

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 \$125.60. This brings the total allocation to \$6,229.37. On November 26, 2023, Vehicle #39 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 # 3653
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 #39 on November 26, 2023
Department of Administrative Services
Claim dated December 6, 2023
AOS Claim ID: 3653

The Department's request included a supplemental allocation request of \$125.60 because additional damages were identified. We recommend Executive Council approval of the supplemental allocation of \$125.60, which increases the allocation to \$6,229.37. 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>\$ 6,229.37</u> |
| Executive Council allocation (Revised) | | \$ 6,229.37 |
| Less: | | |
| Previous payments | \$ 0.00 | |
| This payment | <u>6,229.37</u> | |
| Total | | <u>\$ 6,229.37</u> |
| Remaining Executive Council allocation | | <u>\$ 0.00</u> |

We recommend that reimbursement be made in the amount of \$6,229.37. This represents full and final payment on this allocation.

Sincerely,

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: 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: REIMBURSEMENT REQUEST - 29C20 Claim

| | |
|------------------|-----------------------------------|
| AOS Claim # | 3653 |
| Vehicle / Event | #39/Animal |
| Event Date | November 26, 2023 |
| Summary | Vehicle 39 struck a deer (270855) |
| Amount Requested | \$6,229.37 - 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

Warrants

[Menu](#)

| Fiscal Year | Warrant Number | Line Number | Line Amount | Issued | Redeemed | Vendor Customer |
|-------------|----------------|-------------|-------------|------------|----------|-----------------|
| ✓ 2024 | 72892083 | 1 | \$1,462.50 | 01/29/2024 | | 00003088463 |
| 2024 | 72892083 | 2 | \$1,342.00 | 01/29/2024 | | 00003088463 |
| 2024 | 72892083 | 3 | \$3,424.87 | 01/29/2024 | | 00003088463 |

First Prev Next Last

Search

▼Warrant Information

Fiscal Year : 2024 Amount : \$6,229.37

Warrant Number : 72892083 Vendor Customer : 00003088463

Line Number : 1 Last Updated : 1/29/24

▼Issue Information

Issued : 01/29/2024 Void :

Document ID : RISK00524025004 Duplicate :

Document Line Number : 1 Stop :

Line Amount : \$1,462.50

Comments :

▼Redeemed Information

Redeemed : Batch Number :

Redeemed Bank : Sequence Number :

Redeemed Fund :

Redeemed Department :

▼Fund Accounting

Fund : 0665 Object : 2715 Dept Object :

Sub Fund : Sub Object : Dept Revenue :

Department : 005 Object Class :

Unit : 5790 Revenue Source :

Sub Unit : Sub Revenue Source :

Appropriation : 0000 Revenue Source Class :

BSA :

Sub BSA :

▼Detail Accounting

Location : Reporting : Major Program :

Sub Location : Sub Reporting : Program :

Activity : 2920 Task : Phase :

Sub Activity : Sub Task : Program Period :

Function : Task Order :

Sub Function :

[Top](#)



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 # 251903

**SERVICE ORDER
 CUSTOMER COPY**



Printed 01/17/2024 1:19:04 PM

User 535 Page 2

| | |
|--|-----------------------|
| Customer No | 25488 |
| STATE OF IOWA 800 LINCOLN WAY AMES, IA 50010 | |
| Home (000) 000-0000 | Bus (712) 210-6415 |
| Cell (712) 210-3874 | Today |
| Email | blake.gray@iowadot.us |
| Term CASH | |

| | | | | |
|----------|-------------|-----------|--------------------|----------|
| Advisor | JOEL PIETIG | Promised | 12/07/2023 5:30 PM | Tag |
| Shop | BS | Opened | 12/07/2023 8:22 AM | Location |
| Priority | 10 | Cashiered | | PO # |

| | | | | |
|-------------------|----------------|-------------------|---------------|----------|
| License No | Odometer In | Odometer Out | InServ Date | Stock No |
| 39 | 53705 | 53707 | | |
| Year | Make | Model | Model No | Color |
| 2021 | CHEVROLET | TAHOE | | |
| Vehicle ID No | Selling Dealer | Extended Warranty | Delivery Date | |
| 1GNSKLED0MR258379 | | | | |
| Engine Size | Fleet # | | | |

| | |
|-------------------------|-----------------|
| Labor | 2,255.50 |
| Parts | 3,267.63 |
| SALES TAX ON DEDUCTIBLE | 0.00 |
| Misc. | 706.24 |
| Supplies | 0.00 |
| SUB-TOTAL | 6,229.37 |
| Tax | 0.00 |
| TOTAL INVOICE | 6,229.37 |



