



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          | #425/Deer   |
| Event Date               | July 2, 2022  |
| Summary                  | Vehicle #425 struck a deer. (240544)                                  |
| Amount Requested         | \$9,042.62 - 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,

Mariah Flowers, Fleet Manager  
DAS Fleet Services  
[Mariah.Flowers@iowa.gov](mailto: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***

- 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 #: 2022016764**

|  |   |  |             |
|--|---|--|-------------|
| Date:<br><small>(Month/Day/Year)</small>                           | 7/2/2022                                  | Time:<br><small>(Time plus a.m./p.m.)</small>              | 8:17 p.m.   |
| Vehicle Plate #:   | 425                                       | Vehicle Mileage:   | 101,082     |
| Vehicle Description:<br><small>(Yr/Make/Model/ &amp; Vin#)</small> | 2019 Dodge Charger, vin:2C3CDXKTXKH755340 |  |             |
| Assigned To:   | Trp. Rob Kinser                           | Badge #  | 425         |
| Driven By:   | Trp. Rob Kinser                           | Badge #  | 425         |
| Driver's Lic #:  | 648YY3026                                 | Damage:  | \$ 8,945.15 |
| Vehicle Towed:<br><small>(Yes / No)</small>                        | No  | Towed By:  |             |
| Towed To:  |   | Towing Cost:   | \$0         |
| Seat Belt:<br><small>(Yes / No)</small>                            | Yes                                       | Type of Vehicle:<br><small>(Marked/Semi /Unmarked)</small> | Marked      |
| Injured/Injuries:  | no  |  |             |
| Occupants:<br><small>(Other than driver)</small>                   | no  |  |             |

### VEHICLE #2:

|                   |  |        |  |
|-------------------|--|--------|--|
| DL #:             |  | State: |  |
| Vehicle Lic. #    |  | State: |  |
| Driver's Name:    |  |        |  |
| Driver's Address: |  |        |  |
| Owner's Name:     |  |        |  |
| Owner's Address:  |  |        |  |
| Owner's Phone:    |  |        |  |

|   |     |                          |    |
|---|-----|--------------------------|----|
| Insurance Info:<br>(Carrier/Policy #/Phone) |     |                          |    |
| Veh Description:<br>(Yr/Make/Model & Vin#)  |     |                          |    |
| Damage:                                     | \$  | Seat Belt:<br>(Yes / No) | No |
| Injured/Injuries:                           |     |                          |    |
| Occupants:<br>(Other than driver)           |     |                          |    |
| Occupant(s) Wearing Seat Belt: (Yes/No)     | Yes |                          |    |

**OTHER INFORMATION:**

|  |   |
|--|---|
| Witnesses:   | no  |
| Accident Location:<br>(Street/Hwy)   | 690 <sup>th</sup> St, 1/2 mile s. of I-80 |
| County:  | Cass                                      |
| Weather/Road Conditions:   | Dry/Clear                                 |
| Narrative: On 7/2/2022 at 20:17 hours, I was traveling south on County road N28 (690th Street) in Cass County, approximately 1/2 mile south of Interstate 80 from Exit 64, just south of the Troublesome Creek Bridge. At this location a deer entered the roadway from the west ditch and struck the front right of my patrol vehicle. Vehicle is drivable. |   |
| Property Damage other than Vehicles:   | none                                      |
| Cost:  | \$  |
| Citations Issued To:<br>(List Charge(s) and Statute Code(s))   |   |

|                        |                           |
|------------------------|---------------------------|
| Investigating Officer: | SGT. James Bullington 253 |
|------------------------|---------------------------|

**VEHICLE #3:**

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

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



## MEMORANDUM

**TO:** Sgt. Jim Bullington

**FROM:** Trp. Rob Kiser

**DATE:** 7/2/2022

**SUBJECT:** Car / Deer 10-50

**On 7/2/2022 at 20:17 hours, I was traveling south on County road N28 (690<sup>th</sup> Street) in Cass County, approximately ½ mile south of Interstate 80 from Exit 64, just south of the Troublesome Creek Bridge. At this location a deer entered the roadway from the west ditch and struck the front right of my patrol vehicle. At 20:19 hours I advised Sgt. Bullington of the situation.**

