



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	#372/Deer
Event Date	February 28, 2022
Summary	Vehicle #372 struck a deer. (234304)
Amount Requested	\$3,019.40 - 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 that reads "Mariah Flowers".

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

234304

State Vehicle Damage Report

Attach this completed form to an email along with the items identified below and send to: *DPS – Vehicle Damage; DAS – Risk*

- 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 #: 2022005608

Date: <small>(Month/Day/Year)</small>	2/28/2022	Time: <small>(Time plus a.m./p.m.)</small>	9:41 p.m.
Vehicle Plate #:	372	Vehicle Mileage:	69480
Vehicle Description: <small>(Yr/Make/Model/ & Vin#)</small>	2019 Dodge Charger Police 2C3CDXKT2KH755347		
Assigned To:	Trp Schnathorst	Badge #	372
Driven By:	Trp Schnathorst	Badge #	372
Driver's Lic #:	307UU8088	Damage:	\$
Vehicle Towed: <small>(Yes / No)</small>	No	Towed By:	N/A
Towed To:	N/A	Towing Cost:	\$0
Seat Belt: <small>(Yes / No)</small>	Yes	Type of Vehicle: <small>(Marked/Semi /Unmarked)</small>	Marked
Injured/Injuries:	No		
Occupants: <small>(Other than driver)</small>	none		

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)	No
Injured/Injuries:			
Occupants: (Other than driver)			
Occupant(s) Wearing Seat Belt: (Yes/No)	Yes		

OTHER INFORMATION:

Witnesses:	none
Accident Location: (Street/Hwy)	R61 north of Story City
County:	Story
Weather/Road Conditions:	clear/dry
Narrative: Trooper Schnathorst was on routine patrol on R61 north of Story City when a deer emerged from the west ditch and into his path of travel. The left front corner of Trooper Schathorst's vehicle struck the deer which resulted in functional damage. Damage was sustained to the left front bumper region and front grill.	
Property Damage other than Vehicles:	none
Cost:	\$0
Citations Issued To: (List Charge(s) and Statute Code(s))	n/a

Investigating Officer:	
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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		

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Law Enforcement Case Number: 2022005608

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

Date of Accident 02/28/2022	Time of Accident 21:40 Hrs.	County STORY - 85	Accident occurred within corporate limits of (city)					
UNIT 1	Driver's Name - Last SCHNATHORST				First DENNIS		Middle JERALD	
	Address 2437 235TH ST				City FORT DODGE		State IA	Zip 50501-0000
	Date of Birth 12/29/1966		Driver's License Number 307UU8088		CDL Yes No <input type="radio"/> <input checked="" type="radio"/>		Citation Charge 1	
	Male <input checked="" type="radio"/>		Female <input type="radio"/>		State IA		Citation Charge 2	
	Class A		Endorsements L		Restrictions BK		Citation Charge 3	
	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
	License Plate No. 372		State IA	Year	VIN: 2C3CDXKT2KH755347	Color GRY	Year 2019	Make DODG
Trailer Plate No.		State	Year	VIN:	Tow #	Towed To	Approx. Cost to Repair or Replace \$2,500.00	
Insurance Company Name STATE OF IOWA				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. 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 INJURED	DRIVER OF UNIT 1				Phone Number: (515) 972-4213		Sex <input checked="" type="checkbox"/>	
	Transported to:				Transported by:		Injury Status <input type="checkbox"/>	
	Name		Phone Number		DOB:		Occupant Protection <input type="checkbox"/>	
	Address				Transported to:		Airbag Deployment <input type="checkbox"/>	
	Name				Phone Number		Ejection <input type="checkbox"/>	
	Address				Transported to:		Ejection Path <input type="checkbox"/>	
	Name				Phone Number		Trapped/extricated <input type="checkbox"/>	
	Address				Transported to:		Source of Transport <input type="checkbox"/>	
	Name				Phone Number		Died at scene/enroute <input type="checkbox"/>	
	Address				Transported to:		Source of Transport <input type="checkbox"/>	

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: 2022005608	
Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>
County: 85	Route: _____
X Coordinate: 451205.968	Y Coordinate: 4672102.5
If Divided Highway, Provide Route (Cardinal) Travel Direction	
NB <input type="checkbox"/>	SB <input type="checkbox"/>
EB <input type="checkbox"/>	WB <input type="checkbox"/>

L O C A T I O N	Date of Accident 02/28/2022	Time of Accident 21:40 Hrs.	County STORY - 85	Accident occurred within corporate limits of (city)
	Literal Description 555TH AVE NB SOUTH OF 105TH ST			
	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 of			

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? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Activity	Location	Type	Workers Present
31							

N O N M O T O R I S T S	Name 001	Phone Number	DOB:	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	
	Address:	Alcohol Test Given	Test Results:	Drug Test Given	Result	Charged	Yes	No							
	Transported to:	Transported by:													
	Name	Phone Number	DOB:	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	

N P O R N O V P E E H R I T 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
	Address	City	State

N P O R N O V P E E H R I T 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
	Address	City	State

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 02/28/2022	Incident Clearance Date 02/28/2022
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Signature of Officer TROOPER A SWENSON	Badge Number 356	Time Officer Notified of Accident 22:04 Hrs.	Roadway Clearance Time 22:25 Hrs.	Incident Clearance Time 22:25 Hrs.
Name of Agency IOWA STATE PATROL - DIST 01	Date of Report 02/28/2022	Time Officer Arrived At Scene 22:12 Hrs.	Total Roadway Clearance Time 000:21	Total Incident Clearance Time 000:21
Report Reviewed By	Date of Review	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

Form 4433003 (11-13)

Law Enforcement Case Number:

2022005608

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

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R61/555th Ave



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Unit 1 was traveling North on R61/555th Ave, just south of 105th St, when a deer came into the roadway. Unit 1 was unable to stop in time and struck the deer. Unit 1 struck the deer with the front driver side bumper causing minor damage.

