



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

Date: August 11, 2022

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	# 193/Deer
Event Date	July 5, 2022
Summary	Vehicle #193 struck a deer. (240782)
Amount Requested	\$7,725.62 - 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,

A handwritten signature in blue ink, appearing to read "Mariah Flowers".

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

EC notification - Tpr Klosterboer Deer

1 message

Adams Jeannie <jadams@dps.state.ia.us>

Thu, Jul 7, 2022 at 8:12 AM

To: "ExecutiveCouncil [TOS]" <ExecutiveCouncil@tos.iowa.gov>, Tammy Hollingsworth <Tammy.Hollingsworth@aos.iowa.gov>

Cc: "Risk, DAS (das.risk@iowa.gov)" <das.risk@iowa.gov>

Good morning

Please accept the attached as a 24 hour notification. On 7-5-2022 while on duty, Trp. Klosterboer hit a deer.

An estimate will be forthcoming.

Thank you

Jeannie Adams

ISP Fleet & Supply, Fleet Asset Manager

Department of Public Safety

30 N.E. 48th Place

Des Moines, Iowa 50313

Direct #: 515-725-0643

Cell Phone: 515-204-3019

Shop: 515-281-3277

Fax: 515-242-6321

Email: jadams@dps.state.ia.us<mailto:jadams@dps.state.ia.us>

[jobs]<<https://dps.iowa.gov/divisions/administrative-services/dps-careers/47th-basic-academy>>

From: Morey Russell <morey@dps.state.ia.us<mailto:morey@dps.state.ia.us>>

Sent: Wednesday, July 6, 2022 6:46 PM

To: vehicledamage <vehicledamage@dps.state.ia.us<mailto:vehicledamage@dps.state.ia.us>>; Risk, DAS <das.risk@iowa.gov<mailto:das.risk@iowa.gov>>

Cc: J alas Dean <jalas@dps.state.ia.us<mailto:jalas@dps.state.ia.us>>; Andreasen Jeremy <andreasen@dps.state.ia.us<mailto:andreasen@dps.state.ia.us>>; Dolf Ryan <dolf@dps.state.ia.us<mailto:dolf@dps.state.ia.us>>

Subject: Trooper Klosterboer Car/Deer Damage Report

Attached is the damage report information for Trooper Klosterboer's car/deer collision on 07/05/2022. We are waiting of the repair estimate and will provide that as soon as it is available.

Thanks.

431

Sergeant Russ Morey #431

Iowa Department of Public Safety

Iowa State Patrol - District #13

1300 S. Grand Avenue, Suite #201

Mount Pleasant, Iowa 52641

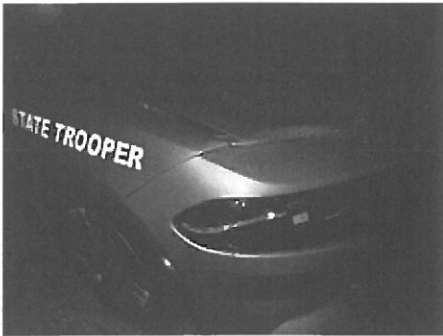
Office: (319) 385-8715

Cell: (319) 529-3883

morey@dps.state.ia.us<mailto:morey@dps.state.ia.us>

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8 attachments



P1000068.JPG
5695K



P1000070.JPG
4898K



P1000065.JPG
5694K



P1000073.JPG
5175K



image001.png
92K

 193 State Vehicle Damage Rpt form_.doc
87K

 Car vs Deer Memo.docx

State Vehicle Damage Report

Attach this completed form to an email along with the items identified below and send to: vehicledamage@dps.state.ia.us ; das.risk@iowa.gov

- 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 #: 2022016888

Date: (Month/Day/Year)	07/05/2022	Time: (Time plus a.m./p.m.)	9:15pm
Vehicle Plate #:	193	Vehicle Mileage:	90,622
Vehicle Description: (Yr/Make/Model/ & Vin#)	Silver 2019 Dodge Charger Police VIN: 2C3CDXKT4KH577263		
Assigned To:	Trooper Brad Klosterboer	Badge #	193
Driven By:	Trooper Brad Klosterboer	Badge #	193
Driver's Lic #:	262DD6386	Damage:	\$
Vehicle Towed: (Yes / No)	No	Towed By:	
Towed To:		Towing Cost:	\$
Seat Belt: (Yes / No)	Yes	Type of Vehicle: (Marked/Semi /Unmarked)	Marked
Injured/Injuries:	None		
Occupants: (Other than driver)			

