

MEMBERS OF COUNCIL

HON. KIM REYNOLDS
GOVERNOR

HON. PAUL D. PATE
SECRETARY OF STATE

HON. ROB SAND
AUDITOR OF STATE

HON. ROBY SMITH
TREASURER OF STATE

HON. MIKE. NAIG
SECRETARY OF AGRICULTURE



Executive Council of Iowa

CAPITOL BUILDING
DES MOINES, IOWA 50319
PHONE: 515 281-5368

July 1, 2024

Accounting Department
Office of the Treasurer
Lucas Building
321 E 12th Street
Des Moines, IA, 50319

The Executive Council, in a meeting held on today's date, approved Department of Administrative Services request for an emergency allocation in the amount of \$7,378.68, subject to the audit of actual invoices. On March 28, 2024, Vehicle #116 was damaged by a deer. Request was to cover repair costs.

This represents full and final payment.

EXECUTIVE COUNCIL OF IOWA

Kristi Onstot

Kristi Onstot
Executive Secretary

cc: Adam Steen, Director, Department of Administrative Services
DAS Fleet Services, Risk
Matt Bender, Department of Management
Heather Hackbarth, Department of Management

AOS Claim # 3723
TOS Job # _____



OFFICE OF AUDITOR OF STATE
STATE OF IOWA

Rob Sand
Auditor of State

State Capitol Building
Des Moines, Iowa 50319-0004
Telephone (515) 281-5834 Facsimile (515) 281-6518

May 21, 2024

Kristi Onstot
Executive Council
L O C A L

Subject: Deer Damage to Vehicle #116 on March 28, 2024
Department of Administrative Services
Claim dated March 29, 2024
AOS Claim ID: 3723

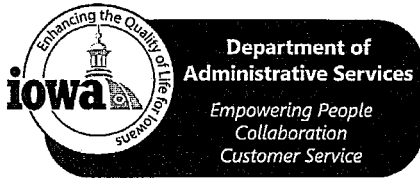
In accordance with Executive Council policy, we have examined the claim for 29C.20 funds for the above-mentioned damage. It is our conclusion that the above damage incurred by the Department of Administrative Services is covered by Chapter 29C.20 of the Code of Iowa. Therefore, we recommend an Executive Council allocation in the amount of \$7,378.68, subject to an audit of actual invoices.

Sincerely,

A handwritten signature in black ink, appearing to read "Brian R. Brustkern".

Brian R. Brustkern, CPA
Deputy Auditor of State

cc: Adam Steen, Director, Department of Administrative Services
Mariah Fucaloro, Fleet Services Manager, Department of Administrative Services
Heather Hackbarth, Department of Management



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

Date: March 29, 2024

To: Tammy Hollingsworth, Auditor of State
Victoria Newton, Treasurer of State
Executive Council

From: Karl Bubser, Fleet Administrator
DAS Fleet Services
Department of Administrative Services

Re: ALLOCATION REQUEST - 29C20 Claim for Executive Council Consideration

Vehicle / Event	#116/Animal
Event Date	March 28, 2024
Summary	Vehicle 116 struck a deer. (277808)
Amount Requested	\$7,378.68 - 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,

Karl Bubser, Fleet Administrator
DAS Fleet Services
Karl.Bubser@iowa.gov
515-281-3162



Risk, DAS <das.risk@iowa.gov>

29C20

Risk, DAS <das.risk@iowa.gov>

Draft To: TOS Executive Council <executivecouncil@tos.iowa.gov>, Jeannie R Adams <jadams@dps.state.ia.us>, Tammy Hollingsworth <Tammy.Hollingsworth@aos.iowa.gov>

Fri, Mar 29, 2024 at 8:29 AM

Please accept this email as initial 24 hr notification for AON, vehicle 116 struck a deer on 3/28/24. I will forward all information as soon as it is received.

All accidents must be reported via email or phone to Fleet Services within 24 hours. All accident reports and estimates are due within 72 hours of an accident. Agencies have 60 days to complete repairs to vehicles once approval is given.

