



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

Date: September 8, 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	#31/Deer
Event Date	December 18, 2021
Summary	Vehicle #31 struck a deer. (231060)
Amount Requested	\$7,097.93 - 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 "mflowers".

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

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 #: 2021030424

Date: <small>(Month/Day/Year)</small>	12/18/2021	Time: <small>(Time plus a.m./p.m.)</small>	8:54pm
Vehicle Plate #:	31	Vehicle Mileage:	48,515
Vehicle Description: <small>(Yr/Make/Model/ & Vin#)</small>	Silver 2020 Dodge Charger Police VIN: 2C3CDXKT4LH130451		
Assigned To:	Trooper Lundy Anderson	Badge #	31
Driven By:	Trooper Lundy Anderson	Badge #	31
Driver's Lic #:	893RR6318	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)	WB US 34 mile #228		
County:	Henry		
Weather/Road Conditions:	Normal		
Trooper Lundy Anderson #31 was on routine patrol westbound on US 34 at mile #228 in Henry 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))			

Investigating Officer:	Sgt. Andreasen #161
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VEHICLE #3: (If needed) (For more vehicles, please make extra copies of this portion)

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

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



MEMORANDUM

TO: SGT ANDREASEN
FROM: TRP ANDERSON
DATE: 12/18/21
SUBJECT: CAR/DEER

On 12/18/21 at approximately 2054 hours I was on routine patrol on Hwy 34 at mile marker 228 in Henry County when a deer ran into the path of my patrol car. The deer collided with the front of my patrol car. I had to discharge one round with my duty handgun to euthanize the injured deer.

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 Numbers: 2021030424
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Date of Accident 12/18/2021	Time of Accident 20:54 Hrs.	County HENRY - 44	Accident occurred within corporate limits of (city)													
UNIT 1	Driver's Name - Last ANDERSON				First LUNDON			Middle JAMES								
	Address 1300 S GRAND AVE				City MOUNT PLEASANT			State IA	Zip 52641							
	Date of Birth 05/04/1972		Driver's License Number 893RR6318		CDL Yes <input type="radio"/> No <input checked="" type="radio"/>	Citation Charge 1		Citation Charge 2								
	Male <input checked="" type="radio"/> Female <input type="radio"/>	State IA	Class C	Endorsements L	Restrictions	Citation Charge 3		Citation Charge 4								
	Alcohol Test Given: 1		Test Results:		Drug Test Given: 1	Test Result:	Re-exam: Yes <input type="radio"/> No <input checked="" type="radio"/>		Reason for Re-Exam Request:							
	Owner's Name - Last STATE OF IOWA				First			Middle								
	Address 109 SE 13TH ST				City DES MOINES			State IA	Zip 50319-9018							
	License Plate No. 31		State IA	Year	VIN: 2C3CDXKT4LH130451		Color SIL	Year 2020	Make DODG	Model CHARGER POLI	Style 4D					
	Trailer Plate No.		State	Year	VIN:		Tow 1	Tow #	Towed To		Approx. Cost to Repair or Replace \$5,500.00					
	Insurance Company Name STATE OF IOWA					Insurance Co. Phone Number		Insurance Policy Number SELF INSURED								
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. 1							
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					
COMMERCIAL	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									
PERSONS INVOLVED	DRIVER OF UNIT 1				Phone Number:		Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Ejection Path	Trapped/extricated	Source of Transport	Died at scene/enroute
	Transported to:				Transported by:		01	01								
	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**

Form 4433003 (11-13)

