

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 12<sup>th</sup> 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 \$3,469.82, subject to audit of actual invoices. On December 15, 2023, Vehicle #298 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 # 3648  
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 #298 on December 15, 2023  
Department of Administrative Services  
Claim dated December 27, 2023  
AOS Claim ID: 3648

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 \$3,469.82 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: December 27, 2023

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	#298/Animal
Event Date	December 15, 2023
Summary	Vehicle 298 struck a deer. (272138)
Amount Requested	\$3,469.82 - 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  
515-414-6582

	Fiscal Year	Warrant Number	Line Number	Line Amount	Issued	Redeemed	Vendor Customer
✓	2024	72913895	1	\$1,014.00	02/07/2024	02/14/2024	00003088463
	2024	72913895	2	\$660.00	02/07/2024	02/14/2024	00003088463
	2024	72913895	3	\$1,751.19	02/07/2024	02/14/2024	00003088463

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](#)



1019 Hwy 30 West P.O. Box 396 Carroll, IA 51401  
 Phone: (712) 792-9234 Fax (712) 792-4434  
 Toll Free: 1-800-792-9234  
 service@wittrockmotors.com  
 www.wittrockmotors.com

**SO # 252530**

**SERVICE ORDER  
 CUSTOMER COPY**



Printed 02/05/2024 8:22:00 AM

User 535 Page 2

**Customer No** 7948  
 STATE OF IOWA DOT  
 800 LINCOLN WAY  
 AMES, IA 50010  
 Home (712) 210-3874 Bus (712) 210-6415  
 Cell (712) 210-3874 Today  
 Email motorpool@iowa.gov  
 Term CHARGE

<b>Advisor</b> JOEL PIETIG	<b>Promised</b> 01/10/2024 5:30 PM	<b>Tag</b>
<b>Shop</b> BS	<b>Opened</b> 01/10/2024 1:17 PM	<b>Location</b>
<b>Priority</b>	<b>Cashiered</b> 01/31/2024 9:11 AM	<b>PO #</b>

<b>License No</b> 298	<b>Odometer In</b> 18605	<b>Odometer Out</b> 18607	<b>InServ Date</b>	<b>Stock No</b>
<b>Year</b> 2022	<b>Make</b> FORD	<b>Model</b> F-150 POLICE	<b>Model No</b>	<b>Color</b>
<b>Vehicle ID No</b> 1FTFW1P81NKE64369	<b>Selling Dealer</b>	<b>Extended Warranty</b>	<b>Delivery Date</b>	
<b>Engine Size</b>		<b>Fleet #</b>		

Labor	1,404.00
Parts	1,732.19
SALES TAX ON DEDUCTIBLE	0.00
Misc.	289.00
Supplies	0.00
<b>SUB-TOTAL</b>	<b>3,425.19</b>
Tax	0.00
<b>TOTAL INVOICE</b>	<b>3,425.19</b>

*\*Final Bill\**

Lic. 298

Claim #: APDSOI0272138-001

TERMS: STRICTLY CASH UNLESS ARRANGEMENTS ARE MADE. "I hereby authorize the repair work hereinafter to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in the vehicle in case of fire, theft, or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you or your employees permission to operate the 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 above vehicle to secure the amount of repairs thereto."

DISCLAIMER OF WARRANTIES. Any warranties on the products sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products. Any limitation contained herein does not apply where prohibited by law.

NO RETURN ON ELECTRICAL OR SAFETY ITEMS OR SPECIAL ORDERS.

