



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

June 27, 2025

Kristi Onstot
Executive Council
L O C A L

Subject: Deer Damage to Vehicle #395 on April 23, 2025
Department of Administrative Services
Claim dated April 25, 2025
AOS Claim ID: 4049

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 \$2,593.00, 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



Department of
Administrative Services

KIM REYNOLDS, GOVERNOR
CHRIS COURNOYER, LT. GOVERNOR

ADAM STEEN, DIRECTOR

#4049

Date: April 25, 2025

To: Tammy Hollingsworth, Auditor of State
Victoria Newton, Treasurer of State
Executive Council

Re: ALLOCATION REQUEST - 29C20 Claim for Executive Council Consideration

Vehicle / Event	#395 / Deer
Event Date	April 23, 2025
Summary	Vehicle 395 - struck a deer (Claim # 305461)
Amount Requested	\$2,593.00 - 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,

Ryan Betts
DAS Fleet Risk Manager
ryan.betts1@iowa.gov
515-281-8008



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

Fwd: 395 car deer damage

1 message

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

Wed, Apr 23, 2025 at 9:00 AM

To: Tammy Hollingsworth <Tammy.Hollingsworth@aos.iowa.gov>, TOS ExecutiveCouncil <executivecouncil@tos.iowa.gov>

Please accept this email as initial 24 hr notification for AON, vehicle 395 struck a deer on 4/23/2025. I will forward all information as soon as it is received.

DAS Risk

Central Procurement and Fleet Services Enterprise

Iowa Department of Administrative Services

510 E 12th St, Des Moines, IA 50319

515-281-3162 office

das.risk@iowa.gov<https://das.iowa.gov>

#4049



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.

----- Forwarded message -----

From: **Major Wade** <major@dps.state.ia.us>

Date: Wed, Apr 23, 2025 at 3:45 AM

Subject: 395 car deer damage

To: DAS.Risk@iowa.gov <DAS.Risk@iowa.gov>, vehicledamage <vehicledamage@dps.state.ia.us>Cc: post2sup <post2sup@dps.state.ia.us>

All,

On 4/23/2025 at approximately 12:28 a.m. Trooper Clark #395 was responding to a collision.

While traveling East on Highway 92, East of Ackworth in Warren County, a deer entered roadway and struck right front quarter panel of Trooper Clark's issued patrol vehicle.

Attached are photos and MARS report. Vehicle Damage Report will be sent once estimate is completed.

Respectfully,

Lieutenant Wade Major ★49★

Iowa State Patrol | District 2

Iowa Department of Public Safety

1619 Truro Pavement

Osceola, IA 50213

Office: 641-342-2108

major@dps.state.ia.us

<https://dps.iowa.gov/>

<https://dpscareers.com/>



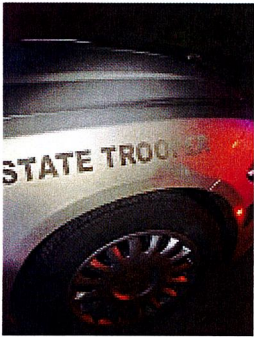
6 attachments



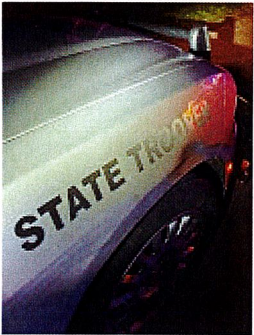
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2526K



