

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 \$11,703.00, subject to the audit of actual invoices. On November 17, 2023, Vehicle #468 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 # 3643
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 #468 on November 17, 2023
Department of Administrative Services
Claim dated November 30, 2023
AOS Claim ID: 3643

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 \$12,522.21; however, the estimate from the vendor includes sales tax of \$819.21. This amount will be deducted from the Department's request. Therefore, we recommend an Executive Council allocation in the amount of \$11,703.00, 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	#468/Deer
Event Date	November 17, 2023
Summary	Vehicle 468 struck a deer. (270374)
Amount Requested	\$12,522.21 - Estimate
Supporting Documentation	29C20 Email Notification, Accident Report, Repair Estimate

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 that reads "Mariah Fucaloro".

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 20, 2023 at 10:50 AM

Draft To: TOS Executive Council <executivecouncil@tos.iowa.gov>, Tammy Hollingsworth <Tammy.Hollingsworth@aos.iowa.gov>

Bcc: Jeannie R Adams <jadams@dps.state.ia.us>

Please accept this email as initial 24 hr notification for AON, vehicle 468 struck a deer on 11/17/23 after hours. 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

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 #: 2023029607

Date: <small>(Month/Day/Year)</small>	11/17/2023	Time: <small>(Time plus a.m./p.m.)</small>	9:52 p.m.
Vehicle Plate #:	468	Vehicle Mileage:	59,017
Vehicle Description: <small>(Yr/Make/Model/ & Vin#)</small>	2021 / Dodge / Charger / VIN # 2C3CDXKG8MH528640		
Assigned To:	Kevin Krull	Badge #	468
Driven By:	Kevin Krull	Badge #	468
Driver's Lic #:	407XX9221	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>	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)	Yes
Injured/Injuries:			
Occupants: (Other than driver)			
Occupant(s) Wearing Seat Belt: (Yes/No)	Yes		

OTHER INFORMATION:

Witnesses:	NONE
Accident Location: (Street/Hwy)	Northbound HWY 4, approximately 1 mile south of HWY 20
County:	Calhoun
Weather/Road Conditions:	Normal Roads
<p>Narrative: On 11/17/2023 Trp. Krull was traveling northbound on HWY 4, approximately 1 mile south of HWY 20, in his Iowa State Patrol vehicle. A whitetail deer entered the roadway from the west ditch, running into the front driver side of Trp. Krull's patrol vehicle.</p> <p>Trp. Krull's patrol vehicle received damage to the driver side headlight, driver side front fender, front driver side door, and hood.</p>	
Property Damage other than Vehicles:	NONE
Cost:	\$
Citations Issued To: (List Charge(s) and Statute Code(s))	NONE

Investigating Officer:	Sgt. Nick Albrecht #71
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VEHICLE #3: (If needed) (For more vehicles, please make extra copies of this portion)

DL #:		State:	
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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:

2023029607

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

Date of Accident 11/17/2023		Time of Accident 21:52 Hrs.		County CALHOUN - 13		Accident occurred within corporate limits of (city) ROCKWELL CITY - 6577									
UNIT 1	Driver's Name - Last KRULL					First KEVIN			Middle WAYNE						
	Address 503 W 44TH ST					City SPENCER			State IA	Zip 51301					
	Date of Birth 10/20/1972		Driver's License Number 407XX9221		CDL	Citation Charge 1			Citation Charge 2						
	Male <input checked="" type="radio"/>	Female <input type="radio"/>	State IA	Class A	Endorsements		Restrictions		Yes <input checked="" type="radio"/>	No <input type="radio"/>	Citation Charge 3				
	Alcohol Test Given: 1		Test Results:		Drug Test Given: 1	Test Result:	Re-exam: Yes <input type="radio"/>		No <input checked="" type="radio"/>	Reason for Re-Exam Request:					
	Owner's Name - Last STATE OF IOWA					First			Middle						
	Address 109 SE 13TH STREET					City DES MOINES			State IA	Zip 50319					
	License Plate No. 468	State IA	Year 2099	VIN: 2C3CDXKG8MH528640		Color GRY	Year 2021	Make DODG	Model CHARGER	Style 4DR					
	Trailer Plate No.	State	Year	VIN:		Tow 1	Tow #	Towed To		Approx. Cost to Repair or Replace \$10,000.00					
	Insurance Company Name					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	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 02	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		Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Ejection Path	Trapped/extricated	Source of Transport	Died at scene/enroute
	Trailer Plate:	State	Year	VIN											
	Converter Dolly	Dolly Plate:	State	Plate Year	VIN										
PERSONNEL	DRIVER OF UNIT 1				Phone Number: (712) 262-1424										
					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:

2023029607

L O C A T I O N	Date of Accident 11/17/2023	Time of Accident 21:52 Hrs.	County CALHOUN - 13	Accident occurred within corporate limits of (city) ROCKWELL CITY - 6577	Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>	
	Literal Description IA 4 N				County: 13	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"/> of nearest city				X Coordinate: 362673.312		
	On Road, Street or Highway:			At Intersection with:	Y Coordinate: 4698906.5		
	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 NB SB EB WB <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		
Milepost Number _____ Or _____ Definable intersection, bridge, or railroad crossing							

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)	WORKZONE RELATED?	Yes	No	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	
31		<input type="radio"/>	<input type="radio"/>																

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:													
Address:						Alcohol Test Given		Test Results:		Drug Test Given		Result		Charged		Yes No				
Transported to:						Transported by:														

N P R O P E R T Y	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				

U L D A M R G	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	

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 11/17/2023		Incident Clearance Date 11/17/2023	
Signature of Officer SERGEANT N ALBRECHT		Badge Number 071	Time Officer Notified of Accident 21:54 Hrs.		Roadway Clearance Time 21:54 Hrs.		Incident Clearance Time 21:54 Hrs.		
Name of Agency IOWA STATE PATROL - DIST 05		Date of Report 11/19/2023	Time Officer Arrived At Scene 21:54 Hrs.		Total Roadway Clearance Time 000:00		Total Incident Clearance Time 000:00		
Report Reviewed By		Date of Review	Investigation made at scene? Y <input type="radio"/> N <input checked="" type="radio"/>		T.I. No.		Other Technical Investigating Agency		

INVESTIGATING OFFICER'S REPORT
OF MOTOR VEHICLE ACCIDENT

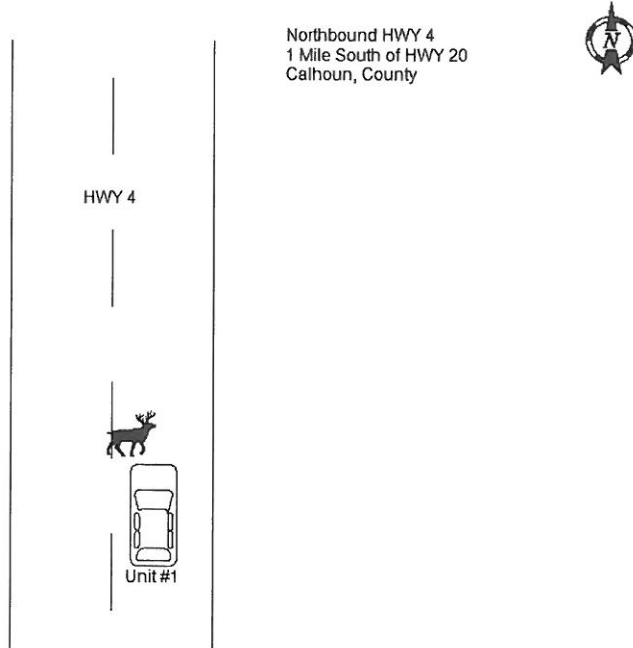
Form 4433003 (11-13)

Law Enforcement Case Number:

2023029607

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 northbound on HWY 4.

A whitetail deer entered the roadway from the west ditch, running into Unit #1.

Unit #1 is an Iowa State Patrol vehicle and was operated by a uniformed Trooper.

KEN BORTH AUTO BODY
 301 11th St SW, Spencer, IA 51301
 Office: (712) 262-7076
 Fax: (712) 262-7777
 dalekabrick@live.com
 Tax ID: 471534086

Estimate ID
 15987975
 Original

Owner
 State Of Iowa
 (712) 260-9560 (Mobile)
 krull@dps.state.ia.us

Appraiser
 Dale Kabrick
 dalekabrick@live.com

Classification
 None

Loss Type Deductible
 Unknown Unknown

2021 Dodge Charger Police 4 Door Sedan 3.6L 6 Cyl Gas Injected 5 Speed Auto Trans AWD

License VIN Drivable Odometer
 468 2C3CDXKG8MH528640 Unknown 59128

Mitchell Service Code
 911667

Options

Air Conditioning	All Wheel Drive	AM-FM Stereo	Anti-Lock Brake Sys. (ABS)	Automatic Headlights
Auxiliary Input	Bluetooth Wireless Connectivity	Cloth Seat	Cruise Control	Daytime Running Lights
Driver-Front Air Bag	Dual A/C	Electric Defogger	Electronic Parking Aid	Electronic Stability Control
First Row Bucket Seat	Keyless Entry System	Leather Steering Wheel	Left-Curtain Air Bag	MP3 Player
Passenger-Front Air Bag	Power Door Locks	Power Driver Seat	Power Remote Mirror	Power Steering
Power Windows	Rear Bench Seat	Rearview Camera	Remote Decklid Or Tailgate Release	Second Row Side Airbag With Head Protection
Side Airbags	Smart Key System	Steering Wheel Mounted Audio Control	Tilt Steering Wheel	Tire Pressure Monitoring System
Traction Control/Electronic	Trip Computer			