X \_\_\_\_\_  
 CUSTOMER SIGNATURE



1019 Hwy 30 West P.O. Box 396 Carroll, IA 51401  
 Phone: (712) 792-9234 Fax (712) 792-4434  
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User 535 Page 1

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 STATE OF IOWA DOT  
 800 LINCOLN WAY  
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<b>License No</b> 298	<b>Odometer In</b> 18605	<b>Odometer Out</b> 18607	<b>InServ Date</b>	<b>Stock No</b>
<b>Year</b> 2022	<b>Make</b> FORD	<b>Model</b> F-150 POLICE	<b>Model No</b>	<b>Color</b>
<b>Vehicle ID No</b> 1FTFW1P81NKE64369	<b>Selling Dealer</b>	<b>Extended Warranty</b>	<b>Delivery Date</b>	
<b>Engine Size</b>	<b>Fleet #</b>			

Request	Description	Job	CSR	Status		
BODY	NEW BUMPER BRACKETS, GRILLE, LH HEADLIGHT, REPAIR HOOD	1	535	Original		
<b>Labor</b>	<b>Description</b>		<b>Type</b>	<b>Amount</b>		
BODY	NEW BUMPER BRACKETS, GRILLE, LH HEADLIGHT, REPAIR HOOD		CPBS	1,014.00		
<b>Part</b>	<b>Description</b>	<b>Shp</b>	<b>Bin</b>	<b>Type</b>	<b>Price</b>	<b>Amount</b>
NPN	ML3Z-17A385-BB BRACKET	1		CBSRO	38.59	38.59
NPN	ML3Z-17B985-A PLATE	1		CBSRO	124.72	124.72
NPN	ML3Z-8200-AA GRILLE	1		CBSRO	378.45	378.45
NPN	ML3Z-13008-K HEADLAMP	1		CBSRO	974.04	974.04
NPN	ML3Z-17C755-AA MOULDING	1		CBSRO	57.66	57.66
NPN	ML3Z-7222-D COVER	1		CBSRO	154.83	154.83
NASN345	HS RED CONNECTOR	2	BC-C	CBSRO	1.95	3.90
Rate	65.00	<b>Parts Total</b>		1,732.19		
Technician	521 - QUINCY OHL	<b>Labor Total</b>		1,014.00		
<b>Request Sub-total</b>				2,746.19		

Request	Description	Job	CSR	Status
REFINISH	REFINISH AS PER ESTIMATE	2	535	Original
<b>Labor</b>	<b>Description</b>		<b>Type</b>	<b>Amount</b>
REFINISH	REFINISH AS PER ESTIMATE		CPBS	390.00
PNT	PAINT & MATERIALS		CBPNT	270.00
HAZ	HAZARDOUS WASTE DISPOSAL		CBHAZ	3.00
RP	RUSTPROOFING		CBMISCT	5.00
SS	SEAMSEALER		CBMISCT	11.00
Rate	65.00	<b>Labor Total</b>		679.00
Technician	651 - DOUG TOWNE 535 - JOEL PIETIG	<b>Request Sub-total</b>		679.00

TERMS: STRICTLY CASH UNLESS ARRANGEMENTS ARE MADE. "I hereby authorize the repair work hereinafter to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in the vehicle in case of fire, theft, or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you or your employees permission to operate the 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 above vehicle to secure the amount of repairs thereto."

DISCLAIMER OF WARRANTIES. Any warranties on the products sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products. Any limitation contained herein does not apply where prohibited by law.

NO RETURN ON ELECTRICAL OR SAFETY ITEMS OR SPECIAL ORDERS.

X \_\_\_\_\_  
 CUSTOMER SIGNATURE



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

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**29C20**

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

Mon, Dec 18, 2023 at 10:59 AM

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

Please accept this email as initial 24 hr notification for AON, vehicle 298 struck a deer on 12/15/23. 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 13<sup>th</sup> St, Des Moines, IA 50319

515-281-3162 office

[das.risk@iowa.gov](mailto: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 #: 2023031977**

Date: <small>(Month/Day/Year)</small>	12-15-23	Time: <small>(Time plus a.m./p.m.)</small>	2218HRS
Vehicle Plate #:	298	Vehicle Mileage:	17,628
Vehicle Description: <small>(Yr/Make/Model/ &amp; Vin#)</small>	2022 Ford F150 VIN: 1FTFW1P81NKE64369		
Assigned To:	Blake Gray	Badge #	298
Driven By:	Blake Gray	Badge #	298
Driver's Lic #:	323AE9461	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)	
Injured/Injuries:			
Occupants: (Other than driver)			
Occupant(s) Wearing Seat Belt: (Yes/No)			