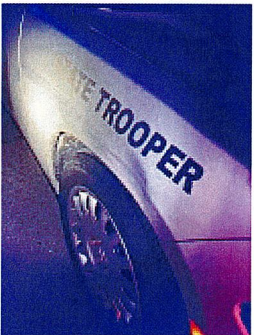
IMG_002.JPG
2007K



IMG_003.JPG
3154K



IMG_004.JPG
2579K



IMG_005.JPG
2160K



395 MARS CAR DEER 4-23-25.pdf
260K

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 #: 2025009989

Date: (Month/Day/Year)	4/23/2025	Time: (Time plus a.m./p.m.)	12:28 A.M.
Vehicle Plate #:	395	Vehicle Mileage:	121305
Vehicle Description: (Yr/Make/Model/ & Vin#)	2020 DODGE CHARGER VIN# 2C3CDXKT2LH130450		
Assigned To:	Trp. Clark	Badge #	395
Driven By:	Trp. Clark	Badge #	395
Driver's Lic #:	823ZZ3191	Damage:	\$2593.00
Vehicle Towed: (Yes / No)	No	Towed By:	
Towed To:		Towing Cost:	\$
Seat Belt: (Yes / No)	Yes	Type of Vehicle: (Marked/Semi /Unmarked)	Marked
Injured/Injuries:			
Occupants: (Other than driver)			

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 92 and 180 th . Ave		
County:	Warren		
Weather/Road Conditions:	Dry/Normal		
Property Damage other than Vehicles:	None		
Cost:	\$		
Citations Issued To: (List Charge(s) and Statute Code(s))			

Investigating Officer:	
------------------------	--

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		

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Form Number:

2025009989

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

Date of Accident 04/23/2025		Time of Accident 00:28 Hrs.		County WARREN - 91		Accident occurred within corporate limits of (city)											
UNIT 1	Driver's Name - Last CLARK					First THOMAS					Middle OWEN						
	Address 1619 TRURO PAVEMENT					City OSCEOLA					State IA		Zip 50213				
	Date of Birth 07/23/1972		Driver's License Number 823ZZ3191			CDL Yes No <input type="radio"/> <input checked="" type="radio"/>		Citation Charge 1			Citation Charge 2						
	Male <input checked="" type="radio"/>	Female <input type="radio"/>	State IA	Class C	Endorsements	Restrictions	Citation Charge 3			Citation Charge 4							
	Alcohol Test Given: 1		Test Results:		Drug Test Given: 1	Test Result:		Re-exam: Yes No <input type="radio"/> <input checked="" type="radio"/>	Reason for Re-Exam Request:								
	Owner's Name - Last STATE OF IOWA					First					Middle						
	Address 215 E 7TH. STREET					City DES MOINES					State IA		Zip 50319				
	License Plate No. 395		State IA	Year 2025	VIN: 2C3CDXKT2LH130450			Color GRY		Year 2020	Make DODG	Model CHARGER		Style PURSUIT			
	Trailer Plate No.		State	Year	VIN:			Tow 1	Tow #		Towed To		Approx. Cost to Repair or Replace \$1,501.00				
	Insurance Company Name STATE OF IOWA					Insurance Co. Phone Number (515) 281-5512			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. 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 31		Second Event		Third Event		Fourth Event	Most Harmful Event 31		
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										
PERSONS INVOLVED	DRIVER OF UNIT 1				Phone Number:				Transported to:				Transported by:				
					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

Form Number:

2025009989

L O C A T I O N	Date of Accident 04/23/2025	Time of Accident 00:28 Hrs.	County WARREN - 91	Accident occurred within corporate limits of (city)		Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>
	Literal Description EB IA 92 & 180TH. E OF ACKWORTH					County: 91	Route:
	If accident occurred outside of city limits show general vicinity <div style="display: flex; justify-content: space-around;"> NNEESESSWWNW </div> <div style="display: flex; justify-content: space-around;"> <input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/> </div> of nearest city					X Coordinate: 461308.937	
	On Road, Street or Highway:			At Intersection with:		Y Coordinate: 4579742	
	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	
<div style="display: flex; justify-content: space-around;"> NNEESESSWWNW </div> <div style="display: flex; justify-content: space-around;"> <input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/> </div> and <div style="display: flex; justify-content: space-around;"> NNEESESSWWNW </div> <div style="display: flex; justify-content: space-around;"> <input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/> </div>					<div style="display: flex; justify-content: space-around;"> NBSBEBWB </div> <div style="display: flex; justify-content: space-around;"> <input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/> </div>		
Milepost Number		Definable intersection, bridge, or railroad crossing					
