

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 \$9,508.93, subject to the audit of actual invoices. On November 23, 2023, Vehicle #404 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 # 3656  
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 #404 on November 23, 2023  
Department of Administrative Services  
Claim dated November 30, 2023  
AOS Claim ID: 3656

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 \$9,508.93, 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 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	#404/Deer
Event Date	November 23, 2023
Summary	Vehicle 404 struck a deer. (270538)
Amount Requested	\$9,508.93 - 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,

Mariah Fucaloro, Fleet Manager  
DAS Fleet Services  
[Mariah.Fucaloro@iowa.gov](mailto:Mariah.Fucaloro@iowa.gov)  
515-414-6582



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

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**29C20**

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

Mon, Nov 27, 2023 at 10:38 AM

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

Please accept this email as initial 24 hr notification for AON, vehicle 404 struck a deer on 11/23/23. 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: [vehicledamage@dps.state.ia.us](mailto:vehicledamage@dps.state.ia.us) ; [das.risk@iowa.gov](mailto: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 #: 2023029878**

Date: <small>(Month/Day/Year)</small>	11/23/2023	Time: <small>(Time plus a.m./p.m.)</small>	10:39 AM a.m.
Vehicle Plate #:	404	Vehicle Mileage:	21,676
Vehicle Description: <small>(Yr/Make/Model/ &amp; Vin#)</small>	2022 Ford F-150 with VIN 1FTFW1P82NKE64364		
Assigned To:	Trp. Hansen	Badge #	404
Driven By:	Trp. Hansen	Badge #	404
Driver's Lic #:	513YY2025	Damage:	\$ Pending estimate
Vehicle Towed: <small>(Yes / No)</small>	No	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:	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)	No
Injured/Injuries:			
Occupants: (Other than driver)			
Occupant(s) Wearing Seat Belt: (Yes/No)	Yes		

**OTHER INFORMATION:**

Witnesses:			
Accident Location: (Street/Hwy)			
County:			
Weather/Road Conditions:			
Narrative:			
Property Damage other than Vehicles:			
Cost:	\$		
Citations Issued To: (List Charge(s) and Statute Code(s))			

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		



## MEMORANDUM

**TO:** Acting Sgt. Hilt #261  
**FROM:** Trooper Jeff Hansen #404  
**DATE:** August 11-24, 2023  
**SUBJECT:** Trooper Hansen 10-50 Deer Case #2023029878

On the 23<sup>rd</sup> day of November at approximately 1039hrs, I Trooper Jeff Hansen 404 was on patrol in Buena Vista County traveling south on Hwy 110 in the city limits of Storm Lake near the Casino Beach area and Frank Starr Park. Once I passed Frank Starr park a deer jumped up from the east ditch in a wooded area and ran into the front driver side quarter panel of my 2022 state issued Ford F150 squad truck (VIN1FTFW1P82NKE64364).

With the aluminum side the damage extended into the front quarter, driver door, bumper and hood. Pictures were taken of the vehicle and given to Acting Sgt Hilt #261. A MARS report was completed by Trooper Luke Selk #351. The vehicle was drivable and was taken to my residence until it could get into a collision garage for estimates.

End of Report

Trooper Jeff Hansen 404





## Certification of Officer Involved in a Motor Vehicle Accident While in the Line of Duty

The Code of Iowa, Section 321.267A, states that any traffic accident involving the operation of a motor vehicle by a certified law enforcement officer or other emergency responder shall be reported to the Iowa Department of Transportation by the officer's or responder's employer. The officer's or responder's employer shall certify to the department whether or not the accident occurred in the line of duty while operating an official government vehicle or during the responder's deployment on an emergency call. When an accident occurs in the line of duty, it will NOT be entered on the driver's record.

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Date of Accident: 11/23/2023 DOT Case Number: 2023029878

Location of Accident: Highway 110 in Storm Lake, IA

Driver's Name: Jeffrey Charles Hansen DOB: 09/07/1981

Driver's Address: 410 E Church Dr., Schaller, IA 51053

Driver License Number: 513YY2025 State of Issuance: Iowa

VIN of Vehicle Driven by Officer: 1FTFW1P82NKE64364

Check one:  Operating an official government vehicle while in the line of duty.  
 Operating a personally-owned vehicle while in the line of duty.