Thank you,

DAS Risk

Central Procurement and Fleet Services Enterprise

Iowa Department of Administrative Services

109 SE 13th St, Des Moines, IA 50319

515-281-3162 office

das.risk@iowa.gov

<https://das.iowa.gov>



**Department of
Administrative Services**

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 #: 2024007858

Date: <small>(Month/Day/Year)</small>	3/28/24	Time: <small>(Time plus a.m./p.m.)</small>	12:05 AM
Vehicle Plate #:	116	Vehicle Mileage:	123,233
Vehicle Description: <small>(Yr/Make/Model/ & Vin#)</small>	2019 Dodge Charger VIN#2C3CDXKT1KH577270		
Assigned To:	Nic Martin	Badge #	116
Driven By:	Nic Martin	Badge #	116
Driver's Lic #:	934-AL-8446	Damage:	\$
Vehicle Towed: <small>(Yes / No)</small>	N/A	Towed By:	N/A
Towed To:	N/A	Towing Cost:	\$
Seat Belt: <small>(Yes / No)</small>	Yes	Type of Vehicle: <small>(Marked/Semi /Unmarked)</small>	Marked
Injured/Injuries:	No injuries		
Occupants: <small>(Other than driver)</small>	No occupants		

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:	none
Accident Location: (Street/Hwy)	Hwy 92 EB west of S31
County:	Warren
Weather/Road Conditions:	Dry/normal
<p>On 3/28/24 at approximately 12:05 AM, Trooper Martin was operating his state patrol vehicle when a deer entered the roadway. Trooper Martin struck the deer causing damage to the front of his patrol car.</p>	
Property Damage other than Vehicles:	None
Cost:	\$
Citations Issued To: (List Charge(s) and Statute Code(s))	

Investigating Officer:	Trooper Mooers #247
------------------------	---------------------

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: 2024007858

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

Date of Accident 03/28/2024	Time of Accident 12:04 Hrs.	County WARREN - 91	Accident occurred within corporate limits of (city)								
UNIT 1	Driver's Name - Last MARTIN		First NICHOLAS		Middle JAMES						
	Address 430 N CLARK ST		City PLEASANTVILLE		State Zip IA 50225						
	Date of Birth 08/04/2001	Driver's License Number 934AL8446	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	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 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. 116	State IA	Year 2019	VIN: 2C3CDXKT1KH577270	Color SIL	Year 2019	Make DODG	Model CHARGER PUR	Style 4D		
	Trailer Plate No.	State	Year	VIN:	Tow 1	Tow #	Towed To	Approx. Cost to Repair or Replace \$7,000.00			
	Insurance Company Name STATE OF IOWA			Insurance Co. Phone Number (515) 725-2243		Insurance Policy Number N/A					
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 01	Speed Limit			
Traffic Controls	Horizontal Alignment	Vertical Alignment	SEQUENCE OF EVENTS	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event			
CARRIER INFORMATION											
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 TO SEATING POSITION	INJURY STATUS	OCCUPANT PROTECTION			
Trailer Plate:		State	Year	VIN					AIRBAG DEPLOYMENT	EJECTION	EJECTION PATH
Converter Dolly		Dolly Plate:		State	Plate Year						
DRIVER OF UNIT 1		Phone Number:		Transported to:		Transported by:					
Name		Phone Number		DOB:		DISCREPANCY	SOURCE OF TRANSPORT	DISCREPANCY			
Address		Transported to:		Transported by:							
Name		Phone Number		DOB:		DISCREPANCY	SOURCE OF TRANSPORT	DISCREPANCY			
Address		Transported to:		Transported by:							
Name		Phone Number		DOB:		DISCREPANCY	SOURCE OF TRANSPORT	DISCREPANCY			
Address		Transported to:		Transported by:							
Name		Phone Number		DOB:		DISCREPANCY	SOURCE OF TRANSPORT	DISCREPANCY			
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: 2024007858

LOCATIONS: Date of Accident 03/28/2024, Time of Accident 12:04 Hrs., County WARREN - 91, Accident occurred within corporate limits of (city) ... Literal Description HWY 92/235TH/S31 EB ... X Coordinate: 470119.781, Y Coordinate: 4580003

ACCIDENT ENVIRONMENT: Location of First Harmful Event, Weather Conditions, Manner of Crash/Collision, Light Conditions, ROADWAY CHARACTERISTICS: Major Contributing Circumstances Environment, Roadway, Type of Roadway Junction/Feature, FRA No.