Vehicle mileage: 101,082

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

Law Enforcement Case Number:  
**2022016764**

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

|  |  |   |  |                                  |  |  |  |  |  |  |  |
|--|--|---|--|----------------------------------|--|--|--|--|--|--|--|
| Date of Accident<br><b>07/02/2022</b>  | Time of Accident<br><b>20:17 Hrs.</b>                              | County<br><b>CASS - 15</b>                  | Accident occurred within corporate limits of (city)                  |                                  |  |  |  |  |  |  |  |
| <b>U<br/>N<br/>I<br/>T<br/>1</b>   | Driver's Name - Last<br><b>KINSER</b>                              |   | First<br><b>ROBERT</b>   |                                  | Middle<br><b>ALLEN</b>   |  |  |  |  |  |  |
|  | Address<br><b>2025 HUNT AVENUE</b>                                 |   | City<br><b>COUNCIL BLUFFS</b>  |                                  | State   Zip<br><b>IA   51503</b>                                       |  |  |  |  |  |  |
|  | Date of Birth<br><b>05/18/1970</b>                                 | Driver's License Number<br><b>648YY3026</b> | CDL<br>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<br><b>IA</b>                          | Class<br><b>C</b>  | Endorsements<br><b>L</b>         | Restrictions   | Citation Charge 3                              |  |  |  |  |  |
|  | Alcohol Test Given:<br><b>1</b>                                    | Test Results:                               | Drug Test Given:<br><b>1</b>   | Test Result:                     | Re-exam: Yes <input type="radio"/> No <input checked="" type="radio"/> | Reason for Re-Exam Request:                    |  |  |  |  |  |
|  | Owner's Name - Last<br><b>STATE OF IOWA-DAS FLEET SERVICES</b>     |   | First  |                                  | Middle   |  |  |  |  |  |  |
|  | Address<br><b>109 SE 13TH ST.</b>                                  |   | City<br><b>DES MOINES</b>  |                                  | State<br><b>IA</b>   | Zip<br><b>50319</b>                            |  |  |  |  |  |
|  | License Plate No.<br><b>425</b>                                    | State<br><b>IA</b>                          | Year<br><b>2019</b>  | VIN:<br><b>2C3CDXKTXKH755340</b> | Color<br><b>GRY</b>  | Year<br><b>2019</b>                            |  |  |  |  |  |
|  | Trailer Plate No.  | State                                       | Year   | VIN:                             | Tow<br><b>1</b>  | Tow #  |  |  |  |  |  |
|  | Insurance Company Name<br><b>DAS-STATE OF IOWA</b>                 |   |  | Insurance Co. Phone Number       |  | Insurance Policy Number<br><b>SELF-INSURED</b> |  |  |  |  |  |
| Initial Travel Direction   | Veh. Act.  | Veh. Config.<br><b>01</b>                   | Cargo Body Type<br><b>01</b>   | Veh. Defect                      | Point of Initial Impact  |  |  |  |  |  |  |
| Most Damaged Area  | Extent of Damage   | Total Occ. in Veh.<br><b>1</b>              |  |                                  |  |  |  |  |  |  |  |
| Special Veh. Func.   | Emergency Status   | Bus Use                                     | Driver Condition   | Vision Obscured                  | Contributing Circumstances Driver (up to two)<br><b>88</b>             |  |  |  |  |  |  |
| Driver Distractions<br><b>02</b>   | Speed Limit  |   |  |                                  |  |  |  |  |  |  |  |
| Traffic Controls   | Horizontal Alignment   | Vertical Alignment                          | SEQUENCE OF EVENTS   | First Event                      | Second Event   |  |  |  |  |  |  |
| Third Event  | Fourth Event   | Most Harmful Event                          |  |                                  |  |  |  |  |  |  |  |
| <b>C<br/>O<br/>M<br/>M<br/>E<br/>R<br/>C<br/>I<br/>A<br/>L</b>                         | 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                              |  |  |  |  |  |  |  |
| <b>P<br/>E<br/>R<br/>S<br/>O<br/>N<br/>S<br/>I<br/>N<br/>J<br/>U<br/>R<br/>E<br/>D</b> | DRIVER OF UNIT 1   |   | Phone Number:  | Transported to:                  |  | Transported by:                                |  |  |  |  |  |
|  |  |   | 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:<br><b>2022016764</b>             |  |
| Legal Intervention? <input type="checkbox"/>                  | Private Property? <input type="checkbox"/> |
| County:<br><b>15</b>  | Route:<br><b>15</b>                        |
| X Coordinate:<br><b>343607.375</b>                            |  |
| Y Coordinate:<br><b>4594463</b>                               |  |
| If Divided Highway, Provide Route (Cardinal) Travel Direction |  |
| NB <input type="checkbox"/>                                   | SB <input type="checkbox"/>                |
| EB <input type="checkbox"/>                                   | WB <input type="checkbox"/>                |