Vehicle : 39
 Claim # 270855
 Final Invoice

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



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 Toll Free: 1-800-792-9234
 service@wittrockmotors.com
 www.wittrockmotors.com

SO # 251903

**SERVICE ORDER
 CUSTOMER COPY**



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User 535 Page 1

Customer No 25488
 STATE OF IOWA
 800 LINCOLN WAY
 AMES, IA 50010
 Home (000) 000-0000 Bus (712) 210-6415
 Cell (712) 210-3874 Today
 Email blake.gray@iowadot.us
 Term CASH

Advisor JOEL PIETIG **Promised** 12/07/2023 5:30 PM **Tag**
Shop BS **Opened** 12/07/2023 8:22 AM **Location**
Priority 10 **Cashiered** **PO #**

| | | | | |
|--|-----------------------------|------------------------------|----------------------|-----------------|
| License No 39 | Odometer In 53705 | Odometer Out 53707 | InServ Date | Stock No |
| Year 2021 | Make CHEVROLET | Model TAHOE | Model No | Color |
| Vehicle ID No 1GNSKLEDMR258379 | Selling Dealer | Extended Warranty | Delivery Date | |
| Engine Size | | Fleet # | | |

| Request | Description | Job | CSR | Status |
|--------------|--|------------|--------------------------|---------------|
| BODY | NEW FRT BUMPER, RH HEADLIGHT, RH FENDER, RH FRT DOOR SHELL, BLEND RH REAR DOOR | 1 | 535 | Original |
| Labor | Description | | Type | Amount |
| BODY | NEW FRT BUMPER, RH HEADLIGHT, RH FENDER, RH FRT DOOR SHELL, BLEND RH REAR DOOR | | CPBS | 1,462.50 |
| Part | Description | Shp | Bin | Type |
| NPN | 87813939 FASCIA | 1 | | CBSRO |
| NPN | 85123918 HEADLAMP | 1 | | CBSRO |
| NPN | 84384211 FENDER | 1 | | CBSRO |
| NPN | 85594226 GUIDE | 1 | | CBSRO |
| NASN345 | HS RED CONNECTOR | 8 | BC-C | CBSRO |
| NPN | 84711776 REINFORCEMENT | 1 | | CBSRO |
| NPN | 86791908 DOOR | 1 | | CBSRO |
| Rate | 65.00 | | | |
| Technician | 521 - QUINCY OHL | | | |
| | | | Parts Total | 3,267.63 |
| | | | Labor Total | 1,462.50 |
| | | | Request Sub-total | 4,730.13 |

| Request | Description | Job | CSR | Status |
|--------------|--------------------------|-----|--------------------------|---------------|
| REFINISH | REFINISH AS PER ESTIMATE | 2 | 535 | Original |
| Labor | Description | | Type | Amount |
| REFINISH | REFINISH AS PER ESTIMATE | | CPBS | 793.00 |
| PNT | PAINT & MATERIALS | | CBPNT | 549.00 |
| HAZ | HAZARDOUS WASTE DISPOSAL | | CBHAZ | 4.00 |
| CC | CAR COVER | | CBMISCT | 10.00 |
| RP | RUSTPROOFING | | CBMISCT | 10.00 |
| FLEX | FLEX ADDITIVE | | CBMISCT | 8.00 |
| SS | SEAMSEALER | | CBMISCT | 35.00 |
| HARWA | UPPER MOLDING RIVET | | CBMISCT | 90.24 |
| Rate | 65.00 | | | |
| Technician | 651 - DOUG TOWNE | | | |
| | 535 - JOEL PIETIG | | | |
| | | | Labor Total | 1,499.24 |
| | | | Request Sub-total | 1,499.24 |

