

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 \$9,800.14, subject to the audit of actual invoices. On August 17, 2023, Vehicle #604 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 # 3587
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: Deer Damage to Vehicle #604 on August 17, 2023
Department of Administrative Services
Claim dated August 30, 2023
AOS Claim ID: 3587

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 \$9,800.14, 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: January 19, 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: REIMBURSEMENT REQUEST - 29C20 Claim

AOS Claim #	3587
Vehicle / Event	#604/Animal
Event Date	August 17, 2023
Summary	Vehicle 604 struck a deer. (264402)
Amount Requested	\$10,993.14 - Total Valuation \$ 297.50 - Invoice \$ 844.50 - Tow <u>\$ 2,335.00 - Salvage Proceeds</u> \$ 9,800.14 - TOTAL

The Department of Administrative Services, Central Procurement Fleet Services Enterprise, has paid all vendors to date. We are seeking an allocation for those funds under 29C20 Contingency Fund – Disaster Aid. Please deposit into the following account: **0665-005-5790-0657**.

If you have any questions or need 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



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

Date: August 30, 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	#604/Deer
Event Date	August 17, 2023
Summary	Vehicle 604 struck a deer. (264402)
Amount Requested	\$10,993.14 - Total Valuation \$ 297.50 - Invoice \$ 844.50 - Tow <u>\$ 2,335.00 - Salvage Proceeds</u> \$ 9,800.14 - TOTAL
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 Fucaloro, Fleet Manager
DAS Fleet Services
Mariah.Fucaloro@iowa.gov
515-414-6582

DAS - Fleet

Loss/Risk valuation Calculation

Variables - Input:

Agency	595
Vehicle Number	604
Vehicle - Yr, Make, Mode	2016 Ford Explorer Police
VIN#	1FM5K8AR3GGA01622
Date of Report	8/17/2023
Claim Number	264402
Mileage	124,909

Dealership Price - Off Contract	\$33,945.00
Purchase Price - On Contract	\$27,208.71
NADA - Trade in - Clean Value @ Time of Loss	\$13,714.00

Calculations:



Dealership Price - Off Contract	\$33,945.00
Purchase Price - On Contract	\$27,208.71
Difference	\$6,736.29
Percentage Difference	19.84%

NADA Value @ Time of Loss or purchase price, which ever is lower	\$13,714.00
Percentage Decrease for Contract Price	19.84%
Loss calculated	10,993.14

Loss Amount to be Provided to Agency: \$10,993.14

NADA Value @ Time of Loss or purchase price, which ever is lower	\$10,993.14
Repair Estimate	\$13,714.00
Damage Disclosure Needed (Over 70%)	124.75%

Purchase Invoice and Vehicle Checklist:

CAR INVOICE STOCK# F60017						NUMBER 135010	
		 L I N C O L N		Stivers Ford Lincoln 1450 E. Hickman Rd • Waukee, Iowa (515) 987-3697 • www.StiversFordIA.com			
NAME STATE OF IOWA-DAS				DATE 06/25/2015			
ADDRESS 301 E 7TH ST DES MOINES IA 50319-1934 HOME 515/281-3879				WORK SALESMAN RONALD REESE			
YEAR	MAKE	MODEL	BODY STYLE	NEW OR USED	KEY #	V. I. OR SERIAL NUMBER	COLOR
2016	FORD	EXPLOR	UT	F		1FM5K8AR3GGA01622	BLACK
EQUIPPED AS PER FEDERAL PRICE LABEL <div style="font-size: 2em; font-family: cursive; opacity: 0.5; text-align: center;">DO 00515041706</div>			PRICE OF CAR TRANSPORTATION PREPARATION & CONDITIONING				27208.71
			EXTRAS FACTORY INSTALLED DEALER INSTALLED				N/A
			USE TAX LIC/TITLE/LIEN				N/A
			TOTAL CASH PRICE				27208.71
			COST OF FINANCING DEALER INSTALLED				N/A
			TOTAL CASH PRICED SETTLEMENT				27208.71
			DEPOSIT CASH ON DELIVERY USED CAR				N/A
			N/A				N/A
			BALANCE DUE ON TRADE IN				N/A
			FINANCE CO. CASH DEAL ADDRESS FIRST PAYMENT DUE 06/25/2015				DESCRIPTION VEHICLE IDENTIFICATION NUMBER _____ ● _____ 27208.71 _____ ● _____ TOTAL