State Of Iowa | 2021 Dodge Charger Police

Parts Profile Parts Profile Version
 N/A N/A

Line #	Description	LABOR				PART				
		Operation	Type	Total Units	CEG	Type	Number	Qty	Total Price	Tax
Front Bumper										
1	AUTO Frt Bumper Cover Assy	Overhaul	Body	4.0#	4.0	Existing				
2	100932 Frt Bumper Cover	Remove / Replace	Body	INC#	4.0	New	68267765AC	1	\$924.00	Yes
3	AUTO Frt Bumper Cover	Refinish Only	Refinish	3.1 C	3.1					

Line #	Description	LABOR				PART				
		Operation	Type	Total Units	CEG	Type	Number	Qty	Total Price	Tax
4	100936 L Frt Bumper Bracket	Remove / Replace	Body	INC#	0.2	New	68226533AA	1	\$40.55	Yes
5	100938 L Frt Bumper Support Bracket	Remove / Replace	Body	INC#	0.2	New	68213538AC	1	\$11.50	Yes
6	AUTO Frt Bumper Cover	Remove / Install	Body	INC#	2.0					
7	100940 L Frt Otr Bumper Reinforcement	Remove / Replace	Body	INC	0.0	New	68226545AB	1	\$40.55	Yes
8	100948 L Frt Bumper Fog Lamp Opening Cover	Remove / Replace	Body	INC#	0.2	New	68226549AA	1	\$55.95	Yes
9	100945 Frt Bumper Energy Absorber	Remove / Replace	Body	INC#	0.2	New	68214783AA	1	\$127.00	Yes
Grille										
10	101091 Grille	Remove / Replace	Body	INC#	0.4	New	5PP33DX8AB	1	\$459.00	Yes
Front Lamps										
11	103566 L Frt Combination Lamp Assembly	Remove / Replace	Body	INC#	0.4	New	68541681AA	1	\$1,175.00	Yes
12	AUTO Headlamps	Check / Adjust	Body	0.4	0.4					
13	100719 L Front Side Marker Lamp Assembly	Remove / Replace	Body	INC#	0.2	New	68214405AA	1	\$49.45	Yes
Hood										
14	100559 Hood Panel (Alum)	Remove / Replace	Body	1.6	1.6	New	68265445AB	1	\$1,435.00	Yes
15	AUTO Hood Outside	Refinish Only	Refinish	2.8 C	2.8					
16	AUTO Add For Hood Underside	Refinish Only	Refinish	1.4 C	1.4					
17	100573 L Hood Hinge	Remove / Replace	Body	0.3#	0.3	New	55113551AG	1	\$106.00	Yes
18	AUTO L Hinge	Refinish Only	Refinish	0.5 C	0.5					
19	AUTO Hood Assy	Remove / Install	Body	INC#	0.8					
Front Fender										
20	100002 R Fender Outside	Blend	Refinish	0.8 C	1.0	Existing				
21	101043 L Fender Panel	Remove / Replace	Body	0.9#	1.3	New	68213061AC	1	\$418.00	Yes
22	AUTO L Fender Outside	Refinish Only	Refinish	1.6 C	2.0					
23	AUTO L Add To Edge Fender	Refinish Only	Refinish	0.5 C	0.5					
24	102439 L Fender Splash Shield	Remove / Replace	Body	INC	0.4	New	68205937AH	1	\$158.00	Yes
Front Inner Structure										
25	100524 Frt Body Upper Crossmember	Remove / Replace	Body	2.0#	2.0	New	68200478AC	1	\$405.00	Yes
26	AUTO Upr Rad Supt Crossmember	Refinish Only	Refinish	1.5	1.5					
27	AUTO Add To R&I/R&R Mechanical Components - M	Remove / Replace	Mechanical	0.5#	0.5					
28	100447 Frt Body Closing Panel	Remove / Replace	Body	INC#	0.4	New	68226530AF	1	\$229.00	Yes
Rocker / Pillars / Floor										