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)	NB HWY 218 at MM 62		
County:	Washington		
Weather/Road Conditions:	Normal		
Trooper Brad Klosterboer #193 was on routine patrol northbound on US 218 at mile #62 in Washington County when a deer ran out from the median in front of his patrol car. He struck the deer causing damage to the front end of his patrol car.			
Property Damage other than Vehicles:	None		
Cost:	\$		
Citations Issued To: (List Charge(s) and Statute Code(s))	NA		

Investigating Officer:	Sgt. Morey #431
------------------------	-----------------

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)			



MEMORANDUM

TO: Sergeant Morey #431

FROM: Trooper Klosterboer #193

DATE: 07/05/2022

SUBJECT: Vehicle damage – Car/Deer

On 07-05-22 I, Trooper Klosterboer #193, was on routine patrol southbound on Hwy 218 at the 62 mile marker. I was traveling in the inside lane when a deer came out from the median into the travel portion of 218 and I struck the deer with the front right of my patrol vehicle.

2022016888

Date of Accident 07/05/2022		Time of Accident 21:24 Hrs.		County WASHINGTON - 92		Accident occurred within corporate limits of (city)													
UNIT 1	Driver's Name - Last KLOSTERBOER						First BRADLEY				Middle RAY								
	Address 1600 S GRAND AVE						City MT PLEASANT				State IA		Zip 52641-0000						
	Date of Birth 04/03/1993		Driver's License Number 262DD6386		CDL Yes No <input type="radio"/> <input checked="" type="radio"/>	Citation Charge 1			Citation Charge 2										
	Male <input checked="" type="radio"/> Female <input type="radio"/>	State IA	Class C	Endorsements	Restrictions B	Citation Charge 3			Citation Charge 4										
	Alcohol Test Given: 1		Test Results:		Drug Test Given: 1	Test Result:	Re-exam: Yes No <input type="radio"/> <input type="radio"/>		Reason for Re-Exam Request:										
COMMERCIAL	Owner's Name - Last STATE OF IOWA						First				Middle								
	Address 109 SE 13TH ST						City DES MOINES				State IA		Zip 50319						
	License Plate No. 193		State IA	Year 2099	VIN: 2C3CDXKT4KH577263		Color WHI		Year 2019	Make DODG		Model CHA		Style SD					
	Trailer Plate No.		State	Year	VIN:		Tow 1	Tow #		Towed To		Approx. Cost to Repair or Replace \$3,400.00							
	Insurance Company Name STATE OF IOWA SELF INSURANCE						Insurance Co. Phone Number		Insurance Policy Number										
	Initial Travel Direction		Veh. Act.	Veh. Config. 01	Cargo Body Type 01	Veh. Defect	Point of Initial Impact		Most Damaged Area		Extent of Damage		Total Occ. in Veh. 01						
	Special Veh. Func		Emergency Status		Bus Use	Driver Condition	Vision Obscured	Contributing Circumstances Driver (up to two) 88			Driver Distractions 02		Speed Limit						
	Traffic Controls		Horizontal Alignment		Vertical Alignment		SEQUENCE OF EVENTS	First Event		Second Event	Third Event	Fourth Event		Most Harmful Event					
	Carrier Name/Lessee																		
	Street Address						City				State		Zip Code						
Number of Axles		Gross Vehicle Weight Rating				US DOT Number		MC Number		Underride/Override									
Haz Mat Involvement		Haz Mat Placard		Placard Number		Haz. Mat Released		Haz Mat Class		Haz Mat Name									
Trailer Plate:		State	Year	VIN				Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Ejection Path	Trapped/extricated	Source of Transport	Died at scene/enroute		
Trailer Plate:		State	Year	VIN															
Converter Dolly		Dolly Plate:		State	Plate Year	VIN													
PERSONS INJURED	DRIVER OF UNIT 1				Phone Number:													01	01
					Transported to:														
	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:
2022016888