NO PUBLIC LIABILITY OR PROPERTY DAMAGE INSURANCE
 ISSUED WITH THIS TRANSACTION UNLESS HEREIN STATED

RECEIVED

JUN 30 2015

D.A.S. FINANCE

4 E



Vehicle Check List

Make: Ford Model: EXPLORER INTERCEPT Year: 2016
 Date Received: 6/2/15 Dealer: Silver's Odometer: 24
 VIN Number: 1FMSK8TH36GA01622 New Reissue
 Vehicle Inspection for Damage

Color: BLACK Engine Size: 3.7 Cyl: V6 FFV

Passenger Vans (Please check one)
 Mini (5-7 passengers) Mid-Size (7-9 passengers) Full Size (12-15 passengers)

Pick Up Truck (Please check one)
 1/4 Ton 1/2 Ton 3/4 Ton 1 Ton 1 Ton DRW Other

Features

Radio Tilt A/C Cruise Power Seats Power Locks
 Power Windows Rear Heat A/C Engine Heater Tow Package Snow Plow Package

Class Hitch: III IV V
 Transmission: Automatic Manual
 Drive Train: Front Wheel Drive Rear Wheel Drive All Wheel Drive 4X2 4X4
 Fuel Efficiency: Diesel Hybrid All Electric CNG (Compressed Natural Gas)
 Air Bag: Driver Passenger
 ABS Brakes: RW 4W
 Total Box Length: _____ inches
 Cab: Conventional Extended Crew
 Warranty: Basic Power Train Emission GVWR

Additional Equipment (Please specify)

RECEIVED
 JUN 30 2015
 D.A.S. FINANCE

DPS -
DCI

Please write on windshield the Plate #

Vehicle Equipped as Ordered: Key Number: 0364x Vehicle Number: Lel3
 DO #: 0051504706 Approval Signature: [Signature] Date: 6/2/15
 Checked in by: [Signature] Date Checked In: 6/2/15 Acct String #: _____

595-267-2100

Dealership "Sticker" Price when vehicle was purchased:

BLACK BOOK Price Point

Products

- Used Car & Light Truck Values
- Historical Used Car & Light Truck Values
- Medium & Heavy Duty Trucks
- Recreational Vehicle Values
- Motorcycle And PowerSports
- Cars Of Particular Interest
- New Car

Home Run Lists Vehicle Trends Market Insights User Reports Specs All Values Hi

Vehicle Selector

Free Form Drill Down

Vehicle Search

Basic Vehicle Info

2016 Ford Explorer Base 4D SUV 4WD

MSRP: \$33,050 VIN: 1FMSK8AR3GGA01622

Loan Value: \$11,250 UVC: 2016300190

Equip Ret: \$33,945 Model #: K8B

MPG: 16/23 Price Incl: 6CY AC AT

REPORT SUMMARY

CLAIM INFORMATION

Owner	State Of Iowa, Unknown Marion, IA 52302
Loss Unit	Police 2016 Ford EXPLORER POLICE AWD 6cyl. 3.7l Sport Utility Vehicle
Loss Unit Type	SPECIALTY VEHICLES
Loss Incident Date	08/21/2023
Claim Reported	11/16/2023

INSURANCE INFORMATION

Report Reference Number	114718358
Claim Reference	APDSOI0264402-001
Adjuster	Qcstl, Qcstl
Odometer	12,368
Last Updated	11/16/2023 09:06 AM

VALUATION SUMMARY

Base Value	\$ 16,311.00
MILEAGE 124909	- \$ 2,597.00
Adjusted Value	\$ 13,714.00
Total	\$ 13,714.00

The total may not represent the total of the settlement as other factors (e.g. license and fees) may need to be taken into account.

The CCC ONE[®] Market Valuation Report reflects CCC Intelligent Solutions Inc.'s opinion as to the value of the loss unit, based on information provided to CCC by AUTOBODY ALLIANCE.

BASE VALUE

This is derived from comparable unit(s) available or recently available in the marketplace at the time of valuation, per our valuation methodology described on the next page.