**OTHER INFORMATION:**

Witnesses:			
Accident Location: (Street/Hwy)	120 <sup>th</sup> ST EB/West of Union Ave		
County:	Carroll		
Weather/Road Conditions:	Wet		
Property Damage other than Vehicles:			
Cost:	\$		
Citations Issued To: (List Charge(s) and Statute Code(s))			

Investigating Officer:	Lt. Daniel Gohlinghorst

**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)			



## MEMORANDUM

**TO:** Lt. Gohlinghorst  
**FROM:** Acting Sergeant Blake Gray  
**DATE:** December 15, 2023  
**SUBJECT:** Patrol Unit v. Deer

On 15 December 2023, I, Trooper Blake Gray, was responding to a domestic situation in Lansboro to assist Carroll County deputies. While traveling eastbound on 120<sup>th</sup> St west of Lansboro, two deer entered the roadway from the north ditch. I applied my brakes, but was unable to avoid the second deer. I struck the deer with my patrol car damaging my driver side headlight and cracking my grill, all functional damage.

At 2245HRS I notified Lt. Gohlinghorst.

Trooper Henkle, ISP139, completed the MARs report.

End of Report.

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

Law Enforcement Case Number:  
**2023031977**

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

Date of Accident <b>12/15/2023</b>	Time of Accident <b>22:18</b> Hrs.	County <b>CARROLL - 14</b>	Accident occurred within corporate limits of (city)																				
UNIT 1	Driver's Name - Last <b>GRAY</b>		First <b>BLAKE</b>		Middle <b>EDWARD</b>																		
	Address <b>3710 HIGHWAY 30 EAST</b>		City <b>DENISON</b>		State   Zip <b>IA   51442</b>																		
	Date of Birth <b>04/22/1995</b>	Driver's License Number <b>323AE9461</b>	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 <b>IA</b>	Class <b>D</b>	Endorsements <b>L,3</b>	Restrictions	Citation Charge 3																	
	Alcohol Test Given: <b>1</b>	Test Results:	Drug Test Given: <b>1</b>	Test Result:	Re-exam: Yes No <input type="radio"/> <input checked="" type="radio"/>	Reason for Re-Exam Request:																	
	Owner's Name - Last <b>STATE OF IOWA</b>		First		Middle																		
	Address <b>109 SE 13TH ST</b>		City <b>DES MOINES</b>		State   Zip <b>IA   50319</b>																		
	License Plate No.	State <b>NO</b>	Year	VIN: <b>1FTFW1P81NKE64369</b>	Color <b>WHI</b>	Year   Make   Model   Style <b>2022   FORD   F150 POLICE RE   PU</b>																	
	Trailer Plate No.	State	Year	VIN:	Tow   Tow #   Towed To   Approx. Cost to Repair or Replace <b>1       \$5,000.00</b>																		
	Insurance Company Name <b>STATE OF IOWA</b>			Insurance Co. Phone Number	Insurance Policy Number																		
Initial Travel Direction	Veh. Act.	Veh. Config.	Cargo Body Type	Veh. Defect	Point of Initial Impact																		
		<b>02</b>	<b>01</b>		Most Damaged Area																		
Extent of Damage	Total Occ. in Veh.																						
		<b>1</b>																					
Special Veh. Func.	Emergency Status	Bus Use	Driver Condition	Vision Obscured	Contributing Circumstances Driver (up to two)																		
				<b>88</b>	Driver Distractions																		
					<b>02</b>																		
Speed Limit																							
Traffic Controls	Horizontal Alignment	Vertical Alignment	SEQUENCE OF EVENTS	First Event	Second Event																		
				Third Event	Fourth Event																		
				Most Harmful Event																			
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																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">Sex</td> <td style="width: 5%;">Registration</td> <td style="width: 5%;">Injury Status</td> <td style="width: 5%;">Occupant Protection</td> <td style="width: 5%;">Airbag Deployment</td> <td style="width: 5%;">Ejection Path</td> <td style="width: 5%;">Ejection Path</td> <td style="width: 5%;">Source of Transport</td> <td style="width: 5%;">Other</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><b>01</b></td> <td></td> </tr> </table>						Sex	Registration	Injury Status	Occupant Protection	Airbag Deployment	Ejection Path	Ejection Path	Source of Transport	Other								<b>01</b>	
Sex	Registration	Injury Status	Occupant Protection	Airbag Deployment	Ejection Path	Ejection Path	Source of Transport	Other															
							<b>01</b>																
PERSONNEL INJURED	DRIVER OF UNIT 1		Phone Number: <b>(712) 263-4621</b>		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: <b>2023031977</b>	
Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>
County: <b>14</b>	Route:
X Coordinate: <b>357935.25</b>	
Y Coordinate: <b>4671304.5</b>	
If Divided Highway, Provide Route (Cardinal) Travel Direction	
NB <input type="checkbox"/>	SB <input type="checkbox"/>
EB <input type="checkbox"/>	WB <input type="checkbox"/>