No injuries reported on scene.

Unit 1 was driven away from the scene.

TIMM'S AUTO BODY

Where we meet by accident!
116 E 2ND ST, WEBSTER CITY, IA 50595
Phone: (515) 832-5555
FAX: (515) 832-2299

Workfile ID: c0ed1c93
PartsShare: 6FGc6R
Federal ID: 81-2727162

FINAL BILL

Preliminary Supplement 1 with Summary

Customer: IOWA STATE PATROL

Job Number:

Written By: KYLE TIMM

Insured: IOWA STATE PATROL
Type of Loss:
Point of Impact: 12 Front

Policy #:
Date of Loss:

Claim #:
Days to Repair: 0

Owner:
IOWA STATE PATROL
(515) 297-3372 Cell

Inspection Location:
TIMM'S AUTO BODY
116 E 2ND ST
WEBSTER CITY, IA 50595
Repair Facility
(515) 832-5555 Business

Insurance Company:

VEHICLE

2019 DODG Charger Police AWD (Fleet) 4D SED 8-5.7L Gasoline Sequential MPI Brown

VIN: 2C3CDXKT2KH755347
License: 372
State: IA

Interior Color:
Exterior Color: Brown
Production Date: 10/2019

Mileage In: 69,493
Mileage Out:
Condition: Excellent

Vehicle Out:
Job #:

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

Preliminary Supplement 1 with Summary

Customer: IOWA STATE PATROL

Job Number:

2019 DODG Charger Police AWD (Fleet) 4D SED 8-5.7L Gasoline Sequential MPI Brown

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1	#	Color tint / color match		1		0.5	
2	#	Refn 2 tone on bumper					1.0
3	FRONT BUMPER						
4		O/H front bumper				3.4	
5	**	Repl A/M CAPA Bumper cover	68267765AC	1	644.00	Incl.	3.4
6		Add for Clear Coat					1.4
7		Repl LT Support outer	68213538AC	1	8.80	Incl.	
8		Repl Lower grille w/o adaptive cruise	68214782AB	1	110.00	Incl.	
9	GRILLE						
10		Repl Upper grille w/o dual inlets	68223889AC	1	125.00	Incl.	
11	FRONT LAMPS						
12		Repl LT Headlamp assy halogen	68541681AA	1	947.00	0.4	
13		Aim headlamps				0.5	
14	#	***** ADD-ONS *****		1			
15	#	Subl Hazardous waste removal		1	3.00 T		
16	#	Repl Cover Car		1	5.00 T	0.2	
17	RADIATOR SUPPORT						
18	S01	Repl Splash shield AWD w/police	4806075AB	1	107.00	0.2	
19	S01	Repl LT Air guide 1-piece guide all	68212037AB	1	25.40	0.1	
20	ELECTRICAL						
21	#	PRE SCAN		1	50.00		
22	#	POST SCAN		1	50.00		
23	#	Disconnect battery cable		1		0.2	
SUBTOTALS					2,075.20	5.5	5.8

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			2,067.20
Body Labor	5.5 hrs @	\$ 62.00 /hr	341.00
Paint Labor	5.8 hrs @	\$ 104.00 /hr	603.20
Miscellaneous			8.00
Subtotal			3,019.40
Grand Total			3,019.40
Deductible			0.00
CUSTOMER PAY			0.00
INSURANCE PAY			3,019.40

Preliminary Supplement 1 with Summary

Customer: IOWA STATE PATROL

Job Number:

2019 DODG Charger Police AWD (Fleet) 4D SED 8-5.7L Gasoline Sequential MPI Brown

SUPPLEMENT SUMMARY

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
Added Items							
17		RADIATOR SUPPORT					
18	S01	Repl Splash shield AWD w/police	4806075AB	1	107.00	0.2	
19	S01	Repl LT Air guide 1-piece guide all	68212037AB	1	25.40	0.1	
SUBTOTALS					132.40	0.3	0.0

TOTALS SUMMARY

Category	Basis	Rate	Cost \$
Parts			132.40
Body Labor	0.3 hrs @	\$ 62.00 /hr	18.60
Subtotal			151.00
Total Supplement Amount			151.00
NET COST OF SUPPLEMENT			151.00

CUMULATIVE EFFECTS OF SUPPLEMENT(S)

Estimate	2,868.40	KYLE TIMM
Supplement S01	151.00	KYLE TIMM
Job Total:	\$ 3,019.40	
INSURANCE PAY:	\$ 3,019.40	

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.