L O C A T I O N	Date of Accident 07/05/2022	Time of Accident 21:24 Hrs.	County WASHINGTON - 92	Accident occurred within corporate limits of (city)		Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>
	Literal Description US 218 S JUST NORTH OF CRAWFORDSVILLE					County: 92	Route:
	If accident occurred outside of city limits show general vicinity <div style="display: flex; justify-content: space-around;"> NNEESESSWWNW </div> <div style="display: flex; justify-content: space-around;"> <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: 623264.187	
	On Road, Street or Highway:			At Intersection with:		Y Coordinate: 4564873.5	
	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;"> NNEESESSWWNW </div> <div style="display: flex; justify-content: space-around;"> <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;"> NNEESESSWWNW </div> <div style="display: flex; justify-content: space-around;"> <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>					<div style="display: flex; justify-content: space-around;"> NBSBEBWB </div> <div style="display: flex; justify-content: space-around;"> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> </div>		
Milepost Number Or Definable intersection, bridge, or railroad crossing							
ACCIDENT ENVIRONMENT				ROADWAY CHARACTERISTICS			
Location of First Harmful Event		Weather Conditions (up to two)		Major Contributing Circumstances Environment			
Manner of Crash/Collision				Roadway			
Light Conditions		Surface Conditions		Type of Roadway Junction/Feature			
FRA No.							
First Harmful Event (Crash)	WORKZONE RELATED?	Yes	No	Activity	Location	Type	Workers Present
31		<input type="radio"/>	<input type="radio"/>				
N O N M O T O R I S T S	Name 001			Phone Number		DOB:	
	Address:			Alcohol Test Given		Test Results:	
	Transported to:			Drug Test Given		Result	
	Name			Phone Number		DOB:	
	Address:			Alcohol Test Given		Test Results:	
Transported to:			Drug Test Given		Result		
N P R O P E R T Y	If Property other than vehicles damaged explain			Object Damaged			Estimate of Damage
	Owner's Last Name			First Name		Middle Name	
	Address			City		State Zip Code	
	Was owner or tenant notified?			1 = Yes 2 = No 9 = Unknown			
	If Property other than vehicles damaged explain			Object Damaged			Estimate of Damage
U L D A M A G E	Owner's Last Name			First Name		Middle Name	
	Address			City		State Zip Code	
	Was owner or tenant notified?			1 = Yes 2 = No 9 = Unknown			
	Last Name			First Name		Address	
	City			State		Zip Code	
W I T N E S S	Last Name			First Name		Address	
	City			State		Zip Code	
	Last Name			First Name		Address	
	City			State		Zip Code	
	Last Name			First Name		Address	
City			State		Zip Code		
Is This a Secondary Crash?			Type of Primary Incident			Roadway Clearance Date	Incident Clearance Date
Y <input type="radio"/> N <input checked="" type="radio"/>						07/05/2022	07/05/2022
Signature of Officer TROOPER J BOECKER			Badge Number 210	Time Officer Notified of Accident 21:24 Hrs.		Roadway Clearance Time 21:47 Hrs.	Incident Clearance Time 21:55 Hrs.
Name of Agency IOWA STATE PATROL - DIST 13			Date of Report 07/05/2022	Time Officer Arrived At Scene 21:47 Hrs.		Total Roadway Clearance Time 000:23	Total Incident Clearance Time 000:31
Report Reviewed By R MOREY			Date of Review 07/05/2022	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

Sheet 3 of 3

Form 4433003 (11-13)

Law Enforcement Case Number:

2022016888

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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M

SB US 218 north of Crawfordville



US 218 NB

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V
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Unit 01 was a fully marked police vehicle on active duty. Unit 01 was patrolling south on US 218 in unit 01 when a deer darted out into the path of his vehicle and he was not able to avoid colliding with it.

Date: 7/25/2022 02:45 PM
Estimate ID: 5502070037
Estimate Version: 0
Committed
Profile ID: * PDA Bettendorf IA

Property Damage Appraisers (PDA Bettendorf, IA) #550

100 Energy Way Suite 1900, Fort Worth, TX 76102
(833) 606-2194
Fax: (800) 866-4732
Email: pdabettendorf@pdaorg.net

* Not An Authorization For Repair *
Read Disclaimers Following Appraisal Calculations.