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

Law Enforcement Case Numbers:
2021030424

L O C A T I O N	Date of Accident 12/18/2021	Time of Accident 20:54 Hrs.	County HENRY - 44	Accident occurred within corporate limits of (city)				Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>												
	Literal Description WB US 34 MM 228						County: 44	Route:													
	If accident occurred outside of city limits show general vicinity N NE E SE S SW W NW <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> of nearest city						X Coordinate: 613249.187														
	On Road, Street or Highway:				At Intersection with:				Y Coordinate: 4536670.5												
	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														
N NE E SE S SW W NW <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> and						N NE E SE S SW W NW <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>															
Milepost Number		Definable intersection, bridge, or railroad crossing				NB <input type="radio"/> SB <input type="radio"/> EB <input type="radio"/> WB <input type="radio"/>															
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	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			
31		<input type="radio"/>	<input type="radio"/>																		
N O N M O T O R I S T S	Name 001			Phone Number			DOB:														
	Address:						Alcohol Test Given	Test Results:	Drug Test Given	Result	Charged	Yes	No								
	Transported to:						Transported by:														
	Name			Phone Number			DOB:														
	Address:						Alcohol Test Given	Test Results:	Drug Test Given	Result	Charged	Yes	No								
Transported to:						Transported by:															
N P O R N O V P E E H R I T I 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 12/18/2021			Incident Clearance Date 12/18/2021											
Signature of Officer SERGEANT J ANDREASEN			Badge Number 161	Time Officer Notified of Accident 20:54 Hrs.			Roadway Clearance Time 21:10 Hrs.			Incident Clearance Time 21:30 Hrs.											
Name of Agency IOWA STATE PATROL - DIST 13			Date of Report 12/18/2021	Time Officer Arrived At Scene 20:54 Hrs.			Total Roadway Clearance Time 000:16			Total Incident Clearance Time 000:36											
Report Reviewed By Morey, R			Date of Review 12/20/2021	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

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

Law Enforcement Case Numbers:

2021030424

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US 34



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UNIT 1, IOWA STATE PATROL UNIT #31, WAS WESTBOUND ON US 34 WHEN A DEER RAN OUT FROM THE MEDIAN. THE DEER RAN DIRECTLY INTO THE PATH OF UNIT 1. UNIT 1 STRUCK THE DEER IN THE ROADWAY.

Date: 1/3/2022 12:58 PM
 Estimate ID: 2331120056
 Estimate Version: 0
 Committed
 Profile ID: * PDA IA

Property Damage Appraisers (PDA Bettendorf)

P.O. Box 248, Bettendorf, IA 52722
 (563) 355-2805
 Fax: (563) 888-1405
 Email: pdabettendorf@pdaorg.net

Not An Authorization For repair
 Read disclaimers following appraisal calculations.

Damage Assessed By: Paul McClusky
 Classification: Field

Appraised For: JESSICA HACKBARTH

Condition Code: Good
 Arrival Date: 12/31/2021
 Contact Date: 12/31/2021
 Deductible: 0.00
 File Number: 2331120056
 Claim Number: APDSOI0231060-001

Type of Loss: Comprehensive

Insured: State of Iowa Contact Sergeant Jere
 Owner: State of Iowa Contact Sergeant Jere
 Address: 109 SE 13th St, Des Moines, IA 50319
 Telephone: Work Phone: (319) 385-8715

Mitchell Service: 911667

Description: 2020 Dodge Charger Police
 Body Style: 4D Sed
 VIN: 2C3CDXKT4LH130451
 Mileage: 48,583
 OEM/ALT: A
 Parts Profile: Bettendorf
 Color: SILVER
 Options: PASSENGER AIRBAG, POWER DRIVER SEAT, POWER LOCK, POWER WINDOW, POWER STEERING
 POWER BRAKE, REAR WINDOW DEFOGGER, CRUISE CONTROL, TILT STEERING COLUMN
 FM RADIO, ANTI-LOCK BRAKE SYS., TIRE INFLATION/PRESSURE MONITOR, CD PLAYER

Vehicle Production Date: 2/20
 Drive Train: 5.7L Inj 8 Cyl 5A AWD
 License: 31 IA
 Parts Profile Version: 2