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



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: REIMBURSEMENT REQUEST - 29C20 Claim

| | |
|------------------|-----------------------------------|
| AOS Claim # | 3653 |
| Vehicle / Event | #39/Animal |
| Event Date | November 26, 2023 |
| Summary | Vehicle 39 struck a deer (270855) |
| Amount Requested | \$6,229.37 - 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

Warrants

[Menu](#)

| | Fiscal Year | Warrant Number | Line Number | Line Amount | Issued | Redeemed | Vendor Customer |
|---|-------------|----------------|-------------|-------------|------------|----------|-----------------|
| ✓ | 2024 | 72892083 | 1 | \$1,462.50 | 01/29/2024 | | 00003088463 |
| | 2024 | 72892083 | 2 | \$1,342.00 | 01/29/2024 | | 00003088463 |
| | 2024 | 72892083 | 3 | \$3,424.87 | 01/29/2024 | | 00003088463 |

First Prev Next Last

Search 

▼Warrant Information

Fiscal Year : 2024 Amount : \$6,229.37
 Warrant Number : 72892083 Vendor Customer : 00003088463
 Line Number : 1 Last Updated : 1/29/24

▼Issue Information

Issued : 01/29/2024 Void :
 Document ID : RISK00524025004 Duplicate :
 Document Line Number : 1 Stop :
 Line Amount : \$1,462.50
 Comments :

▼Redeemed Information

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

▼Fund Accounting

Fund : 0665 Object : 2715 Dept Object :
 Sub Fund : Sub Object : Dept Revenue :
 Department : 005 Object Class :
 Unit : 5790 Revenue Source :
 Sub Unit : Sub Revenue Source :
 Appropriation : 0000 Revenue Source Class :
 BSA :
 Sub BSA :

▼Detail Accounting

Location : Reporting : Major Program :
 Sub Location : Sub Reporting : Program :
 Activity : 2920 Task : Phase :
 Sub Activity : Sub Task : Program Period :
 Function : Task Order :
 Sub Function :

[Top](#)



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 www.wittrockmotors.com

SO # 251903

**SERVICE ORDER
 CUSTOMER COPY**



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User 535 Page 2

Customer No 25488
 STATE OF IOWA
 800 LINCOLN WAY
 AMES, IA 50010
 Home (000) 000-0000 Bus (712) 210-6415
 Cell (712) 210-3874 Today
 Email blake.gray@iowadot.us
 Term CASH

| | | |
|----------------------------|------------------------------------|-----------------|
| Advisor JOEL PIETIG | Promised 12/07/2023 5:30 PM | Tag |
| Shop BS | Opened 12/07/2023 8:22 AM | Location |
| Priority 10 | Cashiered | PO # |

| | | | | |
|---|-----------------------------|------------------------------|----------------------|-----------------|
| License No 39 | Odometer In 53705 | Odometer Out 53707 | InServ Date | Stock No |
| Year 2021 | Make CHEVROLET | Model TAHOE | Model No | Color |
| Vehicle ID No 1GNSKLED0MR258379 | Selling Dealer | Extended Warranty | Delivery Date | |
| Engine Size | | Fleet # | | |

| | |
|-------------------------|-----------------|
| Labor | 2,255.50 |
| Parts | 3,267.63 |
| SALES TAX ON DEDUCTIBLE | 0.00 |
| Misc. | 706.24 |
| Supplies | 0.00 |
| SUB-TOTAL | 6,229.37 |
| Tax | 0.00 |
| TOTAL INVOICE | 6,229.37 |



Vehicle : 39
 Claim# 270855
 Final Invoice

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

515-414-6582
 Mariah.Fucaloro@iowa.gov
 DAS Fleet Services
 Mariah Fucaloro, Fleet Manager



Thank you,

If you have any questions or are in need of additional information, please do not hesitate to contact me.

| | |
|--------------------------|---|
| Vehicle / Event | #39/Deer |
| Event Date | November 26, 2023 |
| Summary | Vehicle 39 struck a deer. (270855) |
| Amount Requested | \$6,103.77 - Estimate |
| Supporting Documentation | 29C20 Email Notification, Accident Report, Repair Estimate(s), Photos |