|          |   |                                       |                            |   |
|----------|---|---------------------------------------|----------------------------|---|
| LOCATION | Date of Accident<br><b>07/02/2022</b>   | Time of Accident<br><b>20:17</b> Hrs. | County<br><b>CASS - 15</b> | Accident occurred within corporate limits of (city) |
|          | Literal Description<br><b>690TH ST, 1/2 MILE S. OF I-80</b>   |                                       |                            |   |
|          | If accident occurred outside of city limits show general vicinity<br><div style="display: flex; justify-content: space-around; align-items: center;"> <span>N</span><span>NE</span><span>E</span><span>SE</span><span>S</span><span>SW</span><span>W</span><span>NW</span> </div> <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 |                                       |                            |   |
|          | On Road, Street or Highway:   |                                       | At Intersection with:      |   |
|          | Note: Unless accident occurred at an intersection which is completely described above, use the space below to give the exact location from a milepost or definable intersection, bridge, or railroad crossing, using two distances and directions if necessary. of  |                                       |                            |   |

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

| First Harmful Event (Crash) | 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"/> |          |          |      |                 |     |                    |               |                   |                            |                         |           |                  |                            |                     |                       |  |

|              |                 |                    |               |                 |        |         |     |    |  |  |  |  |  |  |  |  |  |  |  |
|--------------|-----------------|--------------------|---------------|-----------------|--------|---------|-----|----|--|--|--|--|--|--|--|--|--|--|--|
| NONMOTORISTS | Name <b>001</b> | Phone Number       | DOB:          |                 |        |         |     |    |  |  |  |  |  |  |  |  |  |  |  |
|              | Address:        | Alcohol Test Given | Test Results: | Drug Test Given | Result | Charged | Yes | No |  |  |  |  |  |  |  |  |  |  |  |
|              | Transported to: | Transported by:    |               |                 |        |         |     |    |  |  |  |  |  |  |  |  |  |  |  |
|              | Name            | Phone Number       | DOB:          |                 |        |         |     |    |  |  |  |  |  |  |  |  |  |  |  |

|                 |   |   |                    |
|-----------------|---|---|--------------------|
| PROPERTY DAMAGE | If Property other than vehicles damaged explain | Object Damaged  | Estimate of Damage |
|                 | Owner's Last Name                               | First Name  | Middle Name        |
|                 | Address   | City  | State              |
|                 | Zip Code  | Was owner or tenant notified?<br>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 |
|           | Last Name | First Name | Address | City | State | Zip Code | Phone Number |

|  |                                     |  |   |
|--|-------------------------------------|--|---|
| Is This a Secondary Crash?<br>Y <input type="radio"/> N <input checked="" type="radio"/> | Type of Primary Incident            | Roadway Clearance Date<br><b>07/02/2022</b>  | Incident Clearance Date<br><b>07/02/2022</b>  |
| Signature of Officer<br><b>SERGEANT J BULLINGTON</b>                                     | Badge Number<br><b>253</b>          | Time Officer Notified of Accident<br><b>20:17</b> Hrs.                                     | Roadway Clearance Time<br><b>20:17</b> Hrs.   |
| Name of Agency<br><b>IOWA STATE PATROL - DIST 03</b>                                     | Date of Report<br><b>07/03/2022</b> | Time Officer Arrived At Scene<br><b>20:17</b> Hrs.   | Total Roadway Clearance Time<br><b>000:00</b> |
| Report Reviewed By   | Date of Review                      | Investigation made at scene?<br>Y <input checked="" type="radio"/> N <input type="radio"/> | T.I. No. Other Technical Investigating Agency |

