



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 this date, approved payment of the following cost item:

Department of Administrative Services.....\$3,133.50
On October 23, 2023, Vehicle #325 was damaged by a deer. Request is to cover repair costs.

This represents full and final payment, \$100.50 will be reverted and this allocation closed.

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 # 3515
TOS Job # 2524



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 #325 on October 23, 2023
Department of Administrative Services
Claim dated October 26, 2023
AOS Claim ID: 3631

In accordance with Executive Council policy, we have examined the invoices and supporting documentation for final payment related to the damages and have found the items to be in order as shown below:

| | | |
|--|-----------------|--------------------|
| Documented request | | <u>\$ 3,133.50</u> |
| Executive Council Allocation | | \$ 3,234.00 |
| Less: | | |
| Previous payments | \$ 0.00 | |
| This payment | <u>3,133.50</u> | |
| Total | | <u>\$ 3,133.50</u> |
| Remaining Executive Council allocation | | <u>\$ 100.50</u> |

We recommend reimbursement be made in the amount of \$3,133.50. This represents full and final payment of the loss. The remaining allocation should be reverted to the State Treasury.

Sincerely,

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



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

Date: December 28, 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: REIMBURSEMENT REQUEST - 29C20 Claim

| | |
|------------------|-------------------------------------|
| AOS Claim # | 3631 |
| Vehicle / Event | #325/Animal |
| Event Date | October 23, 2023 |
| Summary | Vehicle 325 struck a deer. (268513) |
| Amount Requested | \$3,133.50 - 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
515-414-6582

Warrants

[Menu](#)

| | Fiscal Year | Warrant Number | Line Number | Line Amount | Issued | Redeemed | Vendor Customer |
|---|-------------|----------------|-------------|-------------|------------|------------|-----------------|
| ✓ | 2024 | 86058196 | 1 | \$544.50 | 11/09/2023 | 11/15/2023 | VS000002922 |
| | 2024 | 86058196 | 2 | \$920.00 | 11/09/2023 | 11/15/2023 | VS000002922 |
| | 2024 | 86058196 | 3 | \$1,669.00 | 11/09/2023 | 11/15/2023 | VS000002922 |

First Prev Next Last

Search

▼ **Warrant Information**

Fiscal Year : 2024 **Amount :** \$3,133.50
Warrant Number : 86058196 **Vendor Customer :** VS000002922
Line Number : 1 **Last Updated :** 11/15/23

▼ **Issue Information**

Issued : 11/09/2023 **Void :**
Document ID : RISK00524312002 **Duplicate :**
Document Line Number : 1 **Stop :**
Line Amount : \$544.50
Comments :

▼ **Redeemed Information**

Redeemed : 11/15/2023 **Batch Number :** 0992
Redeemed Bank : 0022 **Sequence Number :** 00011
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 : 2920 **Task :** **Phase :**
Sub Activity : **Sub Task :** **Program Period :**
Function : **Task Order :**
Sub Function :

[Top](#)

All Makes Collision Center

Invoice

524 23rd Ave
 Council Bluffs, IA 51501
 Phone (712) 256-3195

No: 2148
 Scheduled In Date: 11/6/2023
 Completed Date: 11/7/2023
 Service Rep: Kortnie Getzschman
 Page 1
 PO No:

| | | |
|--|--|---|
| Name state of iowa | Service Item 19 Dodge Charger Police 4 DR Sedan Lic: _____ Unit# _____ VIN: 2C3CDXKT5KH755343 Color: _____ Mileage In: _____ Mileage Out: _____ Paint Code : _____ | Insurance Information Claim No: 268513 Policy No: _____ Date of Loss: _____ Deductible: 0.0000 |
| Insurance Company Ext: _____ | Insured Ext: _____ | Adjuster |

| Type | Description | Qty | Each | Amount | Sales Tax% | Sales Tax | Total |
|------------------------|-----------------|------|--------|-------------------|------------|---------------|-------------------|
| RL | Refinish Labor | 8.9 | 100.00 | 890.00 | 7.00% | 0.00 | 890.00 |
| BL | Body Labor | 10.8 | 55.00 | 594.00 | 7.00% | 0.00 | 594.00 |
| NP | NonTaxable Part | | | 1,649.50 | 0.00% | 0.00 | 1,649.50 |
| ESTIMATE TOTALS | | | | \$3,133.50 | | \$0.00 | \$3,133.50 |