LOCATION	Date of Accident <b>12/15/2023</b>	Time of Accident <b>22:18</b> Hrs.	County <b>CARROLL - 14</b>	Accident occurred within corporate limits of (city)
	Literal Description <b>120TH ST MEASURING 1186 FEET EAST FROM TIMBER AVE</b>			
	If accident occurred outside of city limits show general vicinity <div style="display: flex; justify-content: space-around; align-items: center;"> <span>N</span><span>NE</span><span>E</span><span>SE</span><span>S</span><span>SW</span><span>W</span><span>NW</span> </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/> </div> of nearest city			
	On Road, Street or Highway:		At Intersection with:	
	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			
<div style="display: flex; justify-content: space-around; align-items: center;"> <span>N</span><span>NE</span><span>E</span><span>SE</span><span>S</span><span>SW</span><span>W</span><span>NW</span> </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/> </div> and <div style="display: flex; justify-content: space-around; align-items: center;"> <span>N</span><span>NE</span><span>E</span><span>SE</span><span>S</span><span>SW</span><span>W</span><span>NW</span> </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/> </div>				
Milepost Number	Definable intersection, Or 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	Surface Conditions	Roadway			
Light Conditions		Type of Roadway Junction/Feature			
		FRA No.			

First Harmful Event (Crash) <b>31</b>	WORKZONE RELATED? <input type="checkbox"/>	Yes <input type="radio"/> No <input type="radio"/>	Activity	Location	Type	Workers Present	Struck by Unit No.	Struck by Status	Non-Motorist Type	Time of Day (prior to crash)	Action (prior to crash)	Safety Equipment	Source of Transport	Other
--	--	--	----------	----------	------	-----------------	--------------------	------------------	-------------------	------------------------------	-------------------------	------------------	---------------------	-------

NON-MOTORISTS	Name <b>001</b>	Phone Number	DOB:
	Address:	Alcohol Test Given	Test Results:
	Transported to:	Drug Test Given	Result
	Charged Yes No	<input type="radio"/>	<input type="radio"/>
Name	Phone Number	DOB:	
Address:	Alcohol Test Given	Test Results:	
Transported to:	Drug Test Given	Result	
Charged Yes No	<input type="radio"/>	<input type="radio"/>	

PROPERTY DAMAGE	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		
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			