First Harmful Event (Crash) 31, WORKZONE RELATED?, Yes No, Activity, Location, Type, Workers Present, 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, Distal escape technique

NONMOTORISTS: Name 001, Address, Phone Number, DOB, Alcohol Test Given, Test Results, Drug Test Given, Result, Charged, Yes No, Transported to, Transported by

PROPERTY DAMAGE: 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?

PROPERTY DAMAGE: 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?

WITNESSES: Last Name, First Name, Address, City, State, Zip Code, Phone Number (5 rows)

Is This a Secondary Crash? Y N, Type of Primary Incident, Roadway Clearance Date 03/28/2024, Incident Clearance Date 03/28/2024, Signature of Officer TROOPER C MOERS, Badge Number 247, Time Officer Notified of Accident 12:05 Hrs., Roadway Clearance Time 12:05 Hrs., Incident Clearance Time 17:30 Hrs., Name of Agency IOWA STATE PATROL - DIST 02, Date of Report 03/28/2024, Time Officer Arrived At Scene 12:05 Hrs., Total Roadway Clearance Time 000:00, Total Incident Clearance Time 005:25, Report Reviewed By, Date of Review, Investigation made at scene? Y N, T.I. No., Other Technical Investigating Agency

INVESTIGATING OFFICER'S REPORT
OF MOTOR VEHICLE ACCIDENT

Form 4433003 (11-13)

Law Enforcement Case Number:

2024007858

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

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Unit 1 was traveling north when it struck a deer that ran into the roadway.



MEMORANDUM

TO: Post 2 supervision

FROM: Trp. Nicholas Martin

DATE: 03/28/2024

SUBJECT: Vehicle Damage

On 03/28/2024 at approximately 0004hrs, I was traveling east on highway 92 near hwy S31 near the town of Beech. A deer ran out from the north ditch and I struck it with my patrol vehicle. The deer went under my vehicle causing minor bumper damage, but the vehicle was driveable.

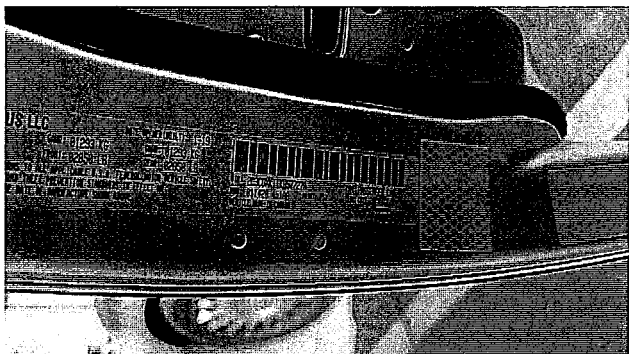
Respectfully,

Trp. Nicholas Martin

Karl Chevrolet Collision Center Ankeny
1101 Southeast Oralabor Road, Ankeny, IA 50021
Phone: (515) 299-4337, Fax: (515) 964-2293

Image Report

Owner:	SOI 116	Insurance:		Estimator:	Joe Singleton	Vehicle Out:	
RO Number:		Claim Number:					
Year:	2019	Color:	SILVER	License Plate:		Production Date:	
Make:	DODG	Body Style:	4D SED	State:	IA	Mileage In:	123,209
Model:	Charger Police AW...	Engine:	8-5.7L Gasoline S...	VIN:	2C3CDXKT1KH577270	Condition:	



3/28/2024
 Comments:

3/28/2024
 Comments:



3/28/2024
 Comments:

3/28/2024
 Comments:



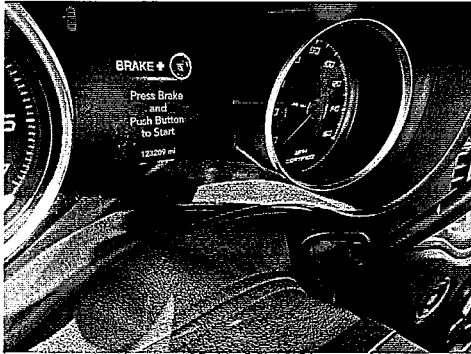
3/28/2024
 Comments:

3/28/2024
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Karl Chevrolet Collision Center Ankeny
1101 Southeast Oralabor Road, Ankeny, IA 50021
Phone: (515) 299-4337, Fax: (515) 964-2293