Inside the Report

Valuation Methodology.....	2
Loss Unit Information.....	3
Comparable Units.....	6
Valuation Notes.....	9
Supplemental Information.....	10

Warrants

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	Fiscal Year	Warrant Number	Line Number	Line Amount	Issued	Redeemed	Vendor Customer
✓	2024	72670097	1	\$297.50	08/31/2023	09/07/2023	00003030246

First Prev Next Last

Search

▼ Warrant Information

Fiscal Year : 2024 Amount : \$297.50
 Warrant Number : 72670097 Vendor Customer : 00003030246
 Line Number : 1 Last Updated : 9/7/23

▼ Issue Information

Issued : 08/31/2023 Void :
 Document ID : RISK00524243704 Duplicate :
 Document Line Number : 1 Stop :
 Line Amount : \$297.50
 Comments :

▼ Redeemed Information

Redeemed : 09/07/2023 Batch Number : 0000
 Redeemed Bank : 0000 Sequence Number : 01623
 Redeemed Fund : 0665
 Redeemed Department : 005

▼ Fund Accounting

Fund : 0665 Object : 2715 Dept Object :
 Sub Fund : Sub Object : Dept Revenue :
 Department : 005 Object Class :
 Unit : 5790 Revenue Source :
 Sub Unit : Sub Revenue Source :
 Appropriation : 0000 Revenue Source Class :
 BSA :
 Sub BSA :

▼ Detail Accounting

Location : Reporting : Major Program :
 Sub Location : Sub Reporting : Program :
 Activity : Task : Phase :
 Sub Activity : Sub Task : Program Period :
 Function : Task Order :
 Sub Function :

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QUALITY AUTO REBUILDERS INC

Iowa State Patrol
 Estimate: 77619
 Repair Order: 77619

FINAL BILL

2201 7TH AVE
 MARION, IA 52302
 (319) 377-6326

Customer: Insured	Vehicle:	Ins. Company:
Iowa State Patrol Work: (319) 310-2990	FORD EXPLORER YEAR: 2016 License: KNP398 Sched. Arrival Date: 08/17/23 Arrival Date: 08/17/23 Drivable: Unknown	Unknown/Insurance

Written by: Wright, Derek

Item	Price	Ext. Price	Labor Units	Paint Units	PT	BT
1 TOW IN	297.50*	297.50				

FINAL BILL SUMMARY

	PARTS			LABOR						
	Regular	Supp	Total	Department	Units	Supp Units	Rate	Addl	Total	Units
Other parts:	\$297.50	\$0.00	\$297.50							

	Regular	Supp	Total
Parts Total:	\$297.50	\$0.00	\$297.50
Total:			\$297.50

	PAYMENTS	AMT DUE	TOTAL
Unknown/Insurance PAYABLE REPAIR TOTAL	\$0.00	\$297.50	\$297.50
Iowa State Patrol PAYABLE REPAIR TOTAL	\$0.00	\$0.00	\$0.00

AUTHORIZED AND ACCEPTED: I have reviewed and am satisfied with the repairs made to my vehicle.

*****If any of your wheels were removed or replaced during this repair process we advise you to please come back in 100 miles and have them retorqued*****

FINAL BILL ACCEPTED BY _____

Labor Dept Codes: B-Body D-Detail I-Waiting Parts E-Back Lot F-Frame G-Glass M-Mechanical P-Paint S-Structural A-Aluminum 1-Scanning 2-Sublet PDR 3-User-defined3

PT - Price Types:
 O - OEM; A - Aftermarket; V - Salvage; R - Remanufactured; Space - No Type
 L - Labor; M - Material; H - Hazardous; S - Storage; T - Towing; U - Sublet

BT - Billing Types:
 No Code - Insurance Charge; CC - Customer Charge; BT - Betterment; AP - Appearance Allowance
 PD - Prior Damage; NC - No Charge

(*) Indicates Estimator Judgement.
 Underline Indicates Supplement.

Calculations of the Estimate are performed by a computer program created by Axalta Coating Systems, LLC.