Damage Assessed By: Jeff Cuppy
Classification: Field

Appraised For: JESSICA HACKBARTH

Condition Code: Good
Date of Loss: 7/ 5/2022
Contact Date: 7/21/2022
Deductible: 0.00
File Number: 5502070037
Claim Number: APDSOI0240782001

Type of Loss: Comprehensive
Arrival Date: 7/25/2022
Date Assigned: 7/21/2022

Insured: STATE OF IOWA
Owner: STATE OF IOWA
Telephone:
Cell Phone: (515) 404-3019

Mitchell Service: 911667

Description: 2019 Dodge Charger Police
Body Style: 4D Sed
VIN: 2C3CDXKT4KH577263
Mileage: 92,454
OEM/ALT: A
Parts Profile: Bettendorf
Color: Black
Options: POWER LOCK, POWER WINDOW, POWER STEERING, POWER BRAKE, CRUISE CONTROL
TILT STEERING COLUMN, ANTI-LOCK BRAKE SYS., ALUM/ALLOY WHEELS

Vehicle Production Date: 1/19
Drive Train: 5.7L Inj 8 Cyl 5A AWD
License: 193 IA

Parts Profile Version: 2

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	AUTO	BDY	OVERHAUL	Frt Bumper Cover Assy			4.0 #
2	102899	BDY	REMOVE/REPLACE	Frt Bumper Cover	** QRP Certified	686.00	INC #
3	AUTO	REF	REFINISH	Frt Bumper Cover			C 2.7 #
4	100935	BDY	REMOVE/REPLACE	R Frt Bumper Bracket	** QUAL REPL PART	29.00	INC #
5	100936	BDY	REMOVE/REPLACE	L Frt Bumper Bracket	** QUAL REPL PART	29.00	INC #
6	100937	BDY	REMOVE/REPLACE	R Frt Bumper Support Bracket	** QUAL REPL PART	8.00	INC #
7	AUTO	BDY	REMOVE/INSTALL	Frt Bumper Cover			INC #
8	100938	BDY	REMOVE/REPLACE	L Frt Bumper Support Bracket	** QUAL REPL PART	8.00	INC #
9	100939	BDY	REMOVE/REPLACE	R Frt Otr Bumper Reinforcement	** QUAL REPL PART	29.00	INC
10	100945	BDY	REMOVE/REPLACE	Frt Bumper Energy Absorber	** QRP Certified	90.00	INC #
11	900500	BDY*	REMOVE/REPLACE	Air Duct	68236752AA	58.00	* 0.0*
12	103553	BDY	REMOVE/REPLACE	R Frt Combination Lamp Assembly	Remanufactured	710.00	INC #
13	AUTO	BDY	CHECK/ADJUST	Headlamps			0.4
14	100718	BDY	REMOVE/REPLACE	R Front Side Marker Lamp Assembly	** QUAL REPL PART	36.00	INC #
15	100559	BDY	REMOVE/REPLACE	Hood Panel (Alum)	** QRP Certified	1,078.00	1.6
16	AUTO	REF	REFINISH	Hood Outside			C 2.8
17	AUTO	REF	REFINISH	Add For Hood Underside			C 1.4
18	102112	BDY	REMOVE/REPLACE	R Cooling Air Deflector Seal	** QUAL REPL PART	23.00	
19	101055	MCH	REMOVE/REPLACE	Evacuate & Recharge A/C			1.4
20	101056	MCH	REMOVE/REPLACE	A/C Refrigerant Recovery			0.3
21	100379	REF	BLEND	L Fender Outside			C 0.8
22	101042	BDY	REMOVE/REPLACE	R Fender Panel	** QRP Certified	312.00	0.9 #

ESTIMATE RECALL NUMBER: 07/25/2022 14:45:59 5502070037

Mitchell Data Version: OEM: JUL_22_V0722 Alternate Parts: 07/25/2022 14:19:39

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Software Version: 7.1.242

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Date: 7/25/2022 02:45 PM
 Estimate ID: 5502070037
 Estimate Version: 0
 Committed
 Profile ID: * PDA Bettendorf IA