WITNESSES	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 <b>12/15/2023</b>	Incident Clearance Date <b>12/15/2023</b>
Signature of Officer <b>TROOPER N HENKLE</b>	Badge Number <b>139</b>	Time Officer Notified of Accident <b>22:18</b> Hrs.	Roadway Clearance Time <b>22:18</b> Hrs.
Name of Agency <b>IOWA STATE PATROL - DIST 04</b>	Date of Report <b>12/15/2023</b>	Time Officer Arrived At Scene <b>22:18</b> Hrs.	Total Roadway Clearance Time <b>000:00</b>
Report Reviewed By	Date of Review	Investigation made at scene? Y <input checked="" type="radio"/> N <input type="radio"/>	T.I. No. Other Technical Investigating Agency

INVESTIGATING OFFICER'S REPORT  
OF MOTOR VEHICLE ACCIDENT

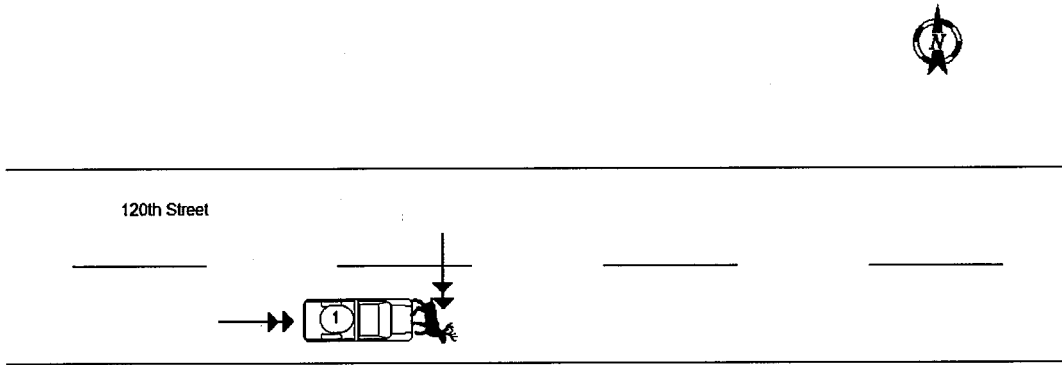
Form 4433003 (11-13)

Law Enforcement Case Number:

2023031977

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

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E

Unit #1 was traveling eastbound on 120th Street. A deer ran in front of Unit #1. Unit #1 struck the deer.



# WITTROCK MOTOR COMPANY

BODYSHOP@WITTROCKMOTORS.COM  
1019 Hwy 30 West, PO Box 396, Carroll, IA 51401  
Phone: (712) 792-9234  
FAX: (712) 792-4434

Workfile ID: c420ede7  
PartsShare: 7J84n2  
Federal ID: 42-1431870  
State ID: 1-14-007142

## Preliminary Estimate

**Customer: STATE OF IOWA**

**Job Number:**

Written By: JOEL PIETIG

Insured: STATE OF IOWA  
Type of Loss:  
Point of Impact: 12 Front

Policy #:  
Date of Loss:

Claim #:  
Days to Repair: 0

**Owner:**  
STATE OF IOWA

**Inspection Location:**  
WITTROCK MOTOR COMPANY  
1019 Hwy 30 West  
PO Box 396  
Carroll, IA 51401  
Repair Facility  
(712) 792-9234 Business

**Insurance Company:**

## VEHICLE

2022 FORD F-150 Police Responder XL SuperCrew 4WD w/5.5' Box (Fleet) 4D P/U 6-3.5L Turbocharged Gasoline Port/Direct Injection WHITE

VIN: 1FTFW1P81NKE64369  
License: 298  
State: IA

Interior Color:  
Exterior Color: WHITE  
Production Date: 10/2022

Mileage In: 17,956  
Mileage Out:  
Condition: Excellent  
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  
Steering Wheel Touch Controls  
Telescopic Wheel  
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  
Traction Control  
Stability Control  
Front Side Impact Air Bags  
Head/Curtain Air Bags  
Hands Free Device  
Positraction

### SEATS

Cloth Seats

Bucket Seats

### WHEELS

Aluminum/Alloy Wheels

### PAINT

Clear Coat Paint

### OTHER

California Emissions

### TRUCK

Rear Step Bumper  
Trailer Hitch  
Trailer Package

Get live updates at [www.carwise.com/e/4FrJjP](http://www.carwise.com/e/4FrJjP)