Agency Investigating Accident: Iowa State Patrol - District 5

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I certify under penalty of perjury and pursuant to the laws of the State of Iowa that the preceding is true and correct.

Signature of Employer

November 24, 2023

Date

Iowa Dept. of Public Safety - Iowa State Patrol

Employing Agency

215 E. 7th St., Des Moines, IA 50319

Address

712-232-5331

Telephone

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This completed form may be e-mailed to [accident.support@iowadot.us](mailto:accident.support@iowadot.us) or mailed to the following address:

Office of Driver Services  
 Iowa Department of Transportation  
 P.O. Box 9204  
 Des Moines, IA 50306-9204

Telephone: 515-244-9124 or 515-244-8725

### INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Law Enforcement Case Number: <b>2023029878</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>11/23/2023</b>	Time of Accident <b>10:39 Hrs.</b>	County <b>BUENA VISTA - 11</b>	Accident occurred within corporate limits of (city) <b>STORM LAKE - 7422</b>		
UNIT 1	Driver's Name - Last <b>HANSEN</b>		First <b>JEFFREY</b>		Middle <b>CHARLES</b>
	Address <b>410 E CHURCH DR</b>		City <b>SCHALLER</b>		State <b>IA</b>
	Date of Birth <b>09/07/1981</b>		Driver's License Number <b>513YY2025</b>		Citation Charge 1
	CDL Yes <input type="radio"/> No <input type="radio"/>		Citation Charge 2		Citation Charge 3
	Male <input checked="" type="radio"/> Female <input type="radio"/>		State <b>IA</b>		Citation Charge 4
	Class <b>A</b>		Endorsements <b>K</b>		
	Restrictions <b>K</b>		CDL Yes <input type="radio"/> No <input type="radio"/>		
	Alcohol Test Given: <b>1</b>		Test Results:		Drug Test Given: <b>1</b>
	Test Result:		Re-exam: Yes <input type="radio"/> No <input checked="" type="radio"/>		Reason for Re-Exam Request:
	Owner's Name - Last <b>STATE OF IOWA</b>		First		Middle
Address <b>109 SE 13TH ST</b>		City <b>DES MOINES</b>		State <b>IA</b>	
Zip <b>50319-9018</b>		License Plate No. <b>IA</b>		Year <b>2022</b>	
VIN: <b>1FTFW1P82NKE64364</b>		Color <b>WHI</b>		Make <b>FORD</b>	
Year <b>2022</b>		Model <b>F150 POLICE RE</b>		Style <b>PK</b>	
Trailer Plate No.		State		Year	
VIN:		Tow <b>1</b>		Tow #	
Insurance Company Name <b>SELF INSURED</b>		Insurance Co. Phone Number		Insurance Policy Number	
Initial Travel Direction		Veh. Act.		Veh. Config. <b>02</b>	
Cargo Body Type <b>01</b>		Veh. Defect		Point of Initial Impact	
Most Damaged Area		Extent of Damage		Total Occ. in Veh. <b>1</b>	
Special Veh. Func.		Emergency Status		Bus Use	
Driver Condition		Vision Obscured		Contributing Circumstances Driver (up to two) <b>88</b>	
Driver Distractions <b>02</b>		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: <b>(515) 802-4971</b>		
	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:
	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:  
**2023029878**

L O C A T I O N	Date of Accident <b>11/23/2023</b>	Time of Accident <b>10:39</b> Hrs.	County <b>BUENA VISTA - 11</b>	Accident occurred within corporate limits of (city) <b>STORM LAKE - 7422</b>	Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>
	Literal Description <b>SB HWY 110/ 610TH ST</b>				County: <b>11</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>316358.281</b>	
	On Road, Street or Highway:			At Intersection with:	Y Coordinate: <b>4722554</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. of				If Divided Highway, Provide Route (Cardinal) Travel Direction	
Milepost Number				NB <input type="radio"/> SB <input type="radio"/> EB <input type="radio"/> WB <input type="radio"/>		
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	Type of Roadway Junction/Feature			FRA No.														