Re: ALLOCATION REQUEST - 29C20 Claim for Executive Council Consideration

From: Mariah Flowers, Fleet Manager
 DAS Fleet Services
 Department of Administrative Services

To: Tammey Hollingsworth, Auditor of State
 Victoria Newton, Treasurer of State
 Executive Council

Date: December 6, 2023

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





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

29C20

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

Mon, Nov 27, 2023 at 10:46 AM

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

Please accept this email as initial 24 hr notification for AON, vehicle 39 struck a deer on 11/26/23. 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

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 #: 2023030078

| | | | |
|--|-----------------------------------|--|-----------|
| Date: <small>(Month/Day/Year)</small> | 11/26/23 | Time: <small>(Time plus a.m./p.m.)</small> | 0640 a.m. |
| Vehicle Plate #: | 39 | Vehicle Mileage: | 53,562 |
| Vehicle Description: <small>(Yr/Make/Model/ & Vin#)</small> | 2021/Chev/Tahoe/1GNSKLED0MR258379 | | |
| Assigned To: | Brian Westergaard | Badge # | #39 |
| Driven By: | Brian Westergaard | Badge # | #39 |
| Driver's Lic #: | 001AA0959 | 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: | 0 | | |
| Occupants: <small>(Other than driver)</small> | 0 | | |

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) | | Hwy 44WB/East of Talon Ave | |
| County: | | Guthrie | |
| Weather/Road Conditions: | | Ice/Frost | |
| Narrative: Trooper Westergaard, #39, was traveling WB on Hwy 44 in Guthrie County when a deer from the north ditch attempted to cross the road. The deer struck Trooper Westergaard's patrol vehicle in its front passenger side quarter panel. Trooper Westergaard performed no improper action and was unable to avoid the deer | | | |
| Property Damage other than Vehicles: | | | |
| Cost: | | \$ | |
| Citations Issued To: (List Charge(s) and Statute Code(s)) | | | |

| | |
|------------------------|-----------------------------|
| Investigating Officer: | Acting Sgt. Blake Gray #298 |
|------------------------|-----------------------------|

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) | |
| Injured/Injuries: | | | |
| Occupants: (Other than driver) | | | |
| Occupant(s) Wearing Seat Belt: (Yes/No) | No | | |



MEMORANDUM

TO: CMVU B Supervisors
FROM: Trooper Brian Westergaard
DATE: 16:43
SUBJECT: Front Passenger Deer Hit

On 26 November 2023, I, Trooper Brian Westergaard, was operating my 2021 Chevrolet Tahoe patrol vehicle west bound on Highway 44 and Talon ave. At 06:40am a deer came out of the north ditch and struck the right front of my patrol vehicle causing functional damage.

At 06:45 I notified my FTO, Trooper Nick Henkle and my Sergeant Blake Gray of the incident.

Trooper Olsen, #143, completed the accident report.

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Law Enforcement Case Number:
2023030078