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	103519	BDY	REMOVE/REPLACE	Inform Label Emission Information	68470484AA	5.25	
2	103522	BDY	REMOVE/REPLACE	Inform Label Air Cond Caution	68420855AB	1.75	
3	AUTO	BDY	OVERHAUL	Frnt Bumper Cover Assy			4.0 #
4	100932	BDY	REMOVE/REPLACE	Frnt Bumper Cover	** QUAL REPL PART	598.00	INC #
5	AUTO	REF	REFINISH	Frnt Bumper Cover			C 3.1
6	900500	BDY *	REMOVE/REPLACE	Setina Push Bar	** QUAL REPL PART	459.00	* 2.0*
7	100935	BDY	REMOVE/REPLACE	R Frnt Bumper Bracket	** QUAL REPL PART	27.00	INC #
8	100936	BDY	REMOVE/REPLACE	L Frnt Bumper Bracket	** QUAL REPL PART	27.00	INC #
9	100937	BDY	REMOVE/REPLACE	R Frnt Bumper Support Bracket	** QUAL REPL PART	7.00	INC #
10	AUTO	BDY	REMOVE/INSTALL	Frnt Bumper Cover			INC #
11	100938	BDY	REMOVE/REPLACE	L Frnt Bumper Support Bracket	** QUAL REPL PART	7.00	INC #
12	101091	BDY	REMOVE/REPLACE	Grille	** QUAL REPL PART	295.00	INC #
13	103566	BDY	REMOVE/REPLACE	L Frnt Combination Lamp Assembly	Remanufactured	834.00	INC #
14	AUTO	BDY	CHECK/ADJUST	Headlamps			0.4
15	100559	BDY	REMOVE/REPLACE	Hood Panel (Alum)	** QRP Certified	986.00	1.6
16	AUTO	REF	REFINISH	Hood Outside			C 2.8
17	AUTO	REF	REFINISH	Add For Hood Underside			C 1.4
18	100569	BDY	REMOVE/REPLACE	Hood Weatherstrip	68040220AC	40.10	INC
19	100576	BDY	REMOVE/REPLACE	Hood Latch	68261142AA	119.00	INC #
20	102112	BDY	REMOVE/REPLACE	R Cooling Air Deflector Seal	** QUAL REPL PART	21.00	
21	102113	BDY	REMOVE/REPLACE	L Cooling Air Deflector Seal	** QUAL REPL PART	21.00	
22	101055	MCH	REMOVE/REPLACE	Evacuate & Recharge A/C	-M		1.4

ESTIMATE RECALL NUMBER: 01/03/2022 12:58:24 2331120056

Mitchell Data Version: OEM: DEC_21_V1230

Alternate Parts: 01/03/2022 12:10:26

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Software Version: 7.1.242

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Date: 1/3/2022 12:58 PM
 Estimate ID: 2331120056
 Estimate Version: 0
 Committed
 Profile ID: * PDA IA

23	101056	MCH	REMOVE/REPLACE	A/C Refrigerant Recovery	-M				0.3
24	101042	BDY	REPAIR	R Fender Panel		Existing			1.0*#
25		REF	REFINISH/REPAIR	R Fender Panel				C	1.0*
26				MODIFIED REFINISH WITH FULL CLEAR COAT					
27	101043	BDY	REMOVE/REPLACE	L Fender Panel		** QRP Certified	278.00		0.9 #
28	AUTO	REF	REFINISH	L Fender Outside				C	1.6
29	AUTO	REF	REFINISH	L Add To Edge Fender				C	0.5
30	102438	BDY	REMOVE/INSTALL	R Fender Splash Shield		Existing			INC r
31	100524	BDY	REMOVE/REPLACE	Frnt Body Upper Crossmember		** QUAL REPL PART	264.00		2.0 #
32	AUTO	MCH	REMOVE/REPLACE	Add To R&I/R&R Mechanical Components	-M				0.5 #
33	AUTO	REF	REFINISH	Upr Rad Supt Crossmember					1.5
34	100447	BDY	REMOVE/REPLACE	Frnt Body Closing Panel		** QUAL REPL PART	143.00		INC #
35	101415	REF	BLEND	L Frnt Door Outside				C	1.0
36	102090	BDY	REMOVE/INSTALL	L Frnt Rear View Mirror					INC #
37	102092	BDY	REMOVE/INSTALL	L Frnt Otr Door Belt Moulding					1.1 #
38	101468	BDY	REMOVE/REPLACE	L Frnt Upr Door Adhesive Moulding		57010505AM	105.00		0.2
39	931127	MCH	ADD'L LABOR OP	Pre Repair Scan		Sublet	119.00	*	0.5*
40	931128	MCH	ADD'L LABOR OP	Post Repair Scan		Sublet	49.95	*	0.5*
41	900500	BDY *	ADD'L LABOR OP	Remove Decals		Existing			0.5*
42	100839	BDY	REMOVE/INSTALL	L Frnt Door Trim Panel					INC
43	101827	BDY	REMOVE/INSTALL	L Frnt Otr Door Handle					0.3 #
44	936012		ADD'L COST	Hazardous Waste Disposal			5.00	*	
45	936014		ADD'L COST	Flex Additive			6.00	*	
46	933002	REF	ADD'L OPR	Clear Coat					2.5*
47	933005	BDY	ADD'L OPR	Restore Corrosion Protection			5.00	*	0.2*
48	933018	REF	ADD'L OPR	Mask For Overspray			4.00	*	0.2*