First Harmful Event (Crash) <b>31</b>	WORKZONE RELATED? <input type="radio"/>	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 <b>001</b>	Phone Number	DOB:															
	Address:			Alcohol Test Given	Test Results:	Drug Test Given	Result	Charged	Yes	No	<input type="radio"/>	<input type="radio"/>						
	Transported to:			Transported by:														
	Name	Phone Number	DOB:															
Address:			Alcohol Test Given	Test Results:	Drug Test Given	Result	Charged	Yes	No	<input type="radio"/>	<input type="radio"/>							
Transported to:			Transported by:															

N P O R T A B L E P R O P E R S	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	

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 <b>11/23/2023</b>	Incident Clearance Date <b>11/23/2023</b>
Signature of Officer <b>TROOPER L SELK</b>	Badge Number <b>351</b>	Time Officer Notified of Accident <b>10:39</b> Hrs.	Roadway Clearance Time <b>11:15</b> Hrs.
Name of Agency <b>IOWA STATE PATROL - DIST 05</b>	Date of Report <b>11/23/2023</b>	Time Officer Arrived At Scene <b>10:50</b> Hrs.	Total Roadway Clearance Time <b>000:36</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
		Incident Clearance Time <b>14:00</b> Hrs.	Total Incident Clearance Time <b>003:21</b>

INVESTIGATING OFFICER'S REPORT  
OF MOTOR VEHICLE ACCIDENT

Form 4433003 (11-13)

Law Enforcement Case Number:

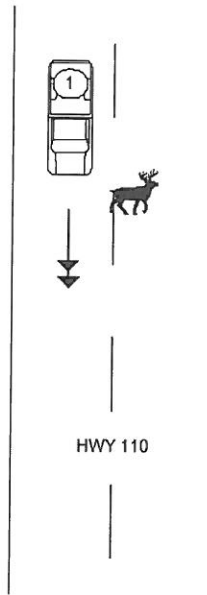
2023029878

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

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Not to Scale



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Unit 1 was traveling SB on Hwy 110 north of 610th Street in a fully marked patrol vehicle. A deer entered the roadway from the east ditch. Unit 1 struck the deer.

Date: 11/29/2023 09:07 AM  
 Estimate ID: 3980  
 Estimate Version: 0  
 Preliminary  
 Profile ID: State of Iowa  
 Quote ID: 131757425

## Carlson Auto Body & Repair

540 High St, Rockwell City, IA 50579  
 (712) 297-5517  
 Email: carlsonauto@hotmail.com

Damage Assessed By: Weston Carlson  
 Classification: None

Condition Code: Excellent  
 Deductible: UNKNOWN

Owner: IOWA STATE PATROL  
 Telephone: Home Phone: (712) 368-5114

Mitchell Service: 912329

Description: 2022 Ford F-150 XL  
 Body Style: 4D PkUpCrw 6' Bed 145" WB  
 VIN: 1FTFW1P82NKE64364  
 Mileage: 21,575  
 OEM/ALT: O  
 Options: PASSENGER AIRBAG, POWER LOCK, POWER WINDOW, POWER STEERING, AIR CONDITION  
 TILT STEERING COLUMN, AM/FM STEREO, DRIVER AIRBAG  
 FRONT SIDE AIRBAG WITH HEAD PROTECTION, ANTI-LOCK BRAKE SYS., TRACTION CONTROL  
 REARVIEW CAMERA, REMOTE IGNITION, TIRE INFLATION/PRESSURE MONITOR  
 ANTI-THEFT SYSTEM, AUXILIARY INPUT, BLUETOOTH WIRELESS CONNECTIVITY  
 POWER ADJUSTABLE EXTERIOR MIRROR, 4WD OR AWD, TRIP COMPUTER  
 FIRST ROW SPLIT BENCH SEAT, TELEMATIC SYSTEMS, CLOTH SEAT, 4 WHEEL DRIVE  
 SIDE AIRBAGS, AUTOMATIC HEADLIGHTS, SECOND ROW SIDE AIRBAG WITH HEAD PROTECTION  
 MP3 PLAYER, DAYTIME RUNNING LIGHTS, ELECTRONIC STABILITY CONTROL  
 KEYLESS ENTRY SYSTEM, REAR BENCH SEAT, STEERING WHEEL AUDIO CONTROLS

