

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. MICHAEL L. NAIG
SECRETARY OF AGRICULTURE



Executive Council of Iowa

CAPITOL BUILDING
DES MOINES, IOWA 50319
PHONE: 515 281-5368

October 2, 2023

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 the Department of Public Safety's request for an emergency allocation in the amount of \$2,242.20, subject to audit of actual invoices. On May 7, 2023, State Patrol Vehicle #340 was damaged by hail. Request was to cover repair costs.

EXECUTIVE COUNCIL OF IOWA

Victoria Newton

Victoria Newton
Executive Secretary

cc: Jeannie Adams, Iowa State Patrol, Department of Public Safety
DAS Fleet Services, Department of Administrative Services
Joel Lunde, Department of Management

AOS Claim # 3525
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

September 18, 2023

Victoria Newton
Executive Council
L O C A L

Subject: Hail Damage to Vehicle #340 on May 7, 2023
Department of Public Safety – Iowa State Patrol
Claim dated July 6, 2023
AOS Claim ID: 3525

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 Public Safety – Iowa State Patrol is covered by Chapter 29C.20 of the Code of Iowa. Therefore, we recommend an Executive Council allocation in the amount of \$2,242.20, subject to an audit of actual invoices.

Sincerely,

A handwritten signature in blue ink, appearing to read "Ernest H. Ruben, Jr.".

Ernest H. Ruben, Jr., CPA
Deputy Auditor of State

cc: Jeannie Adams, Iowa State Patrol, Department of Public Safety
Mariah Flowers, Fleet Services Manager, Department of Administrative Services
Joel Lunde, Department of Management



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

Date: June 20, 2023

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

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

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

Vehicle / Event	#340/Hail
Event Date	May 7, 2023
Summary	Vehicle 340 sustained hail damage during a storm. (256579)
Amount Requested	\$7,780.85 - 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,

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



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

29C20

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

Mon, May 8, 2023 at 2:54 PM

Please accept this email as initial 24 hr notification for AON, vehicle 340 hail damage on 5/7/23. 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 Fleet Services, Risk
Iowa Department of Administrative Services
Division of Business and Property Services
Office: 515-725-2243
Das.Risk@iowa.gov
<https://das.iowa.gov>

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Form 4433003 (11-13)

Law Enforcement Case Number:

2023013406

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

Date of Accident 05/23/2023		Time of Accident 21:37 Hrs.		County POWESHIEK - 79		Accident occurred within corporate limits of (city)									
UNIT 1	Driver's Name - Last DATILUS					First WILDLENE			Middle						
	Address 274 12TH AVE SW					City CEDAR RAPIDS			State IA	Zip 52404-0000					
	Date of Birth 04/07/1979		Driver's License Number 492AS4569		CDL Yes <input type="radio"/> No <input type="radio"/>	Citation Charge 1 FAILURE TO STOP IN ASSURED CLEAR DI			Citation Charge 2						
	Male <input type="radio"/> Female <input checked="" type="radio"/>	State IA	Class A	Endorsements TX	Restrictions EJ	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 XPO LOGISTICS FREIGHT INC					First			Middle						
	Address 2211 OLD EARHART ROAD					City ANN ARBOR			State MI	Zip 48105-2751					
	License Plate No. 2500409		State IN	Year 2023	VIN: 3AKBGADV8JSJN2833		Color WHI	Year 2018	Make FRHT	Model TRACTOR	Style TT				
	Trailer Plate No.		State	Year	VIN:		Tow 1	Tow #	Towed To		Approx. Cost to Repair or Replace \$3,500.00				
	Insurance Company Name SAFECO					Insurance Co. Phone Number (800) 622-1151			Insurance Policy Number 6524239						
Initial Travel Direction 04		Veh. Act. 10	Veh. Config. 14	Cargo Body Type 02	Veh. Defect 01	Point of Initial Impact 01	Most Damaged Area 01	Extent of Damage 3	Total Occ. in Veh. 01						
Special Veh. Func. 01	Emergency Status 01	Bus Use	Driver Condition 01	Vision Obscured 01	Contributing Circumstances Driver (up to two) 06		Driver Distractions 02	Speed Limit 70							
Traffic Controls 98	Horizontal Alignment 01		Vertical Alignment 01	SEQUENCE OF EVENTS	First Event 06	Second Event 33	Third Event	Fourth Event	Most Harmful Event 33						
COMMERCIAL	Carrier Name/Lessee														
	Street Address					City			State	Zip Code					
	Number of Axles		Gross Vehicle Weight Rating			US DOT Number		MC Number		Override/Override 1 - NONE					
	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/extricated	Source of Transport	Died at scene/enroute
	Trailer Plate:	State	Year	VIN											
	Converter Dolly	Dolly Plate:		State	Plate Year										
PERSONS INJURED	DRIVER OF UNIT 1					Phone Number: (319) 804-6100		5	03	01	2	01	1	01	01
						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

