	Zip 50319											
	Date of Birth 07/16/1982		Driver's License Number 140CC5336		CDL	Citation Charge 1			Citation Charge 2												
	Male <input checked="" type="radio"/>	Female <input type="radio"/>	State IA	Class C	Endorsements	Restrictions	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 215 E 7TH ST					City DES MOINES			State IA	Zip 50319												
License Plate No. JHF398		State IA	Year 2024	VIN: 2G11Z5S38K9114795		Color GRY	Year 2019	Make CHEV	Model IMPALA	Style 4DR											
Trailer Plate No.		State	Year	VIN:		Tow 1	Tow #	Towed To		Approx. Cost to Repair or Replace \$5,000.00											
Insurance Company Name STATE OF IOWA					Insurance Co. Phone Number		Insurance Policy Number SELF INSURED														
Initial Travel Direction		Veh. Act. 01	Veh. Config. 01	Cargo Body Type	Veh. Defect	Point of Initial Impact		Most Damaged Area	Extent of Damage	Total Occ. in Veh. 01											
Special Veh. Func		Emergency Status	Bus Use	Driver Condition	Vision Obscured	Contributing Circumstances Driver (up to two) 88		Driver Distractions 02	Speed Limit												
Traffic Controls		Horizontal Alignment		Vertical Alignment		SEQUENCE OF EVENTS	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event										
C O M M E R C I A L	Carrier Name/Lessee																				
	Street Address					City			State	Zip Code											
	Number of Axles		Gross Vehicle Weight Rating			US DOT Number		MC Number		Underride/Override											
	Haz Mat Involvement		Haz Mat Placard	Placard Number	Haz. Mat Released	Haz Mat Class	Haz Mat Name														
	Trailer Plate:		State	Year	VIN		Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Ejection Path	Trapped/Untrapped	Source of Transport	Ejection Seats/Seats					
	Trailer Plate:		State	Year	VIN																
	Converter Dolly		Dolly Plate:	State	Plate Year	VIN															
P E R S O N N I L I N J U R E D	DRIVER OF UNIT 1				Phone Number: (712) 396-3140																
					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:
2024000084

L O C A T I O N	Date of Accident 12/29/2023	Time of Accident 18:00 Hrs.	County POTTAWATTAMIE - 78	Accident occurred within corporate limits of (city)	Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>
	Literal Description HWY 6 & HUNT AVE				County: 78	Route:
	If accident occurred outside of city limits show general vicinity N NE E SE S SW W NW ○○○○○○○○○○○○ of nearest city				X Coordinate: 267477.343	
	On Road, Street or Highway:			At Intersection with:	Y Coordinate: 4573614	
	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	
Milepost Number Or Definable intersection, bridge, or railroad crossing				NB <input type="checkbox"/> SB <input type="checkbox"/> EB <input type="checkbox"/> WB <input type="checkbox"/>		

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

First Harmful Event (Crash)	WORKZONE RELATED?	Yes	No	Activity	Location	Type	Workers Present	Struck by Unit No.	Ability Status	Non-Motorist Type	Location (prior to crash)	Action (prior to crash)	Safety Equipment	Source of Transport	Other Circumstances
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					
	Transported to:	Transported by:												
	Name	Phone Number	DOB:											
Address:	Alcohol Test Given		Test Results:	Drug Test Given	Result	Charged	Yes	No						
Transported to:	Transported by:													

N P R O P E R Y	If Property other than vehicles damaged explain	Object Damaged	Estimate of Damage
	Owner's Last Name	First Name	Middle Name
	Address	City	State
	Zip Code	Was owner or tenant notified? 1 = Yes 2 = No 9 = Unknown	

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
	Address	City	State
	Zip Code	Was owner or tenant notified? 1 = Yes 2 = No 9 = Unknown	

