

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

March 4, 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 \$2,467.80, subject to audit of actual invoices. On November 5, 2023, Vehicle #247 was damaged by a raccoon. Request was to cover repair costs.

EXECUTIVE COUNCIL OF IOWA

Victoria Newton

Victoria Newton
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 # 3636
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

February 9, 2024

Victoria Newton
Executive Council
L O C A L

Subject: Raccoon Damage to Vehicle #247 on November 5, 2023
Department of Administrative Services
Claim dated November 16, 2023
AOS Claim ID: 3636

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 \$2,467.80, 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: November 16, 2023

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	#247/Animal
Event Date	November 5, 2023
Summary	Vehicle 247 struck a raccoon. (269673)
Amount Requested	\$2,467.8 - Estimate
Supporting Documentation	29C20 Email Notification, Accident Reports, Repair Estimate, 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 "MFucaloro".

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



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

29C20

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

Mon, Nov 6, 2023 at 11:38 AM

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

Please accept this email as initial 24 hr notification for AON, vehicle 247 struck a raccoon on 11/5/23. 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 Fleet Services, Risk
Iowa Department of Administrative Services
Division of Business and Property Services
Office: 515-725-2243
Das.Risk@iowa.gov
<https://das.iowa.gov>

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 #: 2023028343

Date: (Month/Day/Year)	11/5/2023	Time: (Time plus a.m./p.m.)	7:06 p.m.
Vehicle Plate #:	247	Vehicle Mileage:	21840
Vehicle Description: (Yr/Make/Model/ & Vin#)	2022 Dodge Charger C3CDXKG6NH236227		
Assigned To:	Mooers	Badge #	247
Driven By:	Mooers	Badge #	247
Driver's Lic #:	151ac6178	Damage:	\$2467.80
Vehicle Towed: (Yes / No)	No	Towed By:	n/a
Towed To:	N/A	Towing Cost:	\$none
Seat Belt: (Yes / No)	Yes	Type of Vehicle: (Marked/Semi /Unmarked)	Unmarked
Injured/Injuries:	No		
Occupants: (Other than driver)	1		

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:			
Accident Location: (Street/Hwy)	P59 south of Fort Dodge Iowa		
County:	Webster		
Weather/Road Conditions:	clear/dry		
Narrative: Trooper Mooers was responding to 10-50 PI (case # 2023028342) traveling south on p-59 when large raccoon proceeded to cross roadway. Lower passenger side corner struck raccoon causing damage.			
Property Damage other than Vehicles:	none		
Cost:	\$N/A		
Citations Issued To: (List Charge(s) and Statute Code(s))	none		

Investigating Officer:	Sgt Neil Morenz
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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: Post 7 Supervision
FROM: Trooper Mooers 247
DATE: 11/10/2023
SUBJECT: Vehicle Damage

On November 5th 2023, at approximately 1903hrs, I was responding to a motorcycle vs deer accident in souther Webser County. While traveling south on County Highway P59 south of 5th Ave S near Fort dodge with lights and siren activated in my state issued patrol vehicle, I struck a raccoon at high speeds. My vehicle was still drivable and I continued to scene. Damage to my front passenger side bumper was sustained but the vehicle was drivable. Sgt Morenz was on scene and took report of the damage.

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Law Enforcement Case Number: 2023028343

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

Date of Accident 11/05/2023	Time of Accident 19:06 Hrs.	County WEBSTER - 94	Accident occurred within corporate limits of (city)			
UNIT 1	Driver's Name - Last MOOERS		First COBY	Middle ALAN		
	Address 23766 30TH AVE		City NEW VIRGINIA	State IA	Zip 50210	
	Date of Birth 09/16/1993	Driver's License Number 151AC6178	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	Restrictions B	
	Alcohol Test Given: 1		Test Results:	Drug Test Given: 1	Test Result:	
	Owner's Name - Last DPS ISP		First	Middle		
	Address 2437 235TH ST		City FORT DODGE	State IA	Zip 50501	
	License Plate No. 247	State IA	Year 2022	VIN: 2C3CDXKG6NH236227	Color	Year 2022
	Trailer Plate No.	State	Year	VIN:	Tow 1	Tow #
	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	
Special Veh. Func.	Emergency Status	Bus Use	Driver Condition	Vision Obscured	Contributing Circumstances Driver (up to two) 88	
Traffic Controls	Horizontal Alignment	Vertical Alignment	SEQUENCE OF EVENTS	First Event	Second Event	
Carrier Name/Lessee		Street Address		City	State	
Number of Axles		Gross Vehicle Weight Rating		US DOT Number	MC Number	
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		
DRIVER OF UNIT 1		Phone Number:			01	
		Transported to:			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:			

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			
			Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection
							Ejection Path	Trapped/extricated
							Source of Transport	Died at scene/enroute

PERSONS INJURED 1	DRIVER OF UNIT 1		Phone Number:			01
			Transported to:			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

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

Law Enforcement Case Number: 2023028343	
Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>
County: 94	Route: _____
X Coordinate: 407235.031	Y Coordinate: 4704319
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 11/05/2023	Time of Accident 19:06 Hrs.	County WEBSTER - 94	Accident occurred within corporate limits of (city)																
	Literal Description QUAIL AVE																			
	If accident occurred outside of city limits show general vicinity																			
	<table style="width: 100%; text-align: center;"> <tr> <td>N</td><td>NE</td><td>E</td><td>SE</td><td>S</td><td>SW</td><td>W</td><td>NW</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> of nearest city				N	NE	E	SE	S	SW	W	NW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	N	NE	E	SE	S	SW	W	NW												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
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																				
<table style="width: 100%; text-align: center;"> <tr> <td>N</td><td>NE</td><td>E</td><td>SE</td><td>S</td><td>SW</td><td>W</td><td>NW</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> and				N	NE	E	SE	S	SW	W	NW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
N	NE	E	SE	S	SW	W	NW													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
Milepost Number	Definable intersection, Or bridge, or railroad crossing																			