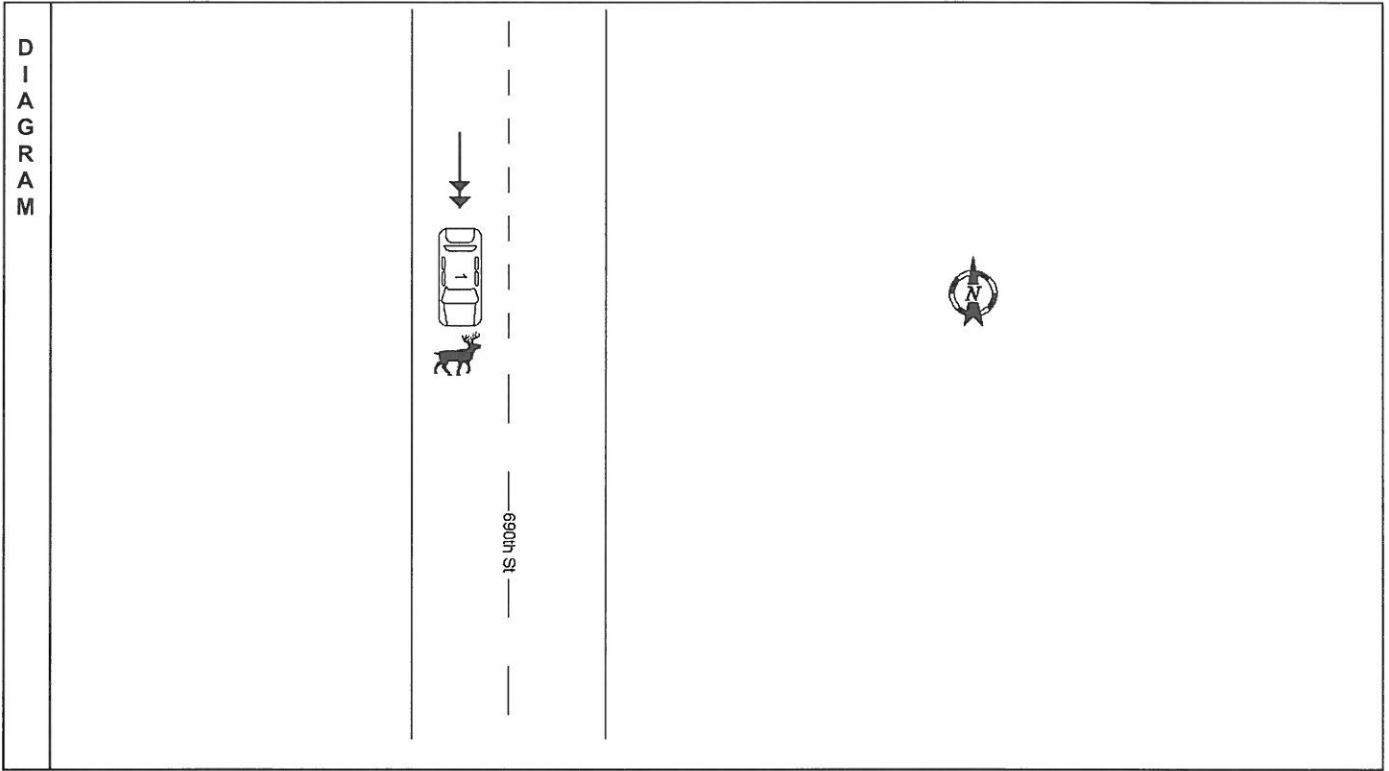
INVESTIGATING OFFICER'S REPORT  
OF MOTOR VEHICLE ACCIDENT

Form 4433003 (11-13)

Law Enforcement Case Number:

2022016764

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



**N  
A  
R  
R  
A  
T  
I  
V  
E**

Vehicle 1 was southbound on 690 th St when a deer entered the roadway. Vehicle 1 struck the deer causing minor damage.



# Property Damage Appraisers (PDA Omaha)

PO Box 241006, Omaha, NE 68124  
 (402) 552-0899  
 Fax: (402) 552-0898  
 Email: pdaomaha@pdaorg.net

\*Not An Authorization For repair\*  
 Read disclaimers following appraisal calculations.

Damage Assessed By: Cary Sommerla  
 Supplemented By: Cary Sommerla  
 Classification: Field

Appraised For: JESSICA HACKBARTH

Condition Code: Good  
 Date of Loss: 7/ 2/2022  
 Contact Date: 7/ 7/2022  
 Deductible: 0.00  
 File Number: 1022070036  
 Claim Number: APDSOI0240544001  
 Type of Loss: Comprehensive  
 Insured: State of Iowa  
 Owner: State of Iowa  
 Telephone:  
 Cell Phone: (712) 328-8001

Mitchell Service: 911667

Description: 2019 Dodge Charger Police  
 Body Style: 4D Sed  
 VIN: 2C3CDXKTKKH755340  
 Mileage: 101,110  
 OEM/ALT: A  
 Parts Profile: Omaha  
 Color: Grey  
 Drive Train: 5.7L Inj 8 Cyl 5A AWD  
 License: 425 IA  
 Parts Profile Version: 2