23	AUTO	REF	REFINISH	R Fender Outside				C 1.6
24	AUTO	REF	REFINISH	R Add To Edge Fender				C 0.5
25	102438	BDY	REMOVE/REPLACE	R Fender Splash Shield	** QUAL REPL PART	112.00	INC	
26	102439	BDY	REMOVE/INSTALL	L Fender Splash Shield	Existing		INC	r
27	100524	BDY	REMOVE/REPLACE	Frt Body Upper Crossmember	** QUAL REPL PART	276.00	2.0	#
28	AUTO	MCH	REMOVE/REPLACE	Add To R&I/R&R Mechanical Components -M			0.5	#
29	AUTO	REF	REFINISH	Upr Rad Supt Crossmember			1.5	
30	100447	BDY	REMOVE/REPLACE	Frt Body Closing Panel	** QUAL REPL PART	158.00	INC	#
31	100549	BDY	REMOVE/REPLACE	R Frt Body Headlamp Mtg Brkt	5065532AC	14.90	0.5	
32	102050	BDY	REMOVE/INSTALL	L Rocker Moulding			0.4	
33	101426	BDY	REMOVE/REPLACE	R Frt Door Repair Panel (HSS)	68210670AA	550.00	7.0	#
34	AUTO	REF	REFINISH	R Frt Door Outside			C 1.9	
35	AUTO	REF	REFINISH	R Frt Add For Jambs			C 0.5	
36	900500	BDY*	REMOVE/REPLACE	Rt Sound Absorber	55359618AB	74.35	* 0.0*	
37	102089	BDY	REMOVE/INSTALL	R Frt Rear View Mirror			INC	#
38	101467	BDY	REMOVE/INSTALL	R Frt Upr Door Adhesive Moulding	Existing		0.1	r
39	101826	BDY	REMOVE/INSTALL	R Frt Otr Door Handle			INC	#
40	101828	BDY	REMOVE/INSTALL	R Frt Door Carrier			0.9	#
41	101096	GLS	REMOVE/INSTALL	R Frt Door Moveable Glass	Existing		INC	r
42	101100	BDY	REMOVE/INSTALL	R Frt Door Glass Run	Existing		0.2	r
43	100004	REF	BLEND	R Rear Door Outside			C 0.9	
44	100735	BDY	REMOVE/INSTALL	R Rear Otr Door Belt Moulding			0.2	
45	100745	BDY	REMOVE/INSTALL	R Rear Door Trim Panel			0.4	
46	100763	BDY	REMOVE/INSTALL	R Rear Otr Door Handle			0.3	#
47	931127	MCH	ADD'L LABOR OP	Pre Repair Scan	Sublet	119.95	* 0.5*	
48	931128	MCH	ADD'L LABOR OP	Post Repair Scan	Sublet	50.00	* 0.5*	
49	936012		ADD'L COST	Hazardous Waste Disposal		4.00	*	
50	936014		ADD'L COST	Flex Additive		6.00	*	
51	933021	REF	ADD'L OPR	De-Nib And Finesse			1.0*	
52	933002	REF	ADD'L OPR	Clear Coat			2.5*	
53	933005	BDY	ADD'L OPR	Restore Corrosion Protection		4.00	* 0.2*	
54	933018	REF	ADD'L OPR	Mask For Overspray		5.00	* 0.3*	

* - Judgment Item
 # - Labor Note Applies
 ** QRP Certified - Quality Replacement Parts - Certified
 ** QUAL REPL PART - Quality Replacement Parts
 C - Included in Clear Coat Calc
 r - CEG R&R Time Used For This Labor Operation

ESTIMATE RECALL NUMBER: 07/25/2022 14:45:59 5502070037

Mitchell Data Version: OEM: JUL_22_V0722 Alternate Parts: 07/25/2022 14:19:39

Software Version: 7.1.242

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Page 2 of 4

Date: 7/25/2022 02:45 PM
 Estimate ID: 5502070037
 Estimate Version: 0
 Committed
 Profile ID: * PDA Bettendorf IA

KEYSTONE-INS QUALITY PRT
 2400 KERPER BLVD.
 STE. E100A
 DUBUQUE
 IA 52004

(319) 566-5030 (800) 747-2500
 4 ** CH1043111 29.00
 5 ** CH1042111 29.00
 9 ** CH1043112 29.00
 10 ** CH1070836C 90.00
 14 ** CH2551133N 36.00
 15 ** CH1230305C 1,078.00
 18 ** CH1218107 23.00
 25 ** CH1249171 112.00
 27 ** CH1225280 276.00
 30 ** CH1224101 158.00