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

| | | | | | |
|--|--|-------------------------------------|---|---------------------------------------|--------------------------|
| Date of Accident 11/26/2023 | Time of Accident 06:40 Hrs. | County GUTHRIE - 39 | Accident occurred within corporate limits of (city) PANORA - 5900 | | |
| UNIT 1 | Driver's Name - Last WESTERGAARD | | First BRIAN | | Middle LYNN |
| | Address 3710 HIGHWAY 30E | | City DENISON | | State IA |
| | Date of Birth 04/14/1970 | | Driver's License Number 001AA0959 | | Citation Charge 1 |
| | Male <input checked="" type="radio"/> Female <input type="radio"/> | | CDL Yes <input checked="" type="radio"/> No <input type="radio"/> | | Citation Charge 2 |
| | State IA | Class A | Endorsements PSTX | Restrictions BMJ | Citation Charge 3 |
| | Alcohol Test Given: 1 | | Test Results: 1 | Drug Test Given: 1 | Test Result: 1 |
| | Owner's Name - Last STATE OF IOWA | | First | | Middle |
| | Address 109 SE 13TH ST | | City DES MOINES | | State IA |
| | License Plate No. 39 | State IA | Year | VIN: 1GNSKLED0MR258379 | Color WHI |
| | Trailer Plate No. | State | Year | VIN: | Year 2021 |
| Insurance Company Name STATE OF IOWA | | Insurance Co. Phone Number | | Make CHEV | |
| Initial Travel Direction 04 | | Veh. Act. 01 | Veh. Config. 03 | Cargo Body Type 01 | |
| Special Veh. Func. 01 | | Emergency Status 01 | Bus Use | Driver Condition 01 | |
| Traffic Controls 01 | | Horizontal Alignment 01 | Vertical Alignment 04 | SEQUENCE OF EVENTS 31 | |
| Carrier Name/Lessee | | US DOT Number | | MC Number | |
| Street Address | | City | | State | |
| Number of Axles | | Gross Vehicle Weight Rating | | Underride/Override 1 - NONE | |
| Haz Mat Involvement | | Haz Mat Placard | Placard Number | Haz Mat Released | |
| Trailer Plate: | | State | Year | VIN | |
| Trailer Plate: | | State | Year | VIN | |
| Converter Dolly | | Dolly Plate: | State | Plate Year | |
| DRIVER OF UNIT 1 | | Phone Number: (515) 443-2733 | | Sex | |
| Name | | Phone Number | | Seating Position | |
| Address | | Transported to: | | Injury Status | |
| Name | | Phone Number | | Occupant Protection | |
| Address | | Transported to: | | Airbag Deployment | |
| Name | | Phone Number | | Ejection | |
| Address | | Transported to: | | Ejection Path | |
| Name | | Phone Number | | Trapped/extricated | |
| Address | | Transported to: | | Source of Transport | |
| Name | | Phone Number | | Died at scene/enroute | |
| Address | | Transported to: | | | |

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:
2023030078

| | | | | | | |
|---|--|--|-------------------------------|---|---|--|
| L O C A T I O N | Date of Accident 11/26/2023 | Time of Accident 06:40 Hrs. | County GUTHRIE - 39 | Accident occurred within corporate limits of (city) PANORA - 5900 | Legal Intervention? <input type="checkbox"/> | Private Property? <input type="checkbox"/> |
| | Literal Description IA 44 WB IN PANORA EAST OF TALON AVE | | | | County: 39 | Route: |
| | If accident occurred outside of city limits show general vicinity <div style="display: flex; justify-content: space-around; align-items: center;"> NNEESESSWWNW </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/> </div> of nearest city | | | | X Coordinate: 385546.218 | |
| | On Road, Street or Highway: | | | At Intersection with: | Y Coordinate: 4616426.5 | |
| | 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 | |
| <div style="display: flex; justify-content: space-around; align-items: center;"> NNEESESSWWNW </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/> </div> and <div style="display: flex; justify-content: space-around; align-items: center;"> NNEESESSWWNW </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/> </div> | | | | NB <input type="radio"/> SB <input type="radio"/> EB <input type="radio"/> WB <input type="radio"/> | | |
| Milepost Number | | Definable intersection, bridge, or railroad crossing | | | | |