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 12/29/2023	Incident Clearance Date 12/29/2023
Signature of Officer TROOPER J BARDSLEY	Badge Number 037	Time Officer Notified of Accident 09:15 Hrs.	Roadway Clearance Time 18:00 Hrs.
Name of Agency IOWA STATE PATROL - DIST 03	Date of Report 01/02/2024	Time Officer Arrived At Scene 09:15 Hrs.	Incident Clearance Time 18:00 Hrs.
Report Reviewed By	Date of Review	Investigation made at scene? Y <input type="radio"/> N <input checked="" type="radio"/>	Total Roadway Clearance Time 000:00
		T.I. No.	Other Technical Investigating Agency

INVESTIGATING OFFICER'S REPORT
OF MOTOR VEHICLE ACCIDENT

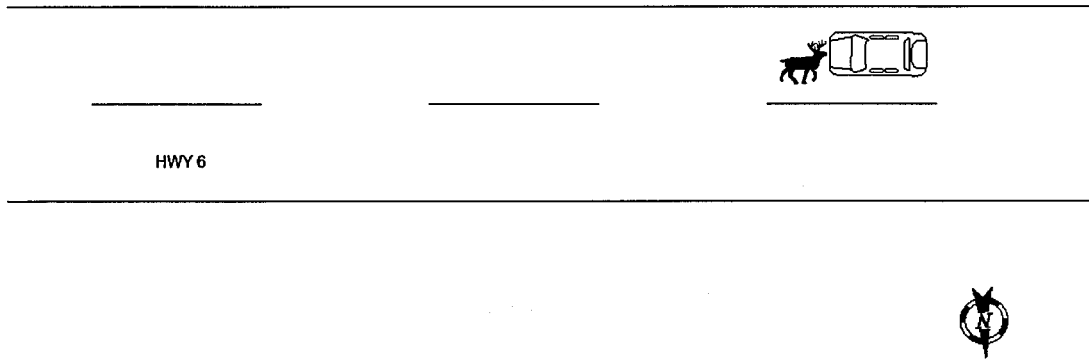
Form 4433003 (11-13)

Law Enforcement Case Number:

2024000084

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



N
A
R
R
A
T
I
V
E

Vehicle was traveling EB on Hwy 6. Vehicle #1 came into contact with a deer in the roadway. Vehicle #1 came to rest on the shoulder. Driver #1 did not need medical treatment. Vehicle was driven away from the scene.



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 #: 2024000084

Date: <small>(Month/Day/Year)</small>	12/29/2023	Time: <small>(Time plus a.m./p.m.)</small>	6:00 p.m.
Vehicle Plate #:	JHF398	Vehicle Mileage:	96650
Vehicle Description: <small>(Yr/Make/Model/ & Vin#)</small>	2019 Chevrolet Impala LT 2G11Z5S38K9114795		
Assigned To:	Tyler Kotrous	Badge #	I-190
Driven By:	Tyler Kotrous	Badge #	I-190
Driver's Lic #:	140CC5336	Damage:	\$5,217.03
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>	Unmarked
Injured/Injuries:	None		
Occupants: <small>(Other than driver)</small>	None		

VEHICLE #2:

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

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

OTHER INFORMATION:

Witnesses:	N/A
Accident Location: (Street/Hwy)	Iowa Highway 6, near Hunt Avenue
County:	Pottawattamie
Weather/Road Conditions:	35 degrees and dry
<p>Narrative: On 12/29/2023, at approximately 1800 hours I was driving my state vehicle (2019 Chevrolet Impala #642) eastbound on Iowa Highway 6 near Hunt Avenue, when I struck a deer with the front driver's side of my car. When I arrived at my destination (home), I examined my car for damage and saw the driver's side hood, fender, and front bumper had damage.</p> <p>On 01/02/2024, I stopped at All Makes Collision in Council Bluffs for an estimate. Kortnie Getzschman provided me with an estimate totaling \$5,217.03.</p>	
Property Damage other than Vehicles:	None
Cost:	\$0
Citations Issued To: (List Charge(s) and Statute Code(s))	

