

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 12<sup>th</sup> 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 \$3,494.30, subject to the audit of actual invoices. On November 30, 2023, Vehicle #117 was damaged by a deer. 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 # 3644  
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 12, 2024

Victoria Newton  
Executive Council  
L O C A L

Subject: Deer Damage to Vehicle #117 on November 30, 2023  
Department of Administrative Services  
Claim dated December 7, 2023  
AOS Claim ID: 3644

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. The Department requested an allocation of \$3,738.04; however, the estimate from the vendor includes sales tax of \$243.74. This amount will be deducted from the Department's request. Therefore, we recommend an Executive Council allocation in the amount of \$3,494.30, 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: December 7, 2023

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	#117/Deer
Event Date	November 30, 2023
Summary	Vehicle 117 struck a deer. (270959)
Amount Requested	\$3,738.04 - 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  
515-414-6582

*Claim 270959*



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

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**29C20**

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

Fri, Dec 1, 2023 at 12:21 PM

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

Please accept this email as initial 24 hr notification for AON, vehicle 117 struck a deer on 11/30/23. 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 Risk**

Central Procurement and Fleet Services Enterprise

Iowa Department of Administrative Services

109 SE 13<sup>th</sup> St, Des Moines, IA 50319

515-281-3162 office

## 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 #: 2023030600**

Date: <small>(Month/Day/Year)</small>	11/30/2023	Time: <small>(Time plus a.m./p.m.)</small>	11:25 p.m.
Vehicle Plate #:	117	Vehicle Mileage:	27700
Vehicle Description: <small>(Yr/Make/Model/ &amp; Vin#)</small>	2020 Dodge Charger		
Assigned To:	Trp. Jeff Reed	Badge #	117
Driven By:	Same	Badge #	117
Driver's Lic #:	633YY3166	Damage:	\$
Vehicle Towed: <small>(Yes / No)</small>	No	Towed By:	
Towed To:		Towing Cost:	\$
Seat Belt: <small>(Yes / No)</small>	Yes	Type of Vehicle: <small>(Marked/Semi /Unmarked)</small>	Marked
Injured/Injuries:	None		
Occupants: <small>(Other than driver)</small>			

### 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)	Hwy. 14 North of 310 <sup>th</sup> Street		
County:	Butler		
Weather/Road Conditions:	Clear and dry		
Narrative: On 11/30/23 at 2325 hours, Trooper Reed struck a deer on Highway 14 north of 310th Street in Butler county. The impact from the deer caused damage to the push bumper and front grill.			
Property Damage other than Vehicles:	None		
Cost:	\$		
Citations Issued To: (List Charge(s) and Statute Code(s))			

Investigating Officer:	Sgt. Skaar #323
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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:** Sergeant Schaffer, Sigwarth, and Skaar  
**FROM:** Trooper Reed  
**DATE:** 11/30/23  
**SUBJECT:** Deer 10-50

Supervision,

On 11/30/23 at 2325 hours I, Trooper Reed, struck a deer on highway 14 north of 310<sup>th</sup> street in butler county. The impact from the deer caused damage to the push bumper and front grill. I notified supervision and Trooper Barnes covered the 10-50 report.

Trooper Reed #117



## INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Law Enforcement Case Number: <b>2023030600</b>
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MAIL REPORTS TO: Iowa Department of Transportation, Office of Driver Services, P.O. Box 9204, Des Moines, Iowa 50306-9204

Date of Accident <b>11/30/2023</b>	Time of Accident <b>11:25</b> Hrs.	County <b>BUTLER - 12</b>	Accident occurred within corporate limits of (city)		
UNIT 1	Driver's Name - Last <b>REED</b>		First <b>JEFFREY</b>		Middle <b>PAUL</b>
	Address <b>907 13TH ST</b>		City <b>GRUNDY CENTER</b>		State <b>IA</b>
	Date of Birth <b>02/26/1988</b>		Driver's License Number <b>633YY3166</b>		Citation Charge 1
	Male <input checked="" type="radio"/> Female <input type="radio"/>		CDL Yes <input type="radio"/> No <input checked="" type="radio"/>		Citation Charge 2
	State <b>IA</b>	Class <b>A</b>	Endorsements <b>L</b>	Restrictions <b>BL</b>	Citation Charge 3
	Alcohol Test Given: <b>1</b>		Test Results:	Drug Test Given: <b>1</b>	Test Result:
	Owner's Name - Last <b>STATE OF IOWA (IOWA STATE PATROL)</b>		First		Middle
	Address <b>1510 W. 1ST STREET</b>		City <b>CEDAR FALLS</b>		State <b>IA</b>
	License Plate No. <b>117</b>	State <b>IA</b>	Year	VIN: <b>2C3CDXKTXLH127490</b>	Color <b>GRY</b>
	Year			Year <b>2020</b>	Make <b>DODG</b>
Trailer Plate No.	State	Year	VIN:	Tow <b>1</b>	
Insurance Company Name <b>SELF INSURED</b>		Insurance Co. Phone Number		Insurance Policy Number <b>STATE OF IOWA</b>	
Initial Travel Direction	Veh. Act.	Veh. Config. <b>01</b>	Cargo Body Type <b>01</b>	Veh. Defect	
Special Veh. Func.	Emergency Status	Bus Use	Driver Condition	Vision Obscured	
Traffic Controls		Horizontal Alignment	Vertical Alignment	SEQUENCE OF EVENTS	
Carrier Name/Lessee		Street Address		City	
Number of Axles		Gross Vehicle Weight Rating		US DOT Number	
Haz Mat Involvement		Haz Mat Placard	Placard Number	Haz. Mat Released	
Trailer Plate:		State	Year	VIN	
Converter Dolly		Dolly Plate:	State	Plate Year	
DRIVER OF UNIT 1		Phone Number:		Sex	
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:	

Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Ejection Path	Trapped/extricated	Source of Transport	Died at scene/enroute
								<b>01</b>	<b>01</b>

## 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:  
**2023030600**

LOCATION	Date of Accident <b>11/30/2023</b>	Time of Accident <b>11:25</b> Hrs.	County <b>BUTLER - 12</b>	Accident occurred within corporate limits of (city)		Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>	
	Literal Description <b>IA 14 N OF 310TH ST</b>					County: <b>12</b>	Route:	
	If accident occurred outside of city limits show general vicinity N NE E SE S SW W NW <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					X Coordinate: <b>517183.281</b>		
	On Road, Street or Highway:				At Intersection with:		Y Coordinate: <b>4716678</b>	
	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					If Divided Highway, Provide Route (Cardinal) Travel Direction		
Milepost Number					Definable intersection, bridge, or railroad crossing		NB <input type="radio"/> SB <input type="radio"/> EB <input type="radio"/> WB <input type="radio"/>	

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) <b>31</b>	WORKZONE RELATED? <input type="checkbox"/>	Yes <input type="radio"/> No <input type="radio"/>	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
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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	If Property other than vehicles damaged explain	Object Damaged	Estimate of Damage
	Owner's Last Name	First Name	Middle Name
	Address	City	State

PROPERTY	If Property other than vehicles damaged explain	Object Damaged	Estimate of Damage
	Owner's Last Name	First Name	Middle Name
	Address	City	State

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="radio"/> N <input checked="" type="radio"/>	Type of Primary Incident	Roadway Clearance Date <b>11/30/2023</b>	Incident Clearance Date <b>11/30/2023</b>
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Signature of Officer <b>TROOPER J BARNES</b>	Badge Number <b>238</b>	Time Officer Notified of Accident <b>11:30</b> Hrs.	Roadway Clearance Time <b>11:45</b> Hrs.	Incident Clearance Time <b>12:05</b> Hrs.
Name of Agency <b>IOWA STATE PATROL - DIST 09</b>	Date of Report <b>11/30/2023</b>	Time Officer Arrived At Scene <b>11:50</b> Hrs.	Total Roadway Clearance Time <b>000:15</b>	Total Incident Clearance Time <b>000:35</b>
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:

2023030600

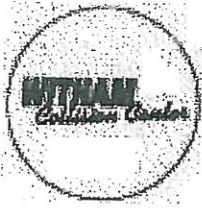
MAIL REPORTS TO: Iowa Department of Transportation, Office of Driver Services, P.O. Box 9204, Des Moines, Iowa 50306-9204

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Highway 14 N of 310Th Street



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**WITHAM COLLISION CENTER**  
 FORD-CHEVROLET-VW-KIA  
 2033 LAPORTE RD, WATERLOO, IA 50702  
 Phone: (319) 236-7217

Workfile ID: 0eaa6a5e  
 PartsShare: 7GR5QJ  
 Federal ID: 42-1060951

**Preliminary Estimate**

**Customer: IOWA STATE PATROL 117**

Written By: Branden Frederick

Insured: IOWA STATE PATROL 117      Policy #:      Claim #:  
 Type of Loss:      Date of Loss:      Days to Repair: 0  
 Point of Impact:

**Owner:** IOWA STATE PATROL 117  
 (515) 689-1784 Cell

**Inspection Location:** WITHAM COLLISION CENTER  
 2033 LAPORTE RD  
 WATERLOO, IA 50702  
 Repair Facility  
 (319) 236-7217 Business

**Insurance Company:**

**VEHICLE**

2020 DODG Charger Police AWD (Fleet) 4D SED 8-5.7L Gasoline Sequential MPI

VIN: 2C3CDXKTXLH127490      Interior Color:      Mileage In:      Vehicle Out:  
 License: 117      Exterior Color:      Mileage Out:  
 State: IA      Production Date:      Condition:      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

**OTHER**

Traction Control  
 Stability Control  
 California Emissions  
 Power Trunk/Liftgate

Get live updates at [www.carwise.com/e/4EJJ8R](http://www.carwise.com/e/4EJJ8R)