| ACCIDENT ENVIRONMENT | | | | ROADWAY CHARACTERISTICS | | | | 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 |
|---------------------------------|-----------|--------------------------------|-----------|--|-----------|---------|-----------|-----|--------------------|---------------|-------------------|----------------------------|-------------------------|-----------|------------------|----------------------------|---------------------|-----------------------|
| Location of First Harmful Event | 01 | Weather Conditions (up to two) | | Major Contributing Circumstances Environment | 06 | Roadway | 01 | | | | | | | | | | | |
| Manner of Crash/Collision | 01 | | | Type of Roadway Junction/Feature | 01 | | | | | | | | | | | | | |
| Light Conditions | 5 | Surface Conditions | 03 | FRA No. | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | |
|-----------------------------|-------------------|---------------------------|-------------------------------------|----------|----------|------|-----------------|--|--|--|--|--|--|--|--|--|--|--|
| First Harmful Event (Crash) | WORKZONE RELATED? | Yes <input type="radio"/> | No <input checked="" type="radio"/> | Activity | Location | Type | Workers Present | | | | | | | | | | | |
| 31 | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | |
|--|--------------------|--------------------|-----------------|-----------------|---------|---------------------------|---------------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|
| 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 <input type="radio"/> | No <input type="radio"/> | | | | | | | | | | | |
| | Transported to: | Transported by: | | | | | | | | | | | | | | | | | |
| | Name | Phone Number | DOB: | | | | | | | | | | | | | | | | |
| Address: | Alcohol Test Given | Test Results: | Drug Test Given | Result | Charged | Yes <input type="radio"/> | 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 | | | | | | | | | | | | |
| | 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 | Last Name | First Name | Address | City | State | Zip Code | Phone Number | | | | | | | | | | | |
| | Last Name | First Name | Address | City | State | Zip Code | Phone Number | | | | | | | | | | | |
| | Last Name | First Name | Address | City | State | Zip Code | Phone Number | | | | | | | | | | | |
| | Last Name | First Name | Address | City | State | Zip Code | Phone Number | | | | | | | | | | | |
| | Last Name | First Name | Address | City | State | Zip Code | Phone Number | | | | | | | | | | | |

| | | | |
|--|--------------------------|---|--|
| Is This a Secondary Crash? Y <input type="radio"/> N <input checked="" type="radio"/> | Type of Primary Incident | Roadway Clearance Date 11/26/2023 | Incident Clearance Date 11/26/2023 |
|--|--------------------------|---|--|

| | | | | |
|--|-------------------------------------|--|---|--|
| Signature of Officer TROOPER C OLSON | Badge Number 143 | Time Officer Notified of Accident 06:45 Hrs. | Roadway Clearance Time 06:45 Hrs. | Incident Clearance Time 07:57 Hrs. |
| Name of Agency IOWA STATE PATROL - DIST 04 | Date of Report 11/26/2023 | Time Officer Arrived At Scene 07:30 Hrs. | Total Roadway Clearance Time 000:00 | Total Incident Clearance Time 001:12 |
| 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

Law Enforcement Case Number:

2023030078

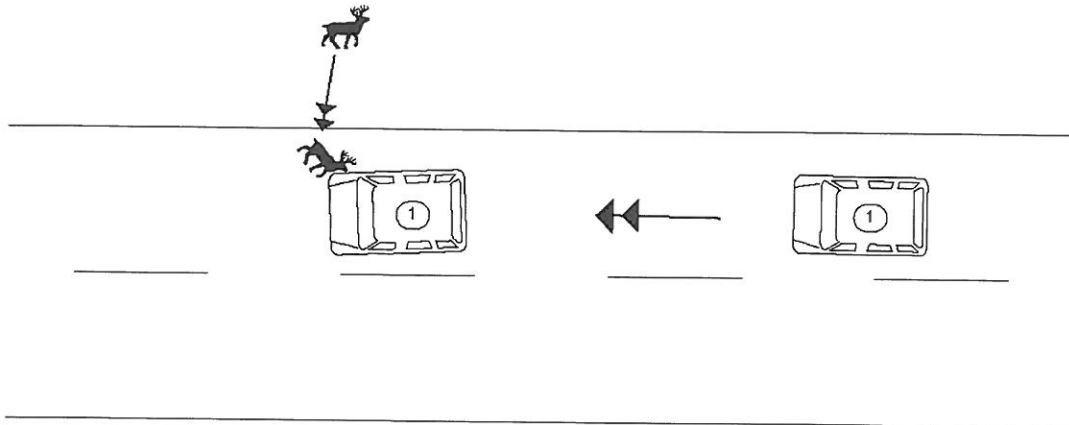
MAIL REPORTS TO: Iowa Department of Transportation, Office of Driver Services, P.O. Box 9204, Des Moines, Iowa 50306-9204

D
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Hw 44 east of talon ave

not drawn to scale



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Unit 1 was traveling west bound on highway 44 in Panora when a deer from the north ditch attempted to cross the road. The deer struck unit 1 in its front passenger side quarter panel. The driver performed no improper action and was unable to avoid the deer.