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

VEHICLE #3: (If needed) (For more vehicles, please make extra copies of this portion)

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

Kim Reynolds
Governor
Adam Gregg
Lt. Governor



Department of Public Safety

Stephan K. Bayens
Commissioner

To whom it may concern:

On 12/29/2023, at approximately 1800 hours I was driving my state vehicle (2019 Chevrolet Impala #642) eastbound on Iowa Highway 6 near Hunt Avenue, when I struck a deer with the front driver's side of my car. When I arrived at my destination (home), I examined my car for damage and saw the driver's side hood, fender, and front bumper had damage. On 01/02/2024, I stopped at All Makes Collision in Council Bluffs for an estimate. Kortnie Getzschman provided me with an estimate totaling \$5,217.03.

Attached is the State Vehicle Damage Report, repair estimate from All Makes Collision, the DOT MARS Report, and photos of the damage.

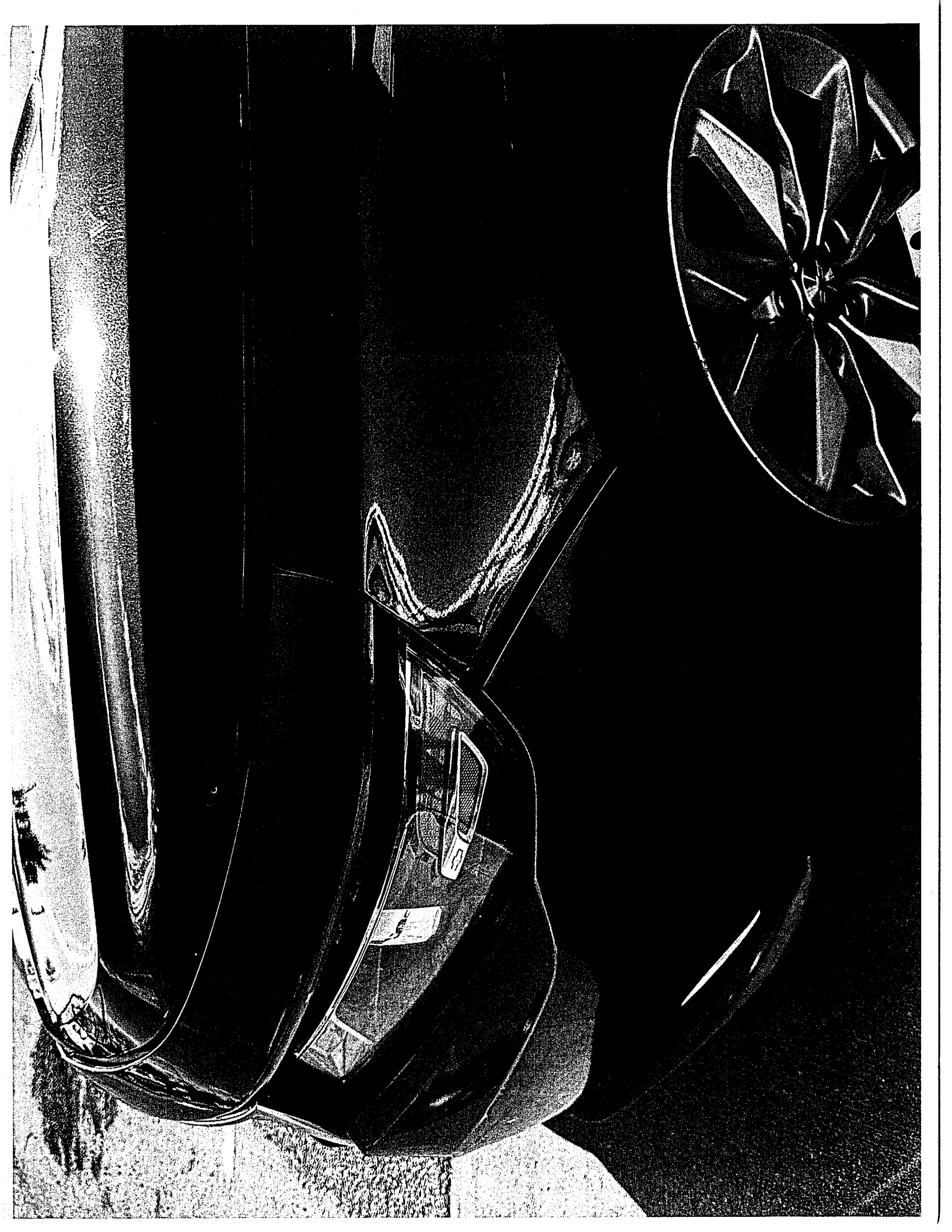
Special Agent Tyler Kotrous I-190
Iowa Department of Public Safety
Division of Criminal Investigation
Special Enforcement Operations Bureau
2200 River Road
Council Bluffs, IA 51501