Law Enforcement Case Number:

2023013406

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

Date of Accident 05/23/2023	Time of Accident 21:37 Hrs.	County POWESHIEK - 79	Accident occurred within corporate limits of (city)		
UNIT 2	Driver's Name - Last SUTFIN		First DANIEL		Middle JOHN
	Address 5400 16TH AVE SW		City CEDAR RAPIDS		State IA
	Zip 52404-0000		Date of Birth 04/06/1992		Driver's License Number 232CC8760
	CDL Yes <input type="radio"/> No <input checked="" type="radio"/>		Citation Charge 1		Citation Charge 2
	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, DPS		First		Middle
	Address 109 SE 13TH ST, DPS		City DES MOINES		State IA
	Zip 50319-9018		License Plate No. 340		State IA
Year 2024	VIN: 2C3CDXKG9MH528632	Color GRY	Year 2021	Make DODG	
Model CHA	Style SD	Trailer Plate No.		State	
Year	VIN:	Tow	Tow #	Towed To	
Insurance Company Name STATE OF IOWA		Insurance Co. Phone Number (319) 396-1944		Insurance Policy Number SELF INSURED	
Initial Travel Direction 04	Veh. Act. 10	Veh. Config. 01	Cargo Body Type 01	Veh. Defect 01	
Point of Initial Impact 06	Most Damaged Area 06	Extent of Damage 3	Total Occ. in Veh. 01		
Special Veh. Func. 02	Emergency Status 02	Bus Use	Driver Condition 01	Vision Obscured 01	
Contributing Circumstances Driver (up to two)			Driver Distractions 02	Speed Limit 70	
Traffic Controls 01	Horizontal Alignment 01	Vertical Alignment 01	SEQUENCE OF EVENTS 94	First Event 33	
Second Event 01	Third Event	Fourth Event	Most Harmful Event 33		
COMMERCIAL	Carrier Name/Lessee				
	Street Address			City	State
	Zip Code		Number of Axles	Gross Vehicle Weight Rating	US DOT Number
	MC Number	Underwrite/Override 1 - NONE			
	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
	Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment
Ejection	Ejection Path	Trapped/extricated	Source of Transport	Died at scene/enroute	
DRIVER OF UNIT 2		Phone Number: (319) 396-1944		5	
Transported to:		Transported by:		03	
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:	
Name	Phone Number	DOB:			
Address		Transported to:		Transported by:	
PERSONS INJURED	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:
	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: 2023013406
Legal Intervention? Private Property?
County: 79 Route:
X Coordinate: 531933.5
Y Coordinate: 4616082.5
If Divided Highway, Provide Route (Cardinal) Travel Direction

LOCATION
Date of Accident 05/23/2023 Time of Accident 21:37 Hrs. County POWESHIEK - 79
Accident occurred within corporate limits of (city)
Literal Description MILEPOST 188.4, WESTBOUND I-80
If accident occurred outside of city limits show general vicinity
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.

ACCIDENT ENVIRONMENT ROADWAY CHARACTERISTICS
Location of First Harmful Event 02 Weather Conditions (up to two) Major Contributing Circumstances Environment 01
Manner of Crash/Collision 03 01 Roadway 01
Light Conditions 5 Surface Conditions 01 Type of Roadway Junction/Feature 01
FRA No.

