



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

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

STATE VEHICLE	⊏: (N	nark if Act of I	vature ) CASE #:	2022016764
Date:	7/2/	2022	Time:	8:17 p.m.
(Month/Day/Year)			(Time plus a.m./p.m.)	
Vehicle Plate #:	425		Vehicle Mileage:	101,082
Vehicle	004			
Description: (Yr/Make/Model/ & Vin#)	201	9 Dodge Char	ger, vin:2C3CDXKTX	KH755340
Assigned To:	Trp.	Rob Kinser	Badge #	425
Driven By:	Trp.	Rob Kinser	Badge #	425
Driver's Lic #:	648	YY3026	Damage:	\$, 8,945.15
Vehicle Towed: (Yes / No)	No		Towed By:	
Towed To:		9. 27.	Towing Cost:	\$0
Seat Belt: (Yes / No)	Yes		Type of Vehicle: (Marked/Semi /Unmarked)	Marked
Injured/Injuries:		no		500 9
Occupants: (Other than driver)		no		

#### **VEHICLE #2:**

DL #:	State:	
Vehicle Lic. #	State:	
Driver's Name:		
Driver's Address:		
Owner's Name:		
Owner's Address:		
Owner's Phone:		02(022)

(Carrier/Policy #/Phone)					
Veh Description:					
(Yr/Make/Model & Vin#)					
Damage:	\$		Soat	t Belt:	No
Damage.	Ψ		(Yes /		INO
Injured/Injuries:					
Occupants: (Other than driver)					
Occupant(s) Weari	ng Seat F	Relt: (Vac/h	lo)	Yes	
Coodpanit(o) Wear	ng ocal L	ocit. (1es/iv	NO)	103	
OTHER INFORMA	TION				
Witnesses:	TION.	no			
Accident Location:			t. 1/2 m	nile s. of I-80	***************************************
(Street/Hwy)			., 172 11		
County:		Cass			
Weather/Road Cor		Dry/Cle			
Narrative: On 7/2/2	2022 at 20	0:17 hour	s, I was	s traveling sou	ith on County
road N28 (690th St					
Interstate 80 from I	=xit 64, ju	st south c	of the I	roublecome	rook Bridge At
this location a deer	entered t	he roadw	ay fron	n the west dito	
	entered t	he roadw	ay fron	n the west dito	
this location a deer	entered t	he roadw	ay fron	n the west dito	
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this location a deer front right of my pa	entered t trol vehicl	he roadw e. Vehicle	ay fron	n the west dito	
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this location a deer front right of my pa  Property Damage of Vehicles:	entered t trol vehicl	he roadw e. Vehicle none	ay fron	n the west dito	
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Property Damage of Vehicles: Cost: Citations Issued To	entered t trol vehicl other than	he roadw e. Vehicle none	ay fron	n the west dito	
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Property Damage of Vehicles: Cost: Citations Issued To	entered to trol vehicle ther than the code(s))	he roadw e. Vehicle none	ay fron	n the west dito	ch and struck the
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Owner's Address:			
Owner's Phone:		10	
Insurance Info: (Carrier/Policy #/Phone)			
Veh Description: (Yr/Make/Model & Vin#)			
Damage:	\$	Seat Belt: (Yes / No)	No
Injured/Injuries:			
Occupants: (Other than driver)			
Occupant(s) Wearing	ng Seat Belt: (Yes/No	Yes	# A.G.