C: 402-657-4106

O: 712-396-3140

F: 712-396-3143

EM: kotrous@dps.state.ia.us



All Makes Collision Center
524 23rd Ave Council Bluffs, IA 51501
Phone: (712) 256-3195

*** PRELIMINARY ESTIMATE ***

01/02/2024 08:56 AM

Owner

Owner: state of iowa

Control Information

File #: 642

Accounting #:

Inspection

Inspection Date: 01/02/2024 08:57 AM

Inspection Type:

Appraiser Name: Kortnie Getzschman

Appraiser License #:

Repairer

Repairer: ALL MAKES COLLISION
Address: 524 23rd ave

Contact: KARL GETZSCHMAN
Work/Day: (712)256-3195
Cell: (712)355-0860
Work/Day:

City State Zip: COUNCIL BLUFFS, IA 51501
Email: KARL.AAAUTO@LIVE.COM

Target Complete Date/Time:

Days To Repair: 6

Vehicle

OEM Part Price Quote ID: ****

2019 Chevrolet Impala 1LS 4 DR Sedan
6cyl Gasoline 3.6
6-Speed Automatic

Lic Expire:
Veh Insp# :
Condition:
Ext. Refinish: Two-Stage

VIN: 2G11Z5S38K9114795
Mileage Type: Actual
Code: U4183A
Int. Refinish: Two-Stage

Options

18 Inch Alloy Wheels
60/40 Bench Seat
Anti-Lock Brakes
Auxiliary Audio Input
Climate Control For A/C
Daytime Running Lights
Elect. Stability Control
Electronic Compass
Floor Mats
High Definition Radio
In-Vehicle WIFI
Keyless Entry System
Laminated Glass

1st Row LCD Monitor(s)
AM/FM Stereo
Armrest(s)
Carpeting
Compact Spare Tire
Driver Information Sys
Electric Parking Brake
Emergency S.O.S. System
Halogen Headlights
IPOD Control
Intermittent Wipers
Keyless Ignition System
Lighted Entry System

2nd Row Head Airbags
Air Conditioning
Auto Headlamp Control
Center Console
Cruise Control
Dual Airbags
Electric Steering
Engine Stop/Start
Head Airbags
Illuminated Visor Mirror
Keyless Access System
Knee Air Bags
Navigation System

OnStar System	Overhead Console	Power Brakes
Power Door Locks	Power Drivers Seat	Power Mirrors
Power Steering	Power Windows	Privacy Glass
Pwr Accessory Outlet(s)	Pwr Driver Lumbar Supp	Rear Center Arm Rest
Rear Side Airbags	Rear View Camera	Rear Window Defroster
Rem Trunk-L/Gate Release	Side Airbags	SiriusXM Satellite Radio
Split Folding Rear Seat	Stability Cntrl Suspensn	Strg Wheel Radio Control
Tachometer	Theft Deterrent System	Tilt & Telescopic Steer
Tinted Glass	Tire Pressure Monitor	Traction Control System
Trip Computer	USB Audio Input(s)	Vehicle Tracking Service
Velour/Cloth Seats	Wireless Audio Streaming	Wireless Phone Connect