First Harmful Event (Crash) WORKZONE RELATED? Yes No Activity Location Type Workers Present
Sex Struck by Unit No. Injury Status Non-Motorist Type Location (prior to impact) Action (prior to crash) Condition Safety Equipment Contributing Circumstances Source of Transport Died at scene/enroute

NONMOTORISTS
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:

PROPERTY DAMAGE
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? Type of Primary Incident Roadway Clearance Date Incident Clearance Date
Signature of Officer TROOPER C HOLLINGSWORTH Badge Number 256 Time Officer Notified of Accident Roadway Clearance Time Incident Clearance Time
Name of Agency IOWA STATE PATROL - DIST 11 Date of Report 05/23/2023 Time Officer Arrived At Scene 22:01 Hrs. Total Roadway Clearance Time 026:14 Total Incident Clearance Time 026:14
Report Reviewed By Date of Review Investigation made at scene? T.I. No. Other Technical Investigating Agency

INVESTIGATING OFFICER'S REPORT
OF MOTOR VEHICLE ACCIDENT

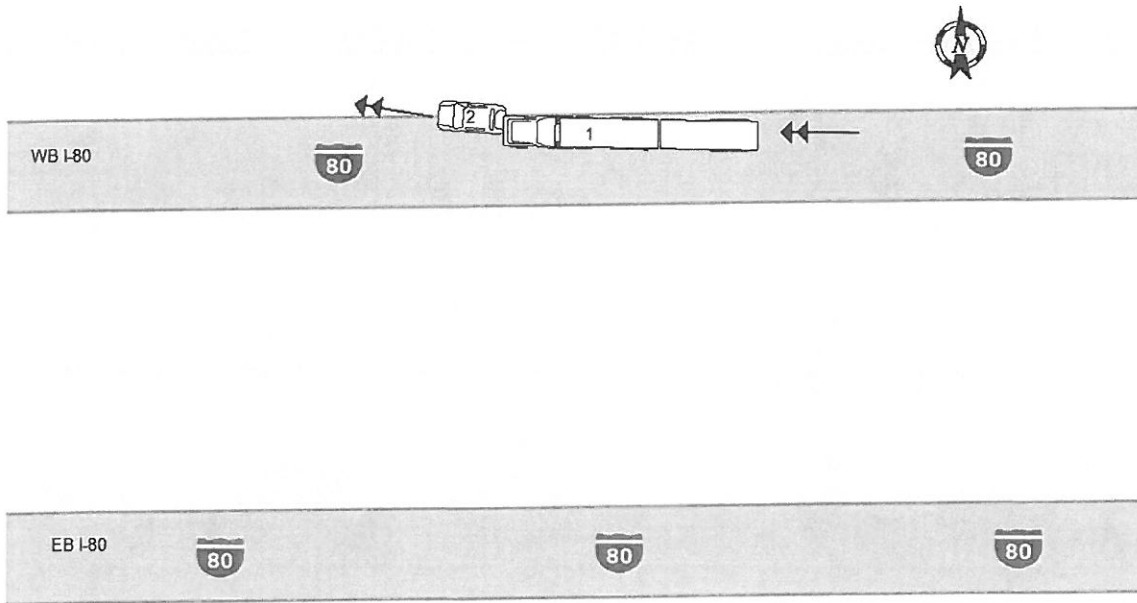
Form 4433003 (11-13)

Law Enforcement Case Number:

2023013406

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

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UNIT 1 WAS WESTBOUND IN LANE 2 OF INTERSTATE 80. UNIT 2 WAS ALSO WESTBOUND IN LANE 2, AHEAD OF UNIT 2. DRIVER 2 WAS ATTEMPTING TO LOCATE AN INDIVIDUAL REPORTED TO BE WALKING ALONG THE FOG LINE OF WESTBOUND INTERSTATE 80. UPON LOCATING THE SUBJECT, DRIVER 2 SLOWED AND ACTIVATED THE REAR FACING EMERGENCY LIGHTS. DRIVER 2 CONTINUED TO SLOW AND PULL ONTO THE NORTH SHOULDER OF INTERSTATE 80. DRIVER 1 ATTEMPTED EVASIVE ACTION TO SLOW, LOST CONTROL, AND STRUCK THE BACK OF UNIT 2. UNIT 1 CAME TO REST IN LANE 2. UNIT 2 CAME TO REST IN THE NORTH DITCH. **** Explain the Traffic Controls for Unit 1

On 05/23/2023, at approximately 21:45 hours, I, Daniel Sutfin was operating a fully marked patrol vehicle with working lights and sirens. I was dispatched to I-80 west bound near the 189 mile marker for a male wearing dark clothing and walking along the interstate, near the fog line. While traveling west bound I observed a four door sedan with Illinois plates on the shoulder, off of the roadway, with its lights on. It was reported that the male walking was approximately a mile west of this vehicle. I continued west bound in attempt to locate the male. I was traveling west bound at approximately 55-60 mph in the right lane (slow lane) as I observed the male walking indeed on the fog line. I quickly applied my brakes, began moving over onto the shoulder, and initiated my rear deck lights consisting of red and blue lights on the rear of my patrol vehicle to notify any traffic behind me. As I continued to move off of the roadway and nearing a stop behind the male walking, I observed bright lights in my rear view mirror rapidly approaching. Soon after, a semi struck the rear/trunk of my patrol vehicle sending my patrol vehicle into the ditch where it came to its final resting place. No injuries were reported.

Vehicle mileage: 38,878

Trooper Daniel J. Sutfin #340

QUALITY CLAIMS SOLUTIONS

Workfile ID: 62ce5d1b

105 N Krohn Place
SIOUX FALLS, SD 57103
Phone: (877) 237-3727, FAX:(866) 371-2844
qcs@qcsdirect.com

For:

QUALITY CLAIMS SOLUTIONS

DAS Fleet Services

Estimate of Record

Owner: STATE OF IOWA, STATE OF IOWA

Job Number:

Written By: Ryland Malsam

Insured:	STATE OF IOWA, STATE OF IOWA	Policy #:	UNKNOWN	Claim #:	APDSOI0257361-001
Type of Loss:	Collision	Date of Loss:	5/31/2023 12:00 PM	Days to Repair:	0
Point of Impact:	06 Rear				

Owner:
STATE OF IOWA, STATE OF IOWA
NEWTON, IA 50208

Inspection Location:
SULLIVAN AUTO BODY INC
1400 S 5TH AVE E
NEWTON, IA 50208
Other
(641) 792-2006 Evening

Repair Facility:

VEHICLE

2021 DODG Charger Police AWD (Fleet) 4D SED 6-3.6L Gasoline Sequential MPI

VIN:	2C3CDXKG9MH528632	Production Date:		Interior Color:	
License:		Odometer:	38,926	Exterior Color:	
State:		Condition:			

TRANSMISSION

Automatic Transmission
4 Wheel Drive

POWER

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

DECOR

Dual Mirrors
Tinted Glass
Overhead Console

CONVENIENCE

Air Conditioning
Intermittent Wipers
Tilt Wheel
Cruise Control
Rear Defogger
Keyless Entry
Message Center
Steering Wheel Touch Controls
Telescopic Wheel
Climate Control
Backup Camera
Parking Sensors

RADIO

AM Radio
FM Radio
Stereo
Search/Seek
Auxiliary Audio Connection

SAFETY

Drivers Side Air Bag
Passenger Air Bag
Anti-Lock Brakes (4)
4 Wheel Disc Brakes
Front Side Impact Air Bags
Head/Curtain Air Bags
Hands Free Device

SEATS

Cloth Seats
Bucket Seats
Reclining/Lounge Seats

WHEELS

Styled Steel Wheels

PAINT

Clear Coat Paint

OTHER

Traction Control
Stability Control
California Emissions
Power Trunk/Liftgate

Estimate of Record

Owner: STATE OF IOWA, STATE OF IOWA

Job Number:

2021 DODG Charger Police AWD (Fleet) 4D SED 6-3.6L Gasoline Sequential MPI

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		BACK GLASS					
2	Repl	Back glass Dodge	68230048AD	1	780.00	2.8	
3		REAR BODY & FLOOR					
4	Repl	Rear body panel	68217408AD	1	514.00	7.5	1.6
5		Add for Clear Coat					0.6
6		Add for Inside					0.8
7		TRUNK LID					
8	Repl	Trunk lid all	68265451AG	1	948.00	2.0	2.3
9		Overlap Major Adj. Panel					-0.4
10		Add for Clear Coat					0.4
11		Add for Underside(Complete)					1.2
12	#	MODIFY FOR ANTENNA		1			
13	Repl	Nameplate "CHARGER" chrome	68280000AA	1	60.20	0.2	
14	Repl	Nameplate "AWD"	68216158AB	1	60.20	0.2	
15	Repl	LT Hinge	55113713AF	1	148.00	0.3	0.6
16	Repl	RT Hinge	55113712AF	1	148.00	0.3	0.6
17		Overlap Minor Panel					-0.2
18		REAR LAMPS					
19	**	Repl A/M LT Tail lamp assy Note: Warehouse number: 029 City: ANKENY State: IA Phone: 515-727-7857 KEYSTONE	68213145AD	1	<u>439.00</u>	Incl.	
20	Repl	Backup lamp	68398666AC	1	1,090.00	Incl.	
21	Repl	Backup lamp grommet	5113360AA	2	12.50		
22		REAR BUMPER					
23		O/H rear bumper				2.6	
24	**	Repl A/M Bumper cover w/rev sensor	5RK98TZZAD	1	<u>505.00</u>	Incl.	3.2
25		Add for Clear Coat					1.3
26	Repl	Center support	68226564AB	1	69.65	0.1	
27	Repl	Retainer ring	68195848AA	1	8.30		
28		QUARTER PANEL					
29	*	Rpr LT Quarter panel				<u>4.0</u>	2.6
30		Overlap Major Adj. Panel					-0.4
31		Add for Clear Coat					0.4
32	#	Cover Car		1	5.00	0.2	
33	#	Color Sand/ Buff		1		0.5	
34	#	Cover Car PRIMER		1	5.00	0.2	
35		VEHICLE DIAGNOSTICS					
36	*	Post-repair scan		1		m 0.5 M	0.5
SUBTOTALS					4,792.85	21.4	15.1

Estimate of Record

Owner: STATE OF IOWA, STATE OF IOWA

Job Number:

2021 DODG Charger Police AWD (Fleet) 4D SED 6-3.6L Gasoline Sequential MPI

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			4,792.85
Body Labor	20.9 hrs @	\$ 68.00 /hr	1,421.20
Paint Labor	15.1 hrs @	\$ 68.00 /hr	1,026.80
Mechanical Labor	0.5 hrs @	\$ 80.00 /hr	40.00
Paint Supplies			500.00
Subtotal			7,780.85
Total Cost of Repairs			7,780.85
Deductible			0.00
Total Adjustments			0.00
Net Cost of Repairs			7,780.85

THIS IS NOT AN AUTHORIZATION TO BEGIN REPAIRS.

SUPPLEMENTS - Please be advised that the INSURANCE COMPANY requires notice of any supplements prior to the work being performed. Failure to notify INSURANCE COMPANY and allow INSURANCE COMPANY to review the supplemental charges may result in non-payment of the supplemental items.

ESTIMATE AUDIT - THIS DOCUMENT IS NOT AN APPRAISAL. INQUIRIES SHOULD BE DIRECTED TO THE INSURANCE COMPANY LISTED AT THE TOP OF THIS DOCUMENT.

REPAIR SHOPS CAN CONTACT QCS AUDITOR FOR ANY REPAIR RELATED INQUIRIES AT 1-877-237-3727.

Estimate calculated using a preset user threshold amount for the paint and material cost.

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