**Preliminary Estimate**

**Customer: IOWA STATE PATROL 117**

2020 DODG Charger Police AWD (Fleet) 4D SED 8-5.7L Gasoline Sequential MPI

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
<b>1 FRONT BUMPER &amp; GRILLE</b>							
2	* <>	Rpr Bumper cover				2.5	3.4
3		Add for Clear Coat					1.4
4		O/H bumper assy				3.4	
5		Repl Upper grille black crossbars	5PP33DX8AB	1	459.00	Incl.	
6		R&I License bracket type 1				0.1	
7	*	R&I Lower grille w/o adaptive cruise				Incl.	
8		Repl Closure panel	68226530AF	1	229.00	Incl.	
<b>9 FRONT LAMPS</b>							
10		R&I RT R&I headlamp assy				0.3	
11		R&I LT R&I headlamp assy				0.3	
12		R&I RT Side marker lamp				Incl.	
13		R&I LT Side marker lamp				Incl.	
<b>14 FENDER</b>							
15		Repl LT Fender w/o wide body	68213061AC	1	418.00	1.6	2.0
16		Overlap Major Non-Adj. Panel					-0.2
17		Add for Clear Coat					0.4
18		Add for Edging					0.5
19		R&I LT Fender liner 3.6, 5.7 liter				Incl.	
<b>20 FRONT DOOR</b>							
21	*	Blnd LT Door shell (HSS)					1.1
22		R&I LT Belt w/strip				0.3	
23		R&I LT Power mirror w/o heat, w/o memory, w/o blind spot blue				0.5	
24		R&I LT Handle, outside black				0.4	
25		R&I LT R&I trim panel				0.5	
<b>26 MISCELLANEOUS OPERATIONS</b>							
27	#	Hazardous waste removal		1	4.00 T		
28	#	Repl Flex Additive		1	5.00		
29	#	Corrosion protection		1	10.00	0.3	
30	#	Remove Decal on LT fender and LT Front Door		1		0.7	
31	#	Pre Scan		1		1.0 M	
32	#	Post Scan		1		1.0 M	
33	#	Push Bar Per Invoice		1	1.00		
<b>SUBTOTALS</b>					<b>1,126.00</b>	<b>12.9</b>	<b>8.6</b>

**Preliminary Estimate**

**Customer: IOWA STATE PATROL 117**

2020 DODG Charger Police AWD (Fleet) 4D SED 8-5.7L Gasoline Sequential MPI

**ESTIMATE TOTALS**

<b>Category</b>	<b>Basis</b>	<b>Rate</b>	<b>Cost \$</b>
Parts			1,122.00
Body Labor	10.9 hrs @	\$ 80.00 /hr	872.00
Paint Labor	8.6 hrs @	\$ 80.00 /hr	688.00
Mechanical Labor	2.0 hrs @	\$ 140.00 /hr	280.00
Paint Supplies	8.6 hrs @	\$ 60.00 /hr	516.00
Body Supplies	4.1 hrs @	\$ 3.00 /hr	12.30
Miscellaneous			4.00
<b>Subtotal</b>			<b>3,494.30</b>
Sales Tax	\$ 3,482.00 @	7.0000 %	243.74
<b>Grand Total</b>			<b>3,738.04</b>
Deductible			0.00
<b>CUSTOMER PAY</b>			<b>0.00</b>
<b>INSURANCE PAY</b>			<b>3,738.04</b>

AUTHORIZED AND ACCEPTED: YOU ARE HEREBY AUTHORIZED TO MAKE THE ABOVE REPAIRS. I UNDERSTAND THAT PAYMENT IN FULL WILL BE DUE UPON RELEASE OF VEHICLE, INCLUDING ADDITIONAL SUPPLEMENTAL DAMAGE CHARGES, AND HEREBY GRANT YOU AND/YOUR EMPLOYEES, PERMISSION TO OPERATE THE CAR, TRUCK, OR VEHICLE HEREIN DESCRIBED ON STREETS, HIGHWAYS, OR ELSEWHERE FOR THE PURPOSE OF TESTING AND / OR INSPECTION. AN EXPRESS MECHANIC'S LIEN IS HEREBY ACKNOWLEDGED ON THE ABOVE CAR, TRUCK, OR VEHICLE TO SECURE THE AMOUNT OF REPAIRS THERETO. YOU WILL NOT BE HELD RESPONSIBLE FOR LOSS OR DAMAGE TO THE VEHICLE OR ARTICLES LEFT IN VEHICLE IN CASE OF FIRE, THEFT, ACCIDENT, OR ANY OTHER CAUSE BEYOND YOUR CONTROL.

AUTHORIZED BY: \_\_\_\_\_ DATE \_\_\_\_\_

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF AFTERMARKET CRASH PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR VEHICLE. ANY WARRANTIES APPLICABLE TO THE REPLACEMENT PARTS ARE PROVIDED BY THE MANUFACTURER OR DISTRIBUTOR OF THESE PARTS RATHER THAN THE MANUFACTURER OV YOUR VEHICLE.