**Preliminary Estimate**

**Customer: STATE OF IOWA**

**Job Number:**

2022 FORD F-150 Police Responder XL SuperCrew 4WD w/5.5' Box (Fleet) 4D P/U 6-3.5L Turbocharged Gasoline Port/Direct Injection WHITE

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		<b>FRONT BUMPER</b>					
2	Repl	License bracket 2.7, 3.0, 3.5 liter	ML3Z17A385BB	1	42.88	0.2	
3	Repl	LT Mount plate	ML3Z17B985A	1	137.27	0.3	
4	R&I	R&I bumper assy				1.2	
5	R&I	Upper molding				Incl.	
6	Repl	LT Hole cover w/o fog lamps	ML3Z17C755AA	1	64.07	0.1	
7	#	Repl Radiator Support Splash Shield	ML3Z7222D	1	154.83	0.6	
8	#	R&I Grille Guard				2.0	
9		<b>GRILLE</b>					
10	Repl	Grille carbon black	ML3Z8200AA	1	420.50	1.4	
11	#	R&I Police lights & rewire				1.5	
12		<b>FRONT LAMPS</b>					
13	Repl	LT Headlamp assy	ML3Z13008K	1	1,082.27	0.9	
14		Aim headlamps				0.5	
15		<b>RADIATOR SUPPORT</b>					
16	R&I	Sight shield				Incl.	
17		<b>HOOD</b>					
18	*	Rpr Hood w/o Tremor w/o black appearance pkg				4.0	3.2
19		Add for Clear Coat					1.3
20	R&I	R&I hood assy				0.7	
21	R&I	Front w'strip w/o TREMOR				0.2	
22	#	Subl Hazardous waste removal		1	4.00 T		
23	#	Color tint / color match		1			1.0
24	#	Rpr Color sand and buff				1.0	
25	#	Repl Corrosion protection		1	10.00 T		
<b>SUBTOTALS</b>					<b>1,915.82</b>	<b>14.6</b>	<b>5.5</b>

**ESTIMATE TOTALS**

Category	Basis	Rate	Cost \$
Parts			1,901.82
Body Labor	14.6 hrs @	\$ 65.00 /hr	949.00
Paint Labor	5.5 hrs @	\$ 65.00 /hr	357.50
Paint Supplies	5.5 hrs @	\$ 45.00 /hr	247.50
Miscellaneous			14.00
Subtotal			3,469.82
<b>Grand Total</b>			<b>3,469.82</b>



## Preliminary Estimate

**Customer: STATE OF IOWA**

**Job Number:**

2022 FORD F-150 Police Responder XL SuperCrew 4WD w/5.5' Box (Fleet) 4D P/U 6-3.5L Turbocharged Gasoline Port/Direct Injection WHITE

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 DR2MA21, CCC Data Date 12/15/2023, and potentially other third party sources of data; and (b) the parts presented are OEM-parts. OEM parts are manufactured by or for the vehicle's Original Equipment Manufacturer (OEM) according to OEM's specifications for U.S. distribution. OEM parts are available at OE/Vehicle dealerships or the specified supplier. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships with discounted pricing. Asterisk (\*) or Double Asterisk (\*\*) indicates that the parts and/or labor data provided by third party sources of data may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. The symbol (<>) indicates the refinish operation WILL NOT be performed as a separate procedure from the other panels in the estimate. Non-Original Equipment Manufacturer aftermarket parts are described as Non OEM, A/M or NAGS. Used parts are described as LKQ, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries.

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

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

### SYMBOLS FOLLOWING PART PRICE:

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

### SYMBOLS FOLLOWING LABOR:

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

### OTHER SYMBOLS AND ABBREVIATIONS:

Adj.=Adjacent. Algn.=Align. ALU=Aluminum. A/M=Aftermarket part. 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.