Certification of Officer Involved in a Motor Vehicle Accident While in the Line of Duty

The Code of Iowa, Section 321.267A, states that any traffic accident involving the operation of a motor vehicle by a certified law enforcement officer or other emergency responder shall be reported to the Iowa Department of Transportation by the officer's or responder's employer. The officer's or responder's employer shall certify to the department whether or not the accident occurred in the line of duty while operating an official government vehicle or during the responder's deployment on an emergency call. When an accident occurs in the line of duty, it will NOT be entered on the driver's record.

Date of Accident: 11-26-23 DOT Case Number: 2023030078

Location of Accident: Hwy 44WB/Talon Ave-Panora

Driver's Name: Brian Lynn Westergaard DOB: 04/14/1970

Driver's Address: 3118 248th Trl Panora, IA 50216


Driver License Number: 001AA0959 State of Issuance: IA


VIN of Vehicle Driven by Officer: 1GNSKLED0MR258379

Check one: Operating an official government vehicle while in the line of duty.
 Operating a personally-owned vehicle while in the line of duty.

Agency Investigating Accident: Iowa State Patrol District 4

I certify under penalty of perjury and pursuant to the laws of the State of Iowa that the preceding is true and correct.


Signature of Employer

 November 26, 2023
Date

Iowa State Patrol CMVU B
Employing Agency

215 E 7th St Des Moines, IA 50319
Address

(515) 725-6000
Telephone

This completed form may be e-mailed to accident.support@iowadot.us or mailed to the following address:

Office of Driver Services
Iowa Department of Transportation
P.O. Box 9204
Des Moines, IA 50306-9204

Telephone: 515-244-9124 or 515-244-8725



WITTRUCK MOTOR COMPANY

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

Workfile ID: efefba0f
PartsShare: 7GN8g2
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: 01 Right Front

Policy #:
Date of Loss:

Claim #:
Days to Repair: 0

Owner:

STATE OF IOWA
(515) 443-2733 Cell

Inspection Location:

WITTRUCK MOTOR COMPANY
1019 Hwy 30 West
PO Box 396
Carroll, IA 51401
Repair Facility
(712) 792-9234 Business

Insurance Company:

VEHICLE

2021 CHEV Tahoe Commercial 4WD (Fleet) 4D UTV 8-5.3L Gasoline Direct Injection WHITE

VIN: 1GNSKLED0MR258379 Interior Color: Mileage In: 53,705 Vehicle Out:
License: 39 Exterior Color: WHITE Mileage Out:
State: IA Production Date: 1/2021 Condition: Excellent Job #:

TRANSMISSION

Automatic Transmission
Overdrive
4 Wheel Drive

POWER

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

DECOR

Dual Mirrors
Privacy Glass
Console/Storage

CONVENIENCE

Air Conditioning
Intermittent Wipers
Tilt Wheel
Cruise Control
Rear Defogger
Keyless Entry
Alarm
Message Center
Steering Wheel Touch Controls
Rear Window Wiper
Telescopic Wheel
Climate Control
Dual Air Condition
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
Communications System
Hands Free Device
Xenon or L.E.D. Headlamps

Positraction
Lane Departure Warning

ROOF

Luggage/Roof Rack

SEATS

3rd Row Seat

WHEELS

Aluminum/Alloy Wheels

PAINT

Clear Coat Paint

TRUCK

Trailer Hitch
Trailer Package
Running Boards/Side Steps

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

Preliminary Estimate

Customer: STATE OF IOWA

Job Number:

2021 CHEV Tahoe Commercial 4WD (Fleet) 4D UTV 8-5.3L Gasoline Direct Injection WHITE

| Line | Oper | Description | Part Number | Qty | Extended Price \$ | Labor | Paint |
|------|------|--|-------------|-----|-------------------|------------|-------|
| 1 | | FRONT BUMPER & GRILLE | | | | | |
| 2 | | O/H front bumper | | | | 3.4 | |
| 3 | * <> | Repl Bumper cover -10% | 87813939 | 1 | <u>593.30</u> | Incl. | 2.6 |
| 4 | | Add for Clear Coat | | | | | 1.0 |
| 5 | * | Repl RT Guide -10% | 85594226 | 1 | <u>13.03</u> | 0.1 | |
| 6 | | R&I R&I grille assy | | | | Incl. | |
| 7 | * | R&I License bracket | | | | <u>0.2</u> | |
| 8 | # | R&I Grille Guard | | | | 2.0 | |
| 9 | # | R&I Police lights | | | | 1.0 | |
| 10 | | FRONT LAMPS | | | | | |
| 11 | * | Repl RT Headlamp assy -10% | 85123918 | 1 | <u>944.96</u> | 0.5 | |
| 12 | | Aim headlamps | | | | 0.5 | |
| 13 | | FENDER | | | | | |
| 14 | * | Repl RT Fender -10% | 84384211 | 1 | <u>701.24</u> | 2.4 | 2.2 |
| 15 | | Overlap Major Non-Adj. Panel | | | | | -0.2 |
| 16 | | Add for Clear Coat | | | | | 0.4 |
| 17 | | Add for Edging | | | | | 0.5 |
| 18 | | Add for Clear Coat | | | | | 0.1 |
| 19 | | PILLARS, ROCKER & FLOOR | | | | | |
| 20 | * | R&I RT Step bar assy black | | | | <u>0.7</u> | |
| 21 | | R&I RT Frt rocker mldg w/o pwr assist step | | | | 0.8 | |
| 22 | | FRONT DOOR | | | | | |
| 23 | * | Repl RT Door shell w/o body side moldings -10% | 86791908 | 1 | <u>967.50</u> | 5.4 | 3.1 |
| 24 | | Overlap Major Non-Adj. Panel | | | | | -0.2 |
| 25 | | Add for Clear Coat | | | | | 0.6 |
| 26 | # | Repl Seam sealer/caulking | | 1 | 35.00 T | 0.5 | |
| 27 | * | Repl RT Upper molding rivet -10% | 9132667 | 12 | <u>90.24</u> | | |
| 28 | | REAR DOOR | | | | | |
| 29 | | Blnd RT Door shell w/o body side moldings | | | | | 1.1 |
| 30 | | R&I RT Front w'strip | | | | 0.1 | |
| 31 | * | R&I RT Belt molding chrome | | | | <u>0.3</u> | |
| 32 | * | R&I RT Handle, outside w/o chrome | | | | <u>0.4</u> | |
| 33 | | R&I RT Water shield | | | | 0.2 | |
| 34 | | R&I RT Window molding | | | | 0.2 | |
| 35 | | R&I RT R&I trim panel | | | | 0.4 | |
| 36 | # | Subl Hazardous waste removal | | 1 | 4.00 T | | |
| 37 | # | Repl Cover Car | | 1 | 10.00 T | 0.2 | |
| 38 | # | Color tint / color match | | 1 | | | 1.0 |
| 39 | # | Rpr Color sand and buff | | | | 1.0 | |
| 40 | # | Repl Corrosion protection | | 1 | 10.00 T | | |

Preliminary Estimate

Customer: STATE OF IOWA

Job Number:

2021 CHEV Tahoe Commercial 4WD (Fleet) 4D UTV 8-5.3L Gasoline Direct Injection WHITE

| | | | | | | | |
|------------------|---|------|-----------------------------------|---|-----------------|---|-------------|
| 41 | # | Repl | Flex additive | 1 | 8.00 | T | |
| 42 | # | R&I | Put new stickers on fender & door | | | | 1.0 |
| SUBTOTALS | | | | | 3,377.27 | | 21.3 |
| | | | | | | | 12.2 |

ESTIMATE TOTALS

| Category | Basis | Rate | Cost \$ |
|--------------------|------------|--------------|-----------------|
| Parts | | | 3,310.27 |
| Body Labor | 21.3 hrs @ | \$ 65.00 /hr | 1,384.50 |
| Paint Labor | 12.2 hrs @ | \$ 65.00 /hr | 793.00 |
| Paint Supplies | 12.2 hrs @ | \$ 45.00 /hr | 549.00 |
| Miscellaneous | | | 67.00 |
| Subtotal | | | 6,103.77 |
| Grand Total | | | 6,103.77 |

MyPriceLink Estimate ID / Quote ID:

1160985979956240384 / 131928996