* - 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

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

KEYSTONE KEYSIQ
 2400 KERPER BLVD.
 STE. E100A
 DUBUQUE
 IA 52004
 (319) 566-5030 (800) 747-2500

KEYSTONE KEYSIQ
 100 E. 5TH ST.
 WATERLOO
 IA 50703
 (319) 234-3414 (800) 258-8885

13	** CH2502337R	834.00
20	** CH1218107	21.00
21	** CH1218106	21.00
27	** CH1240282C	278.00

4	** CH1000A24	598.00
15	** CH1230305C	986.00

31	** CH1225280C	264.00
34	** CH1224101	143.00

KEYSTONE KEYSIQ
 810 SE CORP WOODS DR.
 STE. 120
 ANKENY
 IA 50021
 (800) 845-1515 (515) 727-7857

7	** CH1043111	27.00
8	** CH1042111	27.00
9	** CH1043118	7.00
11	** CH1042118	7.00
12	** CH1200388	295.00

ESTIMATE RECALL NUMBER: 01/03/2022 12:58:24 2331120056

Mitchell Data Version: OEM: DEC_21_V1230

Alternate Parts: 01/03/2022 12:10:26

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Software Version: 7.1.242

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Estimate Totals

I. Labor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals	II. Part Replacement Summary	Amount	
Body	14.2	62.15	5.00	0.00	887.53 T	Taxable Parts	4,238.10	
Refinish	15.6	100.00	4.00	0.00	1,564.00 T			
Mechanical	3.2	71.36	0.00	168.95	397.30 T	Total Replacement Parts Amount	4,238.10	
Taxable Labor					2,848.83			
Labor Summary	33.0				2,848.83			
III. Additional Costs					Amount	IV. Adjustments		Amount
Taxable Costs					11.00	Insurance Deductible		0.00
Total Additional Costs					11.00	Customer Responsibility		0.00
						I. Total Labor:	2,848.83	
						II. Total Replacement Parts:	4,238.10	
						III. Total Additional Costs:	11.00	
						Gross Total:	7,097.93	
						IV. Total Adjustments:	0.00	
						Net Total:	7,097.93	

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.

Point(s) of Impact

11 Left Front Corner (P), 1 Right Front Corner (S), 9 Left Side (S), 12 Front Center (S)

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

Inspection Site: COPELAND AUTO BODY
 Address: 506 E 2ND STREET
 HEDRICK, IA 52563
 Inspection Date: 1/ 3/2022

Body Shop: COPELAND AUTO BODY
 Address: 506 E 2ND STREET
 HEDRICK, IL 52563
 Telephone: (641) 653-2140
 Fax Phone: (641) 653-4301
 State Lic. No: 42-1488559
 Email: steve@copelandautobody.com