Warrants

[Menu](#)

Fiscal Year	Warrant Number	Line Number	Line Amount	Issued	Redeemed	Vendor Customer
✓ 2024	72670099	1	\$844.50	08/31/2023	09/06/2023	00002108490

First Prev Next Last

Search

▼Warrant Information

Fiscal Year : 2024 Amount : \$844.50

Warrant Number : 72670099 Vendor Customer : 00002108490

Line Number : 1 Last Updated : 9/6/23

▼Issue Information

Issued : 08/31/2023 Void :

Document ID : RISK00524243709 Duplicate :

Document Line Number : 1 Stop :

Line Amount : \$844.50

Comments :

▼Redeemed Information

Redeemed : 09/06/2023 Batch Number : 0000

Redeemed Bank : 0000 Sequence Number : 03437

Redeemed Fund : 0665

Redeemed Department : 005

▼Fund Accounting

Fund : 0665 Object : 2715 Dept Object :

Sub Fund : Sub Object : Dept Revenue :

Department : 005 Object Class :

Unit : 5790 Revenue Source :

Sub Unit : Sub Revenue Source :

Appropriation : 0000 Revenue Source Class :

BSA :

Sub BSA :

▼Detail Accounting

Location : Reporting : Major Program :

Sub Location : Sub Reporting : Program :

Activity : Task : Phase :

Sub Activity : Sub Task : Program Period :

Function : Task Order :

Sub Function :

[Top](#)



Invoice

Invoice #	Date	Call #
247040	29-Aug-2023	362198

5329 NW 2nd St.
 Des Moines, Iowa 50313
 Phone: (515) 243-3205
 Fax: (515) 243-1409

Customer

State Of Iowa

109 SE 13th St.
 Des Moines, Iowa 50319

Summary	
Location:	2201 7Th Ave Marion Quality Auto Rebuilders
Destination:	30 NE 48Th PL Des Moines DPS
Reason:	
Vehicle:	2016 Ford Explorer Police Intercept
Owner:	
Phone:	
Truck #:	604
Trailer #:	
VIN:	1FM5K8AR3GGA01622
Plate/Tag:	KNP398 IA Truck: 86
Mileage:	124,909 Driver: BL1

Terms: Net 30

Date	Incident #	Club/PO #	Service	Quantity	Rate	Amount
29-Aug-2023			Car Mileage	245.00	2.50	612.50
			Car Private	1.00	85.00	85.00
			Fuel Surcharge	245.00	0.60	147.00
<p>A Convenience Fee of 3% will be charged on all credit card payments beginning February 1, 2020.</p> <p>A Late Payment Fee of 10% will be applied to all invoices not paid in full 30 days after invoice date.</p>				Sub Total		844.50
						0.00
				TOTAL		844.50
				Payments		0.00
				Balance Owing		844.50

4073



REMITTANCE: 39831576

DATE: 10/26/2023

Insurance Auto Auctions, Inc.

Attn: Settlement Group
Two Westbrook Corporate Center Suite 500
Westchester, IL 60154
Phone: (515) 823-0600
Fax: (515) 823-0626
E-mail: IAA_ASAP_DesMoines@iaai.com

Remittance Payable To:

State of Iowa
Iowa Department of Administrative Svcs
109 SE 13th Street
Des Moines, IA 50319
Attn: Salvage Dept

Salvage Information

IAA Stock #: 000-37604333
IAA Branch: Des Moines
Fed. Tax I.D.: 954455113
Handler: Mariah Flowers
Adjuster: Mariah Flowers
Insured: State of Iowa
Owner: State of Iowa
Claim #: 604
Policy #: GOV-536
Vehicle: 2016 FORD UTILITY POLI
Damage: Front end/
Mileage: 124909
Mileage Type: Actual
VIN: 1FM5K8AR3GGA01622
ACV: \$9,300.00
NICB Date: N/A

<u>Account of Sale</u>	<u>Total Activity</u>	<u>%ACV</u>
Sales	\$2,400.00	25.81
IAA Charges		
Consignment Flat Fee	\$65.00	0.70
Less IAA Charges	(\$65.00)	(0.70)
Net IAA Return	\$2,335.00	25.11
Payment Amount	\$2,335.00	25.11 %