Drive Train: 3.5L Turbo Inj 6 Cyl 4WD  
 License: 404  
 Search Code: None

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	AUTO	BDY	OVERHAUL	Frnt Bumper Assy			3.5 #
2	206091	BDY	REMOVE/REPLACE	Frnt Upr Bumper Cover			INC #
3	AUTO	REF	REFINISH	Frnt Upr Bumper Cover	ML3Z 17D957 CAPTM	521.48	C 1.3
4	202114	BDY	REMOVE/REPLACE	L Frnt Bumper Cover Reinforcement	ML3Z 17C947 E	26.65	INC #
5	AUTO	BDY	REMOVE/INSTALL	Frnt Upr Bumper Assy			INC #
6	200010	BDY	REMOVE/REPLACE	Frnt Bumper Face Bar	ML3Z 17757 BPTM	674.17	INC #
7	AUTO	BDY	REMOVE/INSTALL	Grille Assy			INC #
8	AUTO	REF	REFINISH	Frnt Face Bar			C 2.3
9	202179	BDY	REMOVE/REPLACE	L Frnt Bumper Valance Panel	ML3Z 17626 C	29.47	INC
10	202160	BDY	REMOVE/REPLACE	L Frnt Bumper Mount Plate	** QUAL REPL PART	115.00	* INC
11	202813	BDY	REMOVE/REPLACE	Grille Assembly	ML3Z 8200 AA	417.77	0.6 #
12	202484	BDY	REMOVE/INSTALL	R Frnt Combination Lamp			0.4 #
13	200354	BDY	REMOVE/REPLACE	L Frnt Combination Lamp	** QUAL REPL PART	920.00	* 0.4 #
14	AUTO	BDY	CHECK/ADJUST	Headlamps			0.4
15	202335	BDY	REMOVE/REPLACE	Hood Panel	ML3Z 16612 D	807.72	1.8
16	AUTO	REF	REFINISH	Hood Outside			C 3.0
17	AUTO	REF	REFINISH	Add For Hood Underside			C 1.5
18	203842	BDY	REPAIR	R Fender Panel	Existing		0.5*#
19	AUTO	REF	REFINISH	R Fender Outside			C 1.8
20	203843	BDY	REMOVE/REPLACE	L Fender Panel	ML3Z 16006 A	345.55	1.7 #
21	AUTO	BDY	REMOVE/INSTALL	L Cowl Top Grille			INC #
22	AUTO	BDY	REMOVE/INSTALL	L Front Combination Lamp			INC #
23	AUTO	REF	REFINISH	L Fender Outside			C 1.8

ESTIMATE RECALL NUMBER: 11/29/2023 09:07:30 3980  
 Mitchell Data Version: OEM: JUL\_23\_V

Software Version: 7.1.243

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Page 1 of 3



Date: 11/29/2023 09:07 AM  
 Estimate ID: 3980  
 Estimate Version: 0  
 Preliminary  
 Profile ID: State of Iowa  
 Quote ID: 131757425

## Estimate Totals

I. Labor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals	II. Part Replacement Summary	Amount
Body	20.6	62.00	0.00	0.00	1,277.20 T	Taxable Parts	5,649.13
Refinish	22.8	100.00	15.00	0.00	2,295.00 T		
Glass	2.8	62.00	0.00	0.00	173.60 T		
Mechanical	1.3	80.00	0.00	0.00	104.00 T	Total Replacement Parts Amount	5,649.13
					Taxable Labor		3,849.80
Labor Summary	47.5				3,849.80		
III. Additional Costs					Amount	IV. Adjustments	Amount
Taxable Costs					10.00	Customer Responsibility	0.00
Total Additional Costs					10.00		
						I. Total Labor:	3,849.80
						II. Total Replacement Parts:	5,649.13
						III. Total Additional Costs:	10.00
						Gross Total:	9,508.93
						IV. Total Adjustments:	0.00
						Net Total:	9,508.93

This is a preliminary estimate.  
Additional changes to the estimate may be required for the actual repair.