## **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 (690th 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

Form 4433003 (11-13)

# INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Sheet 1 of 3

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

Vinder's Name - Last   Red		of Accident	and the second s	of Accid		ounty					Accide	ent occ	urred v	withir	corpora	ate limits	of (	city)	1					
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Note	l		e - Las	st																				
Page												RT			- 11									
Part		1	AVENI	IE																				
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Make   Fernata   State   Class   Endorsements   Restrictions   Class   Citation Charge 3   Citation Charge 4   Citation Charge 5   Citation Char				100 mm 100 mm		136 140	umber		CDL	Cit	allon Cha	iige i					1	itation (	onarge .	2				
Alcohor Teet Given: Test Results: Drug Teet Given: Test Result: Re-exam: Vest No Reason for Re-Exam Request:    1			e Stat	te Clas	s End	orsen	nents	Restriction	Yes	No Cit	ation Cha	rge 3					10	itation (	Charge	4				
Owner's Name - Last STATE OF IOWA-DAS FLEET SERVICES  Address City DES MOINES IN		$\odot$	IA	C	L				10															
State   Converted Name - Last   State   Color   Colo		Alcohol Test	Given:	Test	Result	s:	Drug T	est Given	: Test	Result:	Re-exa	am: Y		_	Reason 1	for Re-E	xam	Reques	st:					
STATE OF IOWA-DAS FLEET SERVICES  Address  108 SE 13TH ST.  License Plate No.  428  IA 2099 203CDXKTXKH756340  GRY 2019 DODG CHARGER 4DR  Trailer Plate No.  State Vear VIN:  1		1					1					(	) (											
Address 109 SE 137H ST.  License Plate No.   State   27e   Vest											First								Middle					
108 E43TH ST.   Color   Color   Vear   Make   Model   Sugar			JVVA-L	AS FLE	EISE	RVIC	ES	1235			011									Tee	_			
License Plate No.   State   Year   Vear   Ve			ST									MOINE	e											
Address   A   2899   2C3CDXKTXKH755340   GRY   2819   DODG   CHARGER   ADR     Trailer Plate No.   State   Vear   ViN   Tow   Tow   Tow   Tow   Towe   Tow				State	Year	IVIN					_	TOTAL		Tv	/ear	Make				503	519	Tetale		
Trailer Plate No. State   Year   VIN:   Tow   Tow   #   Towed To   Approx. Cast to Repair or K   \$8,945.00   Insurance Company Name   Insurance Co. Phone Number   Insurance Policy Number   SELF-INSURED   Insurance Policy Number   Self-Insurance Policy Number   Self-Insurance Policy Number   Insurance Policy Number   Self-Insurance Policy Number   Self-Insurance Policy Number   Insurance Policy Number   Self-Insurance Policy Number   Self-Insurance Policy Number   Insurance Policy Number   Self-Insurance Policy Num				100000000000000000000000000000000000000	S. Contraction			XKH7553	340		6									GER				
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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		Traffic Contro	ls	Horizon	tal Aligi	nment	t Vertic	al Alignm	ent s	OUEN	E Firs	t Ever	nt	Seco	ond Eve	nt Thir	d Ev	ent		- 12	t IM	ost Ha	rmful	Event
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	OF MOTOR VEHICLE ACCIDENT  Law Enforcement Case Number:																					
MA	IL REPORTS TO: Iowa				ce of Drive	r Services,	P.O. Box 9								_	20220	1676	54				
L	Date of Accident 07/02/2022	20:17	Accident Hrs.	County CASS - 15				Accide	ent occurre	ed withir	n corpo	rate lir	nits of	(city)	- 1	Legal Interve	entio	, [		Private Proper		
o	Literal Description		піъ.	CA33 - 13				<u> </u>							_	Count		17 -				_
C	690TH ST, 1/2 MIL		1-80													15	y.		r	Route:		
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	Milepost Definable intersection, Number Or bridge, or railroad crossing																<i>)</i>		,			
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S	Last Name First Name Address City										Stat	e Z	ip Co	de	PI	none	Numb	er				
Last Name First Name Address City State Zip Co										ip Co	de	PI	none	Numb	er							
Is Th	Is This a Secondary Crash?  Y  N  Roadway Clearance Date  07/02/2022  07/02/2022																					
	Signature of Officer   Badge Number   Time Officer Notified of Accident   Roadway Clearance Time   Incident Clearance Time																					
SERGEANT J BULLINGTON         253         20:17         Hrs.         20:17         Hrs.         20:17         Hrs.																						
	e of Agency	DIO= 1-			Date of			ficer Arr	rived At S	cene		Road	way C	learar	nce T			Incid	ent C	learar	nce T	ime
	A STATE PATROL - ort Reviewed By	- มเรา 03			07/03/20 Date of	20210012	20:17	ation m	Hrs.	2002	000:0			16	\thor		000:		iacti-	α Λ ~ -	nc::	
vebo	it Keviewed By				Date of	review	Investiga		N Sce	ile?	T.I. N	u.		C	uner	Techr	ııcal	ınvest	igatir	ig Age	епсу	