KEYSTONE-INS QUALITY PRT
 4725 44TH ST.
 MOLINE
 IL 61265
 (309) 517-2450 (800) 233-0518

22 ** CH1241282C 312.00

KEYSTONE KEYSIQ
 4725 44TH ST.
 MOLINE
 IL 61265
 (309) 517-2450 (800) 233-0518

12 ** CH2503337R 710.00

KEYSTONE-INS QUALITY PRT
 110 THUNDERBIRD LN.
 EAST PEORIA
 IL 61611

(800) 322-2415 (309) 698-0700

2 ** CH1000A24C 686.00
 6 ** CH1043118 8.00
 8 ** CH1042118 8.00

Estimate Totals

		Units	Rate	Add'l Labor Amount	Sublet Amount	Totals			Amount
I.	Labor Subtotals						II.	Part Replacement Summary	Amount
	Body	19.1	62.15	4.00	0.00	1,191.07 T		Taxable Parts	4,281.25
	Refinish	18.4	100.00	5.00	0.00	1,845.00 T			
	Mechanical	3.2	71.36	0.00	169.95	398.30 T		Total Replacement Parts Amount	4,281.25
	Taxable Labor					3,434.37			
	Labor Summary	40.7				3,434.37			
III.	Additional Costs					Amount	IV.	Adjustments	Amount
	Taxable Costs					10.00		Insurance Deductible	0.00
	Total Additional Costs					10.00		Customer Responsibility	0.00
							I.	Total Labor:	3,434.37
							II.	Total Replacement Parts:	4,281.25
							III.	Total Additional Costs:	10.00
								Gross Total:	7,725.62
							IV.	Total Adjustments:	0.00
								Net Total:	7,725.62

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.

ESTIMATE RECALL NUMBER: 07/25/2022 14:45:59 5502070037

Mitchell Data Version: OEM: JUL_22_V0722 Alternate Parts: 07/25/2022 14:19:39

Software Version: 7.1.242 Copyright (C) 1994 - 2022 Mitchell International All Rights Reserved

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Date: 7/25/2022 02:45 PM
Estimate ID: 5502070037
Estimate Version: 0
Committed
Profile ID: * PDA Bettendorf IA

Point(s) of Impact

1 Right Front Corner (P), 2 Right Front Side (S), 3 Right Side (S)

Insurance Co: DAS FLEET SERVICES
DES MOINES, IA 50139
Work Phone: (877) 544-7843

Inspection Site: Trooper's Residence
Address: 618 E Tyler St
Washington, IA 52353
(319) 361-8294
Inspection Date: 7/25/2022

Body Shop: COPELAND AUTO BODY
Address: 506 E 2nd St
Hedrick, IA 52563
Telephone: (641) 653-2410
Fax Phone: (641) 653-4301
State Lic. No: 42-1488559

*****Notice*****

This is not an authorization for repair. All costs of repairs are the sole responsibility of the vehicle owner, who must authorize all repairs. Failure to deliver a copy of this appraisal to the repair shop by the vehicle owner may result in out of pocket expense to the vehicle owner. Providing a copy of this appraisal is not an acceptance of coverage or liability and all issues of coverage or liability are to be determined by the insurance carrier.

*****Notice*****

Deductibles may or may not be addressed or included in this appraisal. If applicable, the repairer should collect the deductible from the vehicle owner prior to the release of the repaired vehicle.

*****Supplement Procedure Notice*****

It is the repairer's responsibility to send notification of the supplement via fax 800-866-4732 or email to pdabettendorf@pdaorg.net, including a statement whether the repairs have been halted on the vehicle. PDA will respond to your request. within 24 hours. Please allow 48 hours to complete supplement processing from the date of request to ensure timely release of the vehicle.

*****Notice*****

This appraisal is subject to the complete review and approval by the assigning insurance company to assure accuracy, cost effectiveness, and that accepted industry repair standards are met. The insurance company listed has the right to accept or reject any part or all of this appraisal or make any changes they feel necessary.

Fraud Disclaimer:

Any person who knowingly presents a false or fraudulent insurance claim for the payment of a loss may be guilty of a crime and may be subject to fines and confinement in state prison.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ESTIMATE RECALL NUMBER: 07/25/2022 14:45:59 5502070037
Mitchell Data Version: OEM: JUL_22_V0722 Alternate Parts: 07/25/2022 14:19:39
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Review Results: Passed

Owner: STATE OF IOWA, Claim #APDSOI0240782001

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Vehicle: 2019 Dodge, Charger

Profile: 1 PDA Standard Version: 31

Estimate lines

Line	Severity	Description	Actual	Guideline	Override	Notes
		Estimate lines Passed				

Profile (rates, taxes, amounts)

Line	Severity	Description	Actual	Guideline	Override	Notes
		Profile items Passed				

Administrative Information

Line	Severity	Description	Actual	Guideline	Override	Notes
		Admin items Passed				

Compliance Utility Version 4.7.0.1