Damages

Line	Op	Guide	MC	Description	MFR.Part No.	Price	ADJ% B%	Hours	R
Front Bumper									
1	E	6		Cover,Front Bumper	22990034 GM Part	\$845.53		3.3	SM
2	L	6	13	Cover,Front Bumper	Refinish			4.4	RF
					3.2 Surface				
					0.6 Two-stage setup				
					0.6 Two-stage				
3	E	1106		Grille,Frt Bumper Lwr	84224251 GM Part	\$466.02		INC	SM
Front End Panel And Lamps									
4	OE	28		Grille Assembly	Replace PXN OE Srpls	\$389.00		INC	SM
5	E	41	01	Headlamp Assy,Halogen LT	84573235 GM Part	\$969.98		0.3	SM
Front Body And Windshield									
6	OE	83		Panel,Hood	Replace PXN OE Srpls	\$1,029.00		0.9	SM
7	L	83		Panel,Hood	Refinish			5.0	RF
					3.0 Surface				
					1.2 Edge				
					0.8 Two-stage				
8	I	103		Fender,Front LT	Repair			2.0*	SM
9	L	103		Fender,Front LT	Refinish			2.2	RF
					1.8 Surface				
					0.4 Two-stage				
9	Items								

MC Message

01 CALL DEALER FOR EXACT PART # / PRICE
13 INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE

Estimate Total & Entries

OEM Parts	\$2,281.53
Other Parts	\$1,418.00
Parts & Material Total	\$3,699.53

Labor	Rate	Replace Hrs	Repair Hrs	Total Hrs	
Sheet Metal (SM)	\$55.00	4.5	2.0	6.5	\$357.50
Mech/Elec (ME)	\$55.00				
Frame (FR)	\$50.00				
Refinish (RF)	\$100.00	11.6		11.6	\$1,160.00

Labor Total	18.1 Hours	\$1,517.50
Gross Total		\$5,217.03
Net Total		\$5,217.03

Alternate Parts Y/05/02/00/03/03 Cumulative 05/02/00/03/03 Zip Code: 51501 Default
OEM Part Prices DT 01/02/2024 08:57 AM EstimateID 1171463345623015424 QuoteID ****
Rate Name Default

Audatex Estimating 8.2.054 ES 01/02/2024 08:59 AM REL 8.2.054 DT 11/01/2023
State Disclosure: Not Selected
© 2024 Audatex North America, Inc.

2.4 HRS WERE ADDED TO THIS ESTIMATE BASED ON AUDATEX'S TWO-STAGE REFINISH FORMULA.

Op Codes

* = User-Entered Value	^ = Labor Matches System Assigned Rates	E = Replace OEM
NG = Replace NAGS	EC = Replace Economy	OE = Replace PXN OE Srpls
UE = Replace OE Surplus	ET = Partial Replace Labor	EP = Replace PXN
EU = Replace Recycled	TE = Partial Replace Price	PM = Replace PXN Reman/Rebld
UM = Replace Reman/Rebuilt	L = Refinish	PC = Replace PXN Reconditioned
UC = Replace Reconditioned	TT = Two-Tone	SB = Sublet Repair
N = Additional Labor	BR = Blend Refinish	I = Repair
IT = Partial Repair	CG = Chippguard	RI = R & I Assembly
P = Check	AA = Appearance Allowance	RP = Related Prior Damage



This report contains proprietary information of Audatex and may not be disclosed to any third party (other than the insured, claimant and others on a need to know basis in order to effectuate the claims process) without Audatex's prior written consent.

© 2024 Audatex North America, Inc.
AUDATEX is a trademark owned by Audatex North America, Inc. All rights reserved.