| Type | Description | Qty | Each | Amount | Sales Tax% | Sales Tax | Total |
|-----------------------|-----------------|------|--------|-------------------|------------|---------------|-------------------|
| RL | Refinish Labor | 8.9 | 100.00 | 890.00 | 7.00% | 0.00 | 890.00 |
| BL | Body Labor | 10.8 | 55.00 | 594.00 | 7.00% | 0.00 | 594.00 |
| NP | NonTaxable Part | | | 1,649.50 | 0.00% | 0.00 | 1,649.50 |
| INVOICE TOTALS | | | | \$3,133.50 | | \$0.00 | \$3,133.50 |

An express mechanic's lien is hereby acknowledged on the above vehicle to secure the amount of costs incurred by in collecting amounts owed for repairs on the above vehicle. I also hereby make, constitute and appoint you and/or your employees as my true lawful attorney for me and in my name, place, and stead to ask, demand, collect, sign for and receive all such sums of money which are or shall be due owing, payable and belonging to me, or detained from me, related to the vehicle herein described. This includes full power and authority to sign my name to all checks, drafts, and/or negotiable instruments related to or arising out of work done by you and/or your employees on the above mentioned vehicle

Signature: _____ Date: _____

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OFFICE OF AUDITOR OF STATE
STATE OF IOWA

State Capitol Building
Des Moines, Iowa 50319-0004
Telephone (515) 281-5834 Facsimile (515) 281-6518

Rob Sand
Auditor of State

December 28, 2023

Victoria Newton
Executive Council
L O C A L

Subject: Deer Damage to Vehicle #325 on October 23, 2023
Department of Administrative Services
Claim dated October 26, 2023
AOS Claim ID: 3631

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 \$3,234.00, subject to an audit of actual invoices.

Sincerely,

A handwritten signature in cursive script, appearing to read "Ernest H. Ruben, Jr.".

Ernest H. Ruben, Jr., 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: October 26, 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 | #325/Deer |
| Event Date | October 23, 2023 |
| Summary | Vehicle 325 struck a deer. (268513) |
| Amount Requested | \$3,234.00 - 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
515-414-6582



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

29C20

Risk, DAS <das.risk@iowa.gov>
Draft To: Tammy Hollingsworth <Tammy.Hollingsworth@aos.iowa.gov>, TOS ExecutiveCouncil <executivecouncil@tos.iowa.gov>

Tue, Oct 24, 2023 at 2:53 PM

Please accept this email as initial 24 hr notification for AON, vehicle 325 struck a deer ate 2338 hours 10/23/223. 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 #: 2023027249

| | | | |
|--|---|--|-----------|
| Date: <small>(Month/Day/Year)</small> | 10/23/23 | Time: <small>(Time plus a.m./p.m.)</small> | 1138 p.m. |
| Vehicle Plate #: | 325 | Vehicle Mileage: | 108,116 |
| Vehicle Description: <small>(Yr/Make/Model/ & Vin#)</small> | 2019 Dodge Charger 2C3CDXKT5KH755343 | | |
| Assigned To: | Paul Hutson | Badge # | 325 |
| Driven By: | Paul Hutson | Badge # | 325 |
| Driver's Lic #: | 352AE4594 | Damage: | \$2,500 |
| Vehicle Towed: <small>(Yes / No)</small> | No | Towed By: | n/a |
| Towed To: | n/a | Towing Cost: | \$0 |
| 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) | Hwy. 127 and Morgan Ave. |
| County: | Harrison |
| Weather/Road Conditions: | Normal/Dry |
| Narrative: On 10/23/23 Trooper Hutson was traveling eastbound at Morgan Ave. when a deer struck the front passenger corner of his patrol car causing minor damage. | |
| Property Damage other than Vehicles: | None |
| Cost: | \$0 |
| Citations Issued To: (List Charge(s) and Statute Code(s)) | None |

| | |
|------------------------|------------------|
| Investigating Officer: | Lt. Borelli #338 |
|------------------------|------------------|

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) | | | |

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Law Enforcement Case Number:

2023027249

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

| | | | | | | | | | | | | | | | | | |
|--------------------------------|---|--------------------------------|--------------------------------------|---------------------------|---|---|--|---|-----------------------------|---|---------------------|-------------------|----------|---------------|-------------------|---------------------|-----------------------|
| Date of Accident 10/23/2023 | | Time of Accident 23:38 Hrs. | | County HARRISON - 43 | | Accident occurred within corporate limits of (city) | | | | | | | | | | | |
| UNIT 1 | Driver's Name - Last HUTSON | | | | | First PAUL | | | Middle | | | | | | | | |
| | Address 3710 HIGHWAY EAST | | | | | City DENISON | | | State IA | Zip 51442 | | | | | | | |
| | Date of Birth 03/22/1995 | | Driver's License Number 352AE4594 | | CDL | Citation Charge 1 | | | Citation Charge 2 | | | | | | | | |
| | Male <input checked="" type="radio"/> | Female <input type="radio"/> | State IA | Class C | Endorsements | Restrictions | Yes <input type="radio"/> No <input checked="" type="radio"/> | Citation Charge 3 | | | Citation Charge 4 | | | | | | |
| | 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 ESE 13TH. ST. | | | | | City DES MOINES | | | State IA | Zip 50319 | | | | | | | |
| | License Plate No. 325 | State IA | Year 2024 | VIN: 2C3CDXKT5KH755343 | | Color GRY | Year 2019 | Make DODG | Model CHARGER | Style 4 DR | | | | | | | |
| | Trailer Plate No. | State | Year | VIN: | | Tow 1 | Tow # | Towed To | | Approx. Cost to Repair or Replace \$2,500.00 | | | | | | | |
| | Insurance Company Name STATE OF IOWA | | | | | Insurance Co. Phone Number | | Insurance Policy Number SELF INSURED | | | | | | | | | |
| 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. 01 | | | | | | | | |
| 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 | | Override/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: (712) 263-4621 | | Sex | Seating Position | Injury Status | Occupant Protection | Airbag Deployment | Ejection | Ejection Path | Trapped/extracted | Source of Transport | Died at scene/enroute |
| | 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

Law Enforcement Case Number:

2023027249

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

| | | | | | | | |
|--|---|--------------------------------|-------------------------|---|---|--|--|
| L O C A T I O N | Date of Accident 10/23/2023 | Time of Accident 23:38 Hrs. | County HARRISON - 43 | Accident occurred within corporate limits of (city) | Legal Intervention? <input type="checkbox"/> | Private Property? <input type="checkbox"/> | |
| | Literal Description HWY. 127 AND MORGAN AVE. | | | | County: 43 | Route: | |
| | If accident occurred outside of city limits show general vicinity | | | | X Coordinate: 263437.343 | | |
| | On Road, Street or Highway: | | | | Y Coordinate: 4619184 | | |
| | At Intersection with: | | | | If Divided Highway, Provide Route (Cardinal) Travel Direction | | |

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

| | | | | | | | | | | | | | | | | | | |
|-----------------------------------|--|------------------------------|-----------------------------|----------|----------|------|-----------------|-----|--------------------|---------------|-------------------|----------------------------|-------------------------|-----------|------------------|----------------------------|---------------------|-----------------------|
| First Harmful Event (Crash) 31 | WORKZONE RELATED? <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | 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 |
|-----------------------------------|--|------------------------------|-----------------------------|----------|----------|------|-----------------|-----|--------------------|---------------|-------------------|----------------------------|-------------------------|-----------|------------------|----------------------------|---------------------|-----------------------|

| | | | | | | | | | | | | | | | | | | | | |
|--|-----------------|--------------|--------------------|--|---------------|--|-----------------|--|--------|--|---------|--|-----|--|----|--|--|--|--|--|
| 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: | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |

| | | | |
|--|---|---|--------------------|
| 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 |
| | 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="checkbox"/> N <input checked="" type="checkbox"/> | Type of Primary Incident | Roadway Clearance Date 10/23/2023 | Incident Clearance Date 10/23/2023 |
| Signature of Officer LIEUTENANT R BORELLI | Badge Number 338 | Time Officer Notified of Accident 23:45 Hrs. | Roadway Clearance Time 23:40 Hrs. |
| Name of Agency IOWA STATE PATROL - DIST 04 | Date of Report 10/24/2023 | Time Officer Arrived At Scene 23:45 Hrs. | Total Roadway Clearance Time 000:02 |
| Report Reviewed By | Date of Review | 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