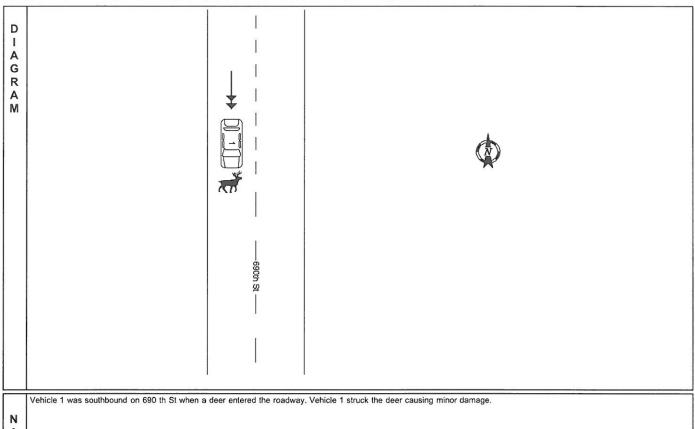
Form 4433003 (11-13)

#### 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: 2022016764

Sheet 3 of 3



A R R A 1 V E

Date: 8/15/2022 08:38 PM

Estimate ID: 1022070036

Estimate Version: 4

Supplement: 4 (PF) 8/15/2022 08:37:52

Profile ID: \* PDA IA

# **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

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: 2C3CDXKTXKH755340

Mileage: 101,110

OEM/ALT: A

Parts Profile: Omaha Color: Grey

Drive Train: 5.7L Inj 8 Cyl 5A AWD

License: 425 IA

Type of Loss: Comprehensive

Parts Profile Version: 2

				74 27	128		
Line	Entry	Labor	0	Line Item	Part Type/	Dollar	Labor
Item	Number		Operation	Description	Part Number	Amount	Units
1	100387		OVERHAUL	Frt Bumper Cover Assy			4.0 #
S4 2	900500	BDY*	REMOVE/REPLACE	Frt. Bumper Push Bar- Setina	** QUAL REPL PART	1,219.56	* 3.0*
3	102899	BDY	REMOVE/REPLACE	Frt Bumper Cover	68267765AC	769.00	INC #
4	AUTO	REF	REFINISH	Frt Bumper Cover			C 2.7 #
5	100931	BDY	REMOVE/REPLACE	Frt Lwr Bumper Grille	68240583AB	86.85	INC #
6	AUTO	BDY	REMOVE/INSTALL	Frt Bumper Cover			INC #
7	100945	BDY	REMOVE/REPLACE	Frt Bumper Energy Absorber	** QRP Certified	88.00	INC #
8	100946	BDY	REMOVE/REPLACE	Frt 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 Frt Combination Lamp Assembly	68541682AA	905.00	INC #
12	103074	BDY	REMOVE/REPLACE	L Frt 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	3		C 1.6
22	100524	BDY	REMOVE/REPLACE	Frt Body Upper Crossmember	68200478AC	325.00	2.0 #
23	AUTO	MCH	REMOVE/REPLACE	Add To R&I/R&R Mechanical Components -M			0.5 #
							7.57

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

ESTIMATE RECALL NUMBER: 07/12/2022 20:47:18 1022070036

Mitchell Data Version: OEM: AUG\_22\_V Alternate Parts: 08/15/2022 20:37:07

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Software Version: 7.1.242 All Rights Reserved