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Owner:	SOI 116	Insurance:		Estimator:	Joe Singleton	Vehicle Out:	
RO Number:		Claim Number:					
Year:	2019	Color:	SILVER	License Plate:		Production Date:	
Make:	DODG	Body Style:	4D SED	State:	IA	Mileage In:	123,209
Model:	Charger Police AW...	Engine:	8-5.7L Gasoline S...	VIN:	2C3CDXKT1KH577270	Condition:	



3/28/2024
 Comments:



3/28/2024
 Comments:



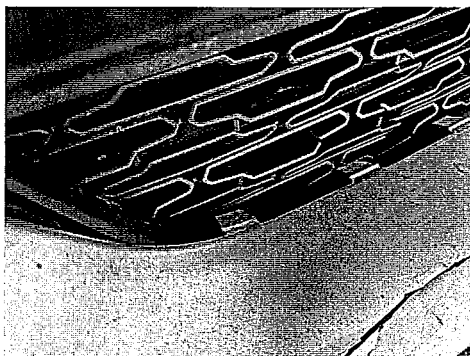
3/28/2024
 Comments:



3/28/2024
 Comments:



3/28/2024
 Comments:



3/28/2024
 Comments:

Image Report

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RO Number:		Claim Number:					
Year:	2019	Color:	SILVER	License Plate:		Production Date:	
Make:	DODG	Body Style:	4D SED	State:	IA	Mileage In:	123,209
Model:	Charger Police AW...	Engine:	8-5.7L Gasoline S...	VIN:	2C3CDXKT1KH577270	Condition:	



3/28/2024
 Comments:



3/28/2024
 Comments:



3/28/2024
 Comments:



3/28/2024
 Comments:



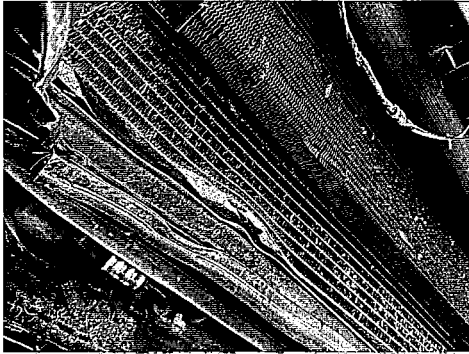
3/28/2024
 Comments:



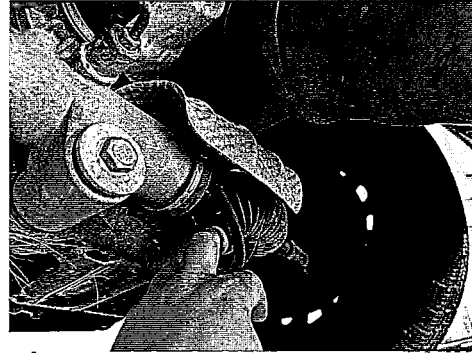
3/28/2024
 Comments:

Image Report

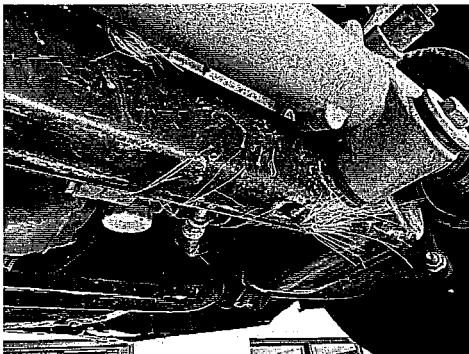
Owner:	SOI 116	Insurance:		Estimator:	Joe Singleton	Vehicle Out:	
RO Number:		Claim Number:					
Year:	2019	Color:	SILVER	License Plate:		Production Date:	
Make:	DODG	Body Style:	4D SED	State:	IA	Mileage In:	123,209
Model:	Charger Police AW...	Engine:	8-5.7L Gasoline S...	VIN:	2C3CDXKT1KH577270	Condition:	



3/28/2024
 Comments:



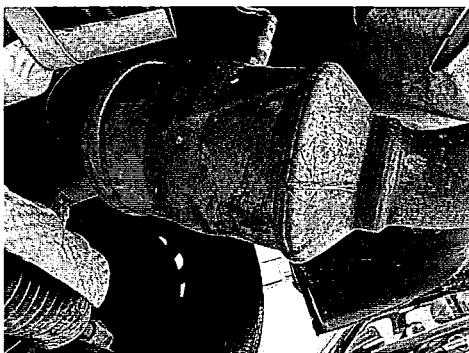
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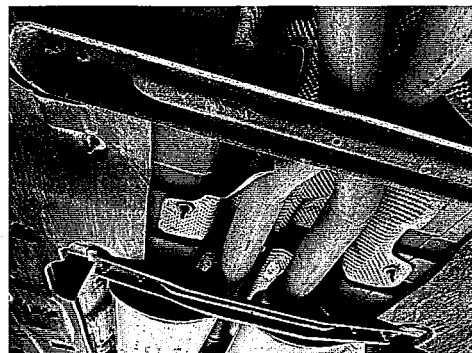
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3/28/2024
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3/28/2024
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Karl Chevrolet Collision Center Ankeny
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Image Report

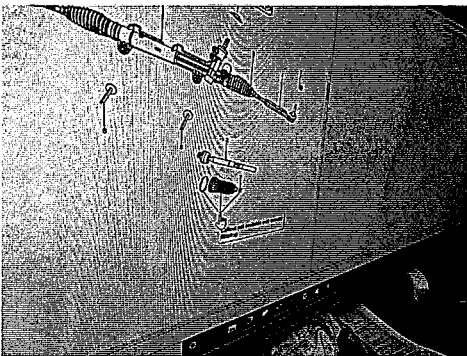
Owner:	SOI 116	Insurance:		Estimator:	Joe Singleton	Vehicle Out:	
RO Number:		Claim Number:					
Year:	2019	Color:	SILVER	License Plate:		Production Date:	
Make:	DODG	Body Style:	4D SED	State:	IA	Mileage In:	123,209
Model:	Charger Police AW...	Engine:	8-5.7L Gasoline S...	VIN:	2C3CDXKT1KH577270	Condition:	



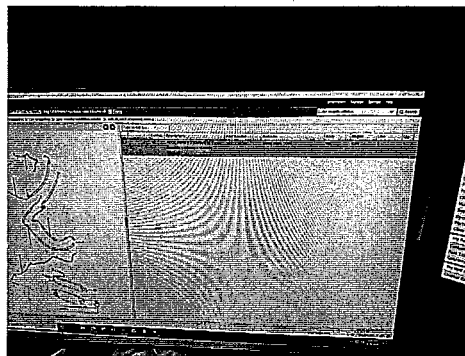
3/28/2024
Comments:



3/28/2024
Comments:



3/28/2024
Comments:



3/28/2024
Comments:

**Karl Chevrolet Collision Center
Ankeny**

Workfile ID: d0da2f8a
PartsShare: 7S4cDP
Federal ID: 42-1092272

Your Dealer for Life
1101 Southeast Oralabor Road, Ankeny, IA 50021
Phone: (515) 299-4337
FAX: (515) 964-2293

Estimate

RO Number:

Customer:	Insurance:	Adjuster:	Estimator:	Joe Singleton
SOI 116		Phone:	Create Date:	3/28/2024
		Claim:		
		Loss Date:		
(515) 991-0952		Deductible:		

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

VIN: 2C3CDXKT1KH577270	Interior Color: BLACK	Mileage In: 123,209	Vehicle Out:
License:	Exterior Color: SILVER	Mileage Out:	
State: IA	Production Date:	Condition:	Job #:

Line	Ver	Operation	Description	Qty	Extended Price \$	Part Type	Labor	Type	Paint
1	E01		FRONT BUMPER & GRILLE						
2	E01	Overhaul	O/H bumper assy			OEM	3.4	Body	
3	E01	Remove/Replace	Bumper cover	1	673.00	A/M	0.0	Body	3.4
4	E01		Add for Clear Coat						1.4
5	E01		Add for Two Tone						1.4
6	E01	Remove/Replace	Lower grille w/o adaptive cruise	1	143.00	OEM	0.0	Body	
7	E01		RADIATOR SUPPORT						
8	E01	Remove/Replace	Crossmember	1	385.00	OEM	0.5	Body	0.8
9	E01	Remove/Replace	Front shield w/police	1	324.00	OEM	0.0	Body	
10	E01		AIR CONDITIONER & HEATER						
11	E01	Remove/Replace	Condenser assy	1	684.00	OEM	1.5	Mech	
12	E01	Remove/Replace	AC Service evacuate & recharge				1.4	Mech	
13	E01	Remove/Replace	AC Service refrigerant recovery				0.4	Mech	
14	E01		FENDER						
15	E01	Remove/Replace	RT Fender liner 3.6, 5.7 liter	1	164.00	OEM	0.3	Body	
16	E01	Remove/Replace	LT Fender liner 3.6, 5.7 liter	1	164.00	OEM	0.3	Body	
17	E01	Remove/Replace	POWER STEERING COOLER	1	181.00	OEM	1.0	Body	
18	E01	Remove/Replace	RADIATOR	1	714.00	OEM	1.5	Body	
19	E01		EXHAUST SYSTEM						
20	E01	Remove/Replace	Heat shield front AWD	1	63.30	OEM			
21	E01	Remove/Replace	Heat shield rear	1	114.00	OEM			
22	E01	Remove/Install	LT Muffler & pipe w/police				2.0	Mech	
23	E01		FRONT SUSPENSION						
24	E01	Remove/Replace	Engine cradle	1	1,690.00	OEM	6.9	Body	
25	E01	Remove/Replace	RT Lower cntrl arm lock nut	2	2.60	OEM			

T = Taxable Item, RPD = Related Prior Damage, AA = Appearance Allowance, UPD = Unrelated Prior Damage, PDR = Paintless Dent Repair, A/M = Aftermarket, Rechr = Rechromed, Reman = Remanufactured, OEM = New Original Equipment Manufacturer, Recor = Re-cored, RECOND = Reconditioned, LKQ = Like Kind Quality or Used, Diag = Diagnostic, Elec = Electrical, Mech = Mechanical, Ref = Refinish, Struc = Structural

Estimate

RO Number:

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

26	E01	Remove/Replace	LT Lower cntrl arm lock nut	2	2.60	OEM		
27	E01	Remove/Replace	RT Lower cntrl arm bolt	2	26.50	OEM		
28	E01	Remove/Replace	LT Lower cntrl arm bolt	2	26.50	OEM		
29	E01		CRADLE BOLTS	4	75.40	OEM		
30	E01		ALIGNMET	1	140.00	Other		
31	E01	Refinish	Feather edge, prime and block Get Photo					
32	E01		FLUIDS	1	80.00	Other		
33	E01		STEERING GEAR & LINKAGE					
34	E01	Remove/Replace	Gear assy AWD	1	1,235.00	OEM	2.6	Mech
35	E01		MISCELLANEOUS OPERATIONS					
36	E01	Sublet	Hazardous waste removal	1	5.00	Other		
37	E01	Repair	Adjacent weld zones,				0.3	Body 0.3
38	E01		Pre Repair Scan- Per OEM Guideline				0.5	Mech
39	E01		Post Repair Scan- Per OEM Guideline				0.5	Mech
40	E01		Disconnect battery cable for welding				0.1	Body
41	E01		COLOR SAND AND BUFF	1	10.00	Other	1.0	Body

Estimate Totals	Discount \$	Markup \$	Rate \$	Total Hours	Total \$
Parts	(1,678.57)				5,219.33
Labor, Body			57.50	15.3	879.75
Labor, Refinish			104.50	7.3	762.85
Labor, Mechanical			57.50	8.9	511.75
Miscellaneous					5.00
Subtotal					7,378.68
Sales Tax					0.00
Grand Total					7,378.68
Net Total					7,378.68

Estimate Version	Total \$
Original	7,378.68

Insurance Total \$:	7,378.68
Received from Insurance \$:	0.00
Balance due from Insurance \$:	7,378.68
Customer Total \$:	0.00
Received from Customer \$:	0.00
Balance due from Customer \$:	0.00

T = Taxable Item, RPD = Related Prior Damage, AA = Appearance Allowance, UPD = Unrelated Prior Damage, PDR = Paintless Dent Repair, A/M = Aftermarket, Rechr = Rechromed, Reman = Remanufactured, OEM = New Original Equipment Manufacturer, Recor = Re-cored, RECOND = Reconditioned, LKQ = Like Kind Quality or Used, Diag = Diagnostic, Elec = Electrical, Mech = Mechanical, Ref = Refinish, Struc = Structural