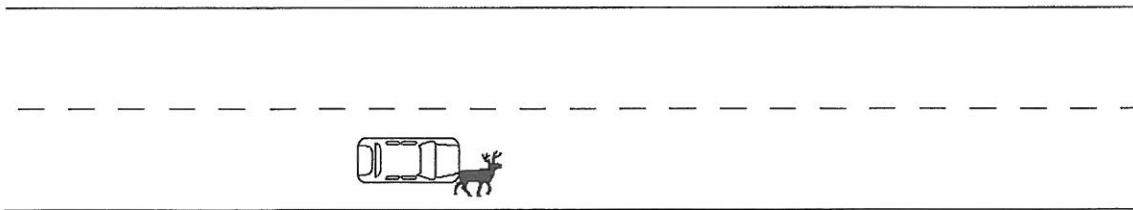
Form 4433003 (11-13)

Law Enforcement Case Number:

2023027249

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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E

Unit #1 was traveling eastbound on Hwy. 127 at Morgan Ave. when a deer struck the front passenger corner of his patrol car causing minor damage



MEMORANDUM

TO: Sgt. Brent Meadows 68
FROM: Trooper Paul Hutson 325
DATE: 14:28
SUBJECT: Patrol Car vs. Deer

On this date at 2338 I hit a small doe near Highway 127 and Morgan Avenue while traveling eastbound back to Logan. The deer hit my passenger side causing minor damage to my patrol car. I notified dispatch that the accident had occurred, and located the deer which had been killed by the impact of my car. I notified Sgt. Meadows and took pictures of the damage to my patrol car. I'm able to operate my patrol car with no problems, and will contact All Makes Collision Center tomorrow for an estimate. The case number assigned for this incident is 2023027249, and the miles on my patrol vehicle at the time were 108,116.

Respectfully,

Trooper Paul Hutson 325

All Makes Collision Center
524 23rd Ave Council Bluffs, IA 51501
Phone: (712) 256-3195

*** PRELIMINARY ESTIMATE ***

10/24/2023 03:38 PM

Owner

Owner: state of iowa

Control Information

File # : 325 10/24

Accounting # :

Inspection

Inspection Date: 10/24/2023 03:39 PM

Inspection Type:

Appraiser Name: Kortnie Getzschman

Appraiser License # :

Repairer

Repairer: ALL MAKES COLLISION
Address: 524 23rd ave

Contact: KARL GETZSCHMAN
Work/Day: (712)256-3195
Cell: (712)355-0860
Work/Day:

City State Zip: COUNCIL BLUFFS, IA 51501
Email: KARL.AAAUTO@LIVE.COM

Target Complete Date/Time:

Days To Repair: 7

Vehicle

2019 Dodge Charger Police 4 DR Sedan
8cyl Gasoline 5.7 HEMI
5 Speed Automatic

Lic Expire:
Veh Insp# :
Condition:
Ext. Refinish: Two-Stage

VIN: 2C3CDXKT5KH755343
Mileage Type: Actual
Code: N3093F
Int. Refinish: Two-Stage

Options

1st Row LCD Monitor(s)
AM/FM Stereo
Auto Load Leveling
Bucket Seats
Courtesy/Warning Lights
Dual Airbags
Elect. Stability Control
Halogen Headlights
Heavy Duty Suspension
Keyless Access System
LED Brakelights
MP3 Decoder
Power Drivers Seat
Pwr Accessory Outlet(s)

2nd Row Head Airbags
Anti-Lock Brakes
Auxiliary Audio Input
Center Console
Cruise Control
Dual Exhaust System
Electro-Hyd Steering
Head Airbags
Illuminated Visor Mirror
Keyless Entry System
LED Daytime Running Lts
Overhead Console
Power Mirrors
Rear Bench Seat

4-Wheel Drive
Auto Headlamp Control
Black Grille
Color-Keyed Bumper(s)
Driver Information Sys
Dual Zone Auto A/C
Full Size Spare Tire
Heated W/S Wiper Washers
Intermittent Wipers
Keyless Ignition System
Leather Steering Wheel
Power Brakes
Power Windows
Rear View Camera

| | | |
|--------------------------|--------------------------|------------------------|
| Rear Window Defroster | Rem Trunk-L/Gate Release | Reverse Sensing System |
| Roll Over Prot. System | Side Airbags | Steel Wheels |
| Strg Wheel Radio Control | Temperature Gauge(s) | Theft Deterrent System |
| Tilt & Telescopic Steer | Tinted Glass | Tire Pressure Monitor |
| Touch Screen Display | Traction Control System | Trip Computer |
| USB Audio Input(s) | Velour/Cloth Seats | Wireless Phone Connect |