Line #	Description	LABOR				PART				
		Operation	Type	Total Units	CEG	Type	Number	Qty	Total Price	Tax
29	102049 R Rocker Moulding	Remove / Install	Body	0.4	0.4	Existing				
Front Door										
30	101425 L Frt Door Shell (Steel/Hss)	Remove / Replace	Body	5.0#	5.0	New	68268055AC	1	\$1,135.00	Yes
31	AUTO L Frt Door Outside	Refinish Only	Refinish	1.9 C	2.3					
32	AUTO L Frt Add For Jambs & Interior	Refinish Only	Refinish	1.0 C	1.0					
33	101468 L Frt Upr Door Adhesive Moulding	Remove / Replace	Body	0.1	0.2	New	57010505AM	1	\$134.00	Yes
Rear Door										
34	100731 L Rear Door Shell (Steel/Hss)	Repair	Body	8.0*#	5.0	Existing				
35	AUTO L Rear Door Outside	Refinish Only	Refinish	1.8 C	2.2	Existing				
36	100736 L Rear Otr Door Belt Moulding	Remove / Install	Body	INC	0.2	Existing				
37	100738 L Rear Door Rear Applique	Remove / Install	Body	0.4#	0.4	Existing				
38	100746 L Rear Door Trim Panel	Remove / Install	Body	0.4	0.4	Existing				
39	100764 L Rear Otr Door Handle	Remove / Install	Body	0.3#	0.3	Existing				
Additional Costs & Materials										
40	AUTO Paint/Materials	Additional Cost							\$999.00*	Yes
41	AUTO Hazardous Waste Disposal	Additional Cost							\$5.00*	Yes
Additional Operations										
42	AUTO Clear Coat	Additional Operation	Refinish	3.7	0.0				\$0.00	
43	933021 De-Nib And Finesse	Additional Operation	Refinish	2.9	0.0				\$0.00	
44	931127 Pre Repair Scan	Additional Operation	Mechanical	0.5*	0.0				\$0.00	
45	931128 Post Repair Scan	Additional Operation	Mechanical	0.5*	0.0				\$0.00	
Special / Manual Entry										
46	900500 FLEX ADDITIVE	Remove / Replace	Refinish*	0.0*	0.0	Aftermarket New	** QUAL REPL PART	1	\$10.00*	Yes
47	900500 MASK FOR OVERSPRAY	Remove / Replace	Refinish*	0.0*	0.0	Aftermarket New	** QUAL REPL PART	1	\$10.00*	Yes
48	900500 Bumber Guard	Remove / Install	Body*	2.0*	0.0	Existing				
49	900500 Seam Sealer On Door	Remove / Replace	Body*	0.5*	0.0	New		1	\$25.00*	Yes
50	900500 Cut Hole For Spot Light	Remove / Replace	Body*	1.0*	0.0	New		1	\$0.00*	Yes
51	900500 Seam Sealer On Hood	Remove / Replace	Body*	0.5*	0.0	New		1	\$25.00*	Yes

* Judgment Item
T Included in Two Tone Calculation
Labor Note Applies
d Discontinued by Manufacturer

C Included in Clear Coat Calculation
A Included in Clear Coat and Two Tone Calculation
r CEG R&R Time Used for this Labor Operation
[] Verify the part number and price before ordering

Estimate Totals

Labor	Units	Rate	Sublet Add'l Amount	Totals
Body Labor	27.8	\$70.00		\$1,946.00
Refinish Labor	23.5	\$70.00		\$1,645.00
Mechanical Labor	1.5	\$90.00		\$135.00
Total Labor	52.8			\$3,726.00
			Taxable	\$3,726.00
			Tax 7.0000%	\$260.82
			Non-Taxable	\$0.00
			Labor Total	\$3,986.82
Parts		Amount		
Taxable Parts		\$6,973.00		\$6,973.00
			Parts Adjustments	\$0.00
			Tax 7.0000%	\$488.11
			Non-Taxable	\$0.00
			Parts Total	\$7,461.11
Costs		Amount		
Other Additional Costs		\$5.00		\$5.00
Paint Materials		\$999.00		\$999.00
			Taxable	\$1,004.00
			Tax 7.0000%	\$70.28
			Non-Taxable	\$0.00
			Costs Total	\$1,074.28
Gross Totals		Amount		
Gross Total		\$12,522.21		\$12,522.21
			Taxable	\$11,703.00
			Tax	\$819.21
			Non-Taxable	\$0.00
			Gross Total	\$12,522.21
Adjustments		Amount		
Total Customer Responsibility				\$0.00
			Net Estimate Total	\$12,522.21

Estimate Event Log

Job Created	11/20/2023 01:25 PM
Estimate Started	11/20/2023 01:27 PM
Estimate Printed	11/22/2023 08:53 AM
Estimate Committed	Estimate Not Committed