604-1

#59

Buyer Information

Armando Garduno
4303 Nw 46Th Pl
Des Moines, IA 50310
Resale Certificate # : N/A

Elapsed Days Analysis

<u>Date of Event:</u>	<u>Date</u>	<u>Days</u>
Loss	9/15/2023	--
Assigned	9/15/2023	1
Released	9/18/2023	4
Pickup	9/18/2023	1
Title Rec'd	9/28/2023	11
Sale Doc. Rec'd	9/28/2023	1
Auction Date	10/24/2023	27
Buyer Payment	10/25/2023	2
Remittance	10/26/2023	2

Elapsed Total Days: 42

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:
2023021383

L O C A T I O N	Date of Accident 08/17/2023	Time of Accident 11:00 Hrs.	County BENTON - 06	Accident occurred within corporate limits of (city)	Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>
	Literal Description SB HWY 150 @ 58 STREET				County: 06	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: 581014.625	
	On Road, Street or Highway:			At Intersection with:	Y Coordinate: 4670950.5	
	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				If Divided Highway, Provide Route (Cardinal) Travel Direction	

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)											
Manner of Crash/Collision	Major Contributing Circumstances Environment											
Light Conditions	Roadway											
	Type of Roadway Junction/Feature											
	FRA No.											

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

N O N M O T O R I S T S	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:															

N P O R 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
	Zip Code	Was owner or tenant notified? 1 = Yes 2 = No 9 = Unknown	

W I T N E S S	If Property other than vehicles damaged explain	Object Damaged	Estimate of Damage
	Owner's Last Name	First Name	Middle Name
	Address	City	State
	Zip Code	Was owner or tenant notified? 1 = Yes 2 = No 9 = Unknown	

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 08/17/2023	Incident Clearance Date 08/17/2023
Signature of Officer TROOPER E KLINE	Badge Number 096	Time Officer Notified of Accident 11:09 Hrs.	Roadway Clearance Time 12:00 Hrs.
Name of Agency IOWA STATE PATROL - DIST 11	Date of Report 08/17/2023	Time Officer Arrived At Scene 11:37 Hrs.	Incident Clearance Time 12:30 Hrs.
Report Reviewed By	Date of Review	Investigation made at scene? Y <input type="radio"/> N <input checked="" type="radio"/>	Total Roadway Clearance Time 000:51
		T.I. No.	Total Incident Clearance Time 001:21
		Other Technical Investigating Agency	