Damages

| Line | Op | Guide | MC | Description | MFR.Part No. | Price | ADJ% B% | Hours | R |
|----------------------------------|----|-------|----|--------------------------|---------------------|------------|---------|-------|----|
| Front Bumper | | | | | | | | | |
| 1 | I | 47 | | Cover,Front End | Repair | | | 3.0* | SM |
| 2 | L | 47 | 13 | Cover,Front End | Refinish | | | 5.5 | RF |
| | | | | | 4.1 Surface | | | | |
| | | | | | 0.6 Two-stage setup | | | | |
| | | | | | 0.8 Two-stage | | | | |
| Front End Panel And Lamps | | | | | | | | | |
| 3 | E | 50 | | Headlamp Assy,Halogen RT | 68541682AA | \$1,055.00 | | 1.7 | SM |
| 4 | N | 973 | | Headlamps Aim | Additional Labor | | | 0.4 | SM |
| Radiator Support | | | | | | | | | |
| 5 | E | 96 | | Crsmbr,Rad Panel Up | 68200478AC | \$379.00 | | 2.6 | SM |
| 6 | L | 96 | | Crsmbr,Rad Panel Up | Refinish | | | 1.4 | RF |
| | | | | | 1.2 Surface | | | | |
| | | | | | 0.2 Two-stage | | | | |
| 7 | E | 586 | | Cover,Rad Supt Panel | 68226530AF | \$216.00 | | 0.1 | SM |
| Front Body And Windshield | | | | | | | | | |
| 8 | I | 104 | | Fender,Front RT | Repair | | | 3.0* | SM |
| 9 | L | 104 | | Fender,Front RT | Refinish | | | 3.0 | RF |
| | | | | | 2.5 Surface | | | | |
| | | | | | 0.5 Two-stage | | | | |

9 Items

| MC | Message |
|----|--|
| 13 | INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE |

Estimate Total & Entries

| | | |
|------------------------|------------|------------|
| OEM Parts | \$1,650.00 | |
| Parts & Material Total | | \$1,650.00 |

| Labor | Rate | Replace Hrs | Repair Hrs | Total Hrs | |
|------------------|----------|-------------|------------|-----------|----------|
| Sheet Metal (SM) | \$55.00 | 4.4 | 6.4 | 10.8 | \$594.00 |
| Mech/Elec (ME) | \$55.00 | | | | |
| Frame (FR) | \$50.00 | | | | |
| Refinish (RF) | \$100.00 | 9.9 | | 9.9 | \$990.00 |

| | | |
|-------------|------------|------------|
| Labor Total | 20.7 Hours | \$1,584.00 |
| Gross Total | | \$3,234.00 |
| Net Total | | \$3,234.00 |

Alternate Parts Y/03/00/00/03/03 Cumulative 03/00/00/03/03 Zip Code: 51501 Default
Rate Name Default

Audatex Estimating 8.2.054 ES 10/24/2023 03:41 PM REL 8.2.054 DT 09/01/2023

State Disclosure: Not Selected

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2.1 HRS WERE ADDED TO THIS ESTIMATE BASED ON AUDATEX'S TWO-STAGE REFINISH FORMULA.

Op Codes

| | | |
|----------------------------|---|--------------------------------|
| * = User-Entered Value | ^ = Labor Matches System Assigned Rates | E = Replace OEM |
| NG = Replace NAGS | EC = Replace Economy | OE = Replace PXN OE Srpls |
| UE = Replace OE Surplus | ET = Partial Replace Labor | EP = Replace PXN |
| EU = Replace Recycled | TE = Partial Replace Price | PM = Replace PXN Reman/Reblt |
| UM = Replace Reman/Rebuilt | L = Refinish | PC = Replace PXN Reconditioned |
| UC = Replace Reconditioned | TT = Two-Tone | SB = Sublet Repair |
| N = Additional Labor | BR = Blend Refinish | I = Repair |
| IT = Partial Repair | CG = Chipguard | RI = R & I Assembly |
| P = Check | AA = Appearance Allowance | RP = Related Prior Damage |



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