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

First Harmful Event (Crash) 31	WORKZONE RELATED? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Activity	Location	Type	Workers Present
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NONMOTORISTS	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:																

PROPERTY	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													

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

Is This a Secondary Crash? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Type of Primary Incident	Roadway Clearance Date 11/05/2023	Incident Clearance Date 11/05/2023
Signature of Officer SERGEANT N MORENZ	Badge Number 230	Time Officer Notified of Accident 19:06 Hrs.	Roadway Clearance Time 19:06 Hrs.
Name of Agency IOWA STATE PATROL - DIST 07	Date of Report 11/05/2023	Time Officer Arrived At Scene 19:06 Hrs.	Total Roadway Clearance Time 000:00
Report Reviewed By N MORENZ	Date of Review 11/05/2023	Investigation made at scene? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	T.I. No. _____ Other Technical Investigating Agency _____

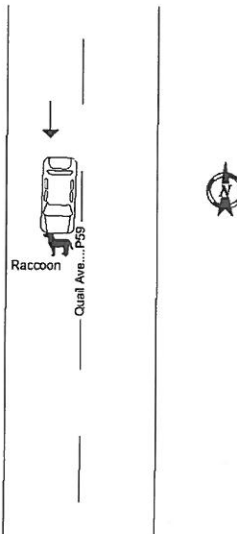
INVESTIGATING OFFICER'S REPORT
OF MOTOR VEHICLE ACCIDENT

Form 4433003 (11-13)

Law Enforcement Case Number:
2023028343

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

D
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Vehicle southbound P59/Quail responding to CFS, raccoon crosses roadway and struck. Raccoon is very dead.

247
29 C 20

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: e3c45231
PartsShare: 7DP6cM
Federal ID: 81-2727162

Preliminary Estimate

Customer: Iowa State Patrol

Job Number:

Written By: KYLE TIMM

Insured: Iowa State Patrol
Type of Loss:
Point of Impact: 01 Right Front

Policy #:
Date of Loss:

Claim #:
Days to Repair: 0

Owner:
Iowa State Patrol
(515) 971-9176 Cell

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

Insurance Company:

VEHICLE

2022 DODG Charger Police AWD (Fleet) 4D SED 6-3.6L Gasoline Sequential MPI Orange

VIN: 2C3CDXK66NH236227 Interior Color: Charcoal Mileage In: 22,278 Vehicle Out:
License: HTF 372 Exterior Color: Orange Mileage Out:
State: IA Production Date: Condition: Excellent Job #:

TRANSMISSION

Automatic 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
Two Tone Paint

OTHER

Traction Control
Stability Control
California Emissions
Power Trunk/Liftgate

Preliminary Estimate

Customer: Iowa State Patrol

Job Number:

2022 DODG Charger Police AWD (Fleet) 4D SED 6-3.6L Gasoline Sequential MPI Orange

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1	#	Disconnect battery cable		1		0.3	
2		FRONT BUMPER & GRILLE					
3		Repl RT Air duct	68214812AA	1	64.15		
4		O/H bumper assy				3.4	
open	**	Repl A/M CAPA Bumper cover	68267765AC	1	708.00	Incl.	3.4
		Note: we will not use a A/m bumper we will use capa aftermarket parts. A/m bumpers are not like kind and quality. there is no warrenty on these bumpers and there is no warrenty					
6		Add for Clear Coat					1.4
7		Add for Two Tone					1.4
8	**	Repl A/M RT Bumper bracket	68226544AB	1	29.00	0.1	
9	**	Repl A/M RT Support outer	68213539AC	1	8.00	Incl.	
10		FRONT LAMPS					
11		Repl RT Lamp cover w/o wide body	68226548AA	1	55.95	0.1	
12	**	Repl A/M CAPA RT Side marker lamp	68214404AA	1	38.00	Incl.	
13		RADIATOR SUPPORT					
14		Repl Front shield pin	68331806AA	4	29.20		
open	**	Repl A/M CAPA Front shield w/police	68231862AA	1	238.00	Incl.	
		Note: again we will not use a/m parts here capa psrts or oe only					
16		FENDER					
17		Repl RT Fender liner retainer	6506132AA	6	57.00		
open	**	Repl A/M CAPA RT Fender liner 3.6, 5.7 liter	68205936AH	1	121.00	0.3	
		Note: we will not use A/m parts they are not like kind and quality and are not test fitted or made from the same materials					
19	#	***** ADD-ONS *****		1			
20	#	Color tint / color match		1		0.5	
21	#	Subl Hazardous waste removal		1	5.00 T		
22	#	Repl Flex additive		1	5.00 T		0.2
23		ELECTRICAL					
24	#	PRE SCAN		1	50.00		
25	#	POST SCAN		1	50.00		
SUBTOTALS					1,458.30	4.7	6.4

Preliminary Estimate

Customer: Iowa State Patrol

Job Number:

2022 DODG Charger Police AWD (Fleet) 4D SED 6-3.6L Gasoline Sequential MPI Orange

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			1,448.30
Body Labor	4.7 hrs @	\$ 65.00 /hr	305.50
Paint Labor	6.4 hrs @	\$ 110.00 /hr	704.00
Miscellaneous			10.00
Subtotal			2,467.80
Grand Total			2,467.80
Deductible			0.00
CUSTOMER PAY			0.00
INSURANCE PAY			2,467.80

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.