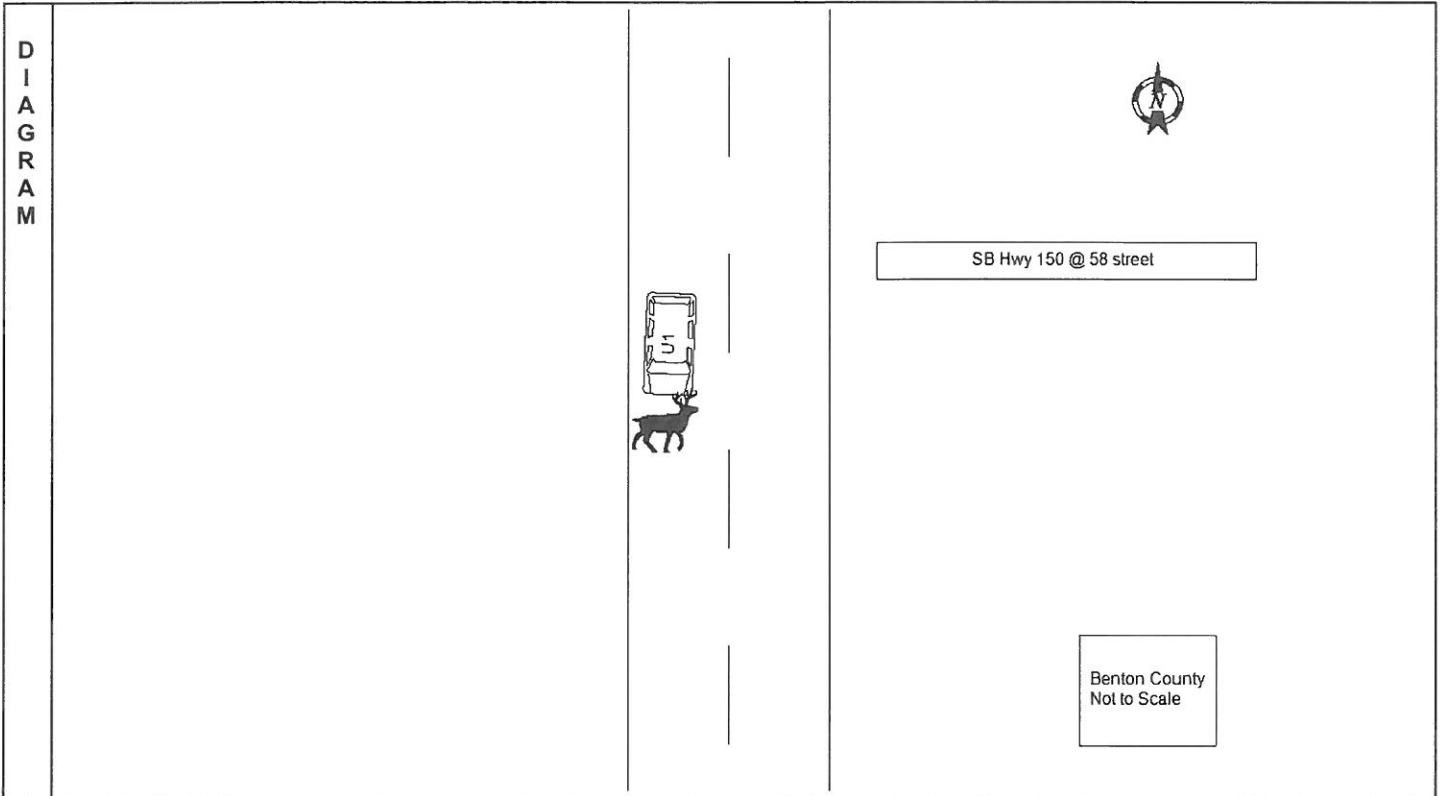
INVESTIGATING OFFICER'S REPORT
OF MOTOR VEHICLE ACCIDENT

Fcrn 4433003 (11-13)

Law Enforcement Case Number:

2023021383

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



Unit 1 was southbound on Hwy 150. A deer jumped out of the ditch. Unit 1 struck the deer.

**N
A
R
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V
E**



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

29C20

1 message

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

Fri, Aug 18, 2023 at 8:32 AM

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

Please accept this email as initial 24 hr notification for AON, vehicle 604 struck a deer on 8/17/23. 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: 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 #:

Date: <small>(Month/Day/Year)</small>	08/17/2023	Time: <small>(Time plus a.m./p.m.)</small>	11:00 AM
Vehicle Plate #:	KNP398	Vehicle Mileage:	124,500
Vehicle Description: <small>(Yr/Make/Model/ & Vin#)</small>	2016 FORD EXPLORER 1FM5K8AR3GGA01622		
Assigned To:	DCI	Badge #	
Driven By:	MARK MITCHELL	Badge #	CIVILIAN
Driver's Lic #:	128AC4097	Damage:	\$
Vehicle Towed: <small>(Yes / No)</small>	YES	Towed By:	
Towed To:	QUALITY AUTO REBUILDERS, MARION IOWA	Towing Cost:	\$
Seat Belt: <small>(Yes / No)</small>	YES	Type of Vehicle: <small>(Marked/Semi /Unmarked)</small>	UNMARKED
Injured/Injuries:	NONE		
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)	
Injured/Injuries:			
Occupants: (Other than driver)			
Occupant(s) Wearing Seat Belt: (Yes/No)			

OTHER INFORMATION:

Witnesses:			
Accident Location: (Street/Hwy)	HWY 150 IN BENTON COUNTY		
County:	BENTON		
Weather/Road Conditions:	NORMAL		
** Please Include narrative of events here**			
HEADING SOUTHBOUND ON HWY 150. A DEER RAN OUT OF THE DITCH AND STRUCK THE DEER.			
Property Damage other than Vehicles:	None		
Cost:	\$		
Citations Issued To: (List Charge(s) and Statute Code(s))	NONE		

Investigating Officer:	TROOPER E KLINE
------------------------	-----------------

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