Date: 8/15/2022 08:38 PM

Estimate ID: 1022070036

Estimate Version: 4

Supplement: 4 (P F) 8/15/2022 08:37:52 Profile ID: \* PDA IA

				TIOTHE ID. TDA	10
24	AUTO REF	REFINISH	Upr Rad Supt Crossmember		1.5
25	100447 BDY	REMOVE/REPLACE	Frt Body Closing Panel	** QUAL REPL PART 1	55.00 INC #
26	931127 MCH	ADD'L LABOR OP	Pre Repair Scan	Existing	1.0*
27	931128 MCH	ADD'L LABOR OP	Post Repair Scan	Existing	1.0*
28	102049 BDY	REMOVE/INSTALL	R Rocker Moulding		INC
29	102050 BDY	REMOVE/INSTALL	L Rocker Moulding		0.4
30	100003 REF	BLEND	R Frt Door Outside		C 1.0
31	102089 BDY	REMOVE/INSTALL	R Frt Rear View Mirror		INC #
32	102091 BDY	REMOVE/INSTALL	R Frt Otr Door Belt Moulding		INC #
33	102093 BDY	REMOVE/INSTALL	R Frt Door Applique		1.3 #
34	100838 BDY	REMOVE/INSTALL	R Frt Door Trim Panel		INC
35	101826 BDY	REMOVE/INSTALL	R Frt Otr Door Handle		0.3 #
36	936012	ADD'L COST	Hazardous Waste Disposal		5.00 *
37	936014	ADD'L COST	Flex Additive		10.00 *
38	933002 REF	ADD'L OPR	Clear Coat		2.5*
39	933003 REF	ADD'L OPR	Tint Color		0.5*
40	933005 BDY	ADD'L OPR	Restore Corrosion Protection		15.00 * 0.3*
41	933018 REF	ADD'L OPR	Mask For Overspray		7.50 * 0.3*

<sup>\* -</sup> Judgment Item

C - Included in Clear Coat Calc

KEYSTONE-INS QUALITY PRT 8206 J ST. **OMAHA** NE 68127 (402) 553-0230 (800) 642-1432

\*\* CH1070836C 88.00 \*\* CH2551133N \*\* CH1224101 13 35.00 155.00

#### Remarks

Estimate is for damages due to deer impact only.

### **Estimate Totals**

I.	Labor Subtotals Body Refinish Mechanical	Units 17.7 16.4 2.5	Rate 50.00 90.00 50.00	Add'l Labor Amount 15.00 7.50 0.00	Sublet Amount 0.00 0.00 0.00	Totals 900.00 1,483.50 125.00 2,508.50	T T T	II.	Part Replacement Summary Taxable Parts Parts Adjustments Total Replacement Parts Amount	Amount 6,783.41 264.29- 6,519.12
	Labor Summary	36.6				2,508.50				
III.	Additional Costs Taxable Costs					Amoun	t	IV.	Adjustments Insurance Deductible	Amount 0.00
	Total Addition	al Costs				15.00			Customer Responsibility	0.00

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

ESTIMATE RECALL NUMBER: 07/12/2022 20:47:18 1022070036

Mitchell Data Version: OEM: AUG\_22\_V Alternate Parts: 08/15/2022 20:37:07

Software Version:

7.1.242

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<sup># -</sup> Labor Note Applies

<sup>\*\*</sup> QRP Certified - Quality Replacement Parts - Certified \*\* QUAL REPL PART - Quality Replacement Parts

Date: 8/15/2022 08:38 PM

Estimate ID: 1022070036

Estimate Version: 4

Supplement: 4 (PF) 8/15/2022 08:37:52

Profile ID: \* PDA IA

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
10.	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.

ESTIMATE RECALL NUMBER: 07/12/2022 20:47:18 1022070036

Mitchell Data Version: OEM: AUG\_22\_V

Alternate Parts: 08/15/2022 20:37:07 Copyright (C) 1994 - 2022 Mitchell International