| Line Item | Entry Number | Labor Type | Operation      | Line Item Description                   | Part Type/<br>Part Number | Dollar Amount | Labor Units |
|-----------|--------------|------------|----------------|---|---------------------------|---------------|-------------|
| 1         | 100387       | BDY        | OVERHAUL       | Frnt Bumper Cover Assy                  |                           |               | 4.0 #       |
| S4 2      | 900500       | BDY*       | REMOVE/REPLACE | Frnt. Bumper Push Bar- Setina           | ** QUAL REPL PART         | 1,219.56      | * 3.0*      |
| 3         | 102899       | BDY        | REMOVE/REPLACE | Frnt Bumper Cover                       | 68267765AC                | 769.00        | INC #       |
| 4         | AUTO         | REF        | REFINISH       | Frnt Bumper Cover                       |                           |               | C 2.7 #     |
| 5         | 100931       | BDY        | REMOVE/REPLACE | Frnt Lwr Bumper Grille                  | 68240583AB                | 86.85         | INC #       |
| 6         | AUTO         | BDY        | REMOVE/INSTALL | Frnt Bumper Cover                       |                           |               | INC #       |
| 7         | 100945       | BDY        | REMOVE/REPLACE | Frnt Bumper Energy Absorber             | ** QRP Certified          | 88.00         | INC #       |
| 8         | 100946       | BDY        | REMOVE/REPLACE | Frnt Bumper Reinforcement Bar (UHSS)    | 68100209AF                | 360.00        | 1.0 #       |
| 9         | 101091       | BDY        | REMOVE/REPLACE | Grille                                  | 5PP33DX8AB                | 382.00        | INC #       |
| 10        | 101338       | BDY        | CHECK/ADJUST   | Headlamps                               |                           |               | 0.4         |
| 11        | 103073       | BDY        | REMOVE/REPLACE | R Frnt Combination Lamp Assembly        | 68541682AA                | 905.00        | INC #       |
| 12        | 103074       | BDY        | REMOVE/REPLACE | L Frnt Combination Lamp Assembly        | 68541683AA                | 905.00        | INC #       |
| 13        | 100718       | BDY        | REMOVE/REPLACE | R Front Side Marker Lamp Assembly       | ** QUAL REPL PART         | 35.00         | INC #       |
| 14        | 100559       | BDY        | REMOVE/REPLACE | Hood Panel (Alum)                       | 68265445AB                | 1,205.00      | 1.6         |
| 15        | AUTO         | REF        | REFINISH       | Hood Outside                            |                           |               | C 2.8       |
| 16        | AUTO         | REF        | REFINISH       | Add For Hood Underside                  |                           |               | C 1.4       |
| 17        | 101042       | BDY        | REMOVE/REPLACE | R Fender Panel                          | 68213060AC                | 348.00        | 0.9 #       |
| 18        | AUTO         | REF        | REFINISH       | R Fender Outside                        |                           |               | C 1.6       |
| 19        | AUTO         | REF        | REFINISH       | R Add To Edge Fender                    |                           |               | C 0.5       |
| 20        | 101043       | BDY        | REPAIR         | L Fender Panel                          | Existing                  |               | 2.5*#       |
| 21        | AUTO         | REF        | REFINISH       | L Fender Outside                        |                           |               | C 1.6       |
| 22        | 100524       | BDY        | REMOVE/REPLACE | Frnt Body Upper Crossmember             | 68200478AC                | 325.00        | 2.0 #       |
| 23        | AUTO         | MCH        | REMOVE/REPLACE | Add To R&I/R&R Mechanical Components -M |                           |               | 0.5 #       |

This estimate has been re-calculated with a modified profile.



|      |                          |           |
|------|--------------------------|-----------|
| I.   | Total Labor:             | 2,508.50  |
| II.  | Total Replacement Parts: | 6,519.12  |
| III. | Total Additional Costs:  | 15.00     |
|      | Gross Total:             | 9,042.62  |
| IV.  | Total Adjustments:       | 0.00      |
|      | Net Total:               | 9,042.62  |
|      | Less Original Net Total: | 8,937.35  |
|      | Net Supplement Amount:   | 105.27    |
|      | S1: Cary Sommerla        | 264.29-   |
|      | S2: Cary Sommerla        | 1,000.00- |
|      | S3: Cary Sommerla        | 1,000.00  |
|      | S4: Cary Sommerla        | 369.56    |

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

1 Right Front Corner (P), 12 Front Center (S)

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

Inspection Site: Residence  
 Address: 2437 110th  
 Villisca, IA 50864  
 Inspection Date: 7/12/2022

Body Shop: All Makes Collision-Council Bluffs  
 Address: 524 23rd Ave.  
 Council Blfs, IA 51501  
 Telephone: (712) 256-3195  
 Fax Phone: (712) 322-4351  
 Email: karl.aaauto@live.com

This estimate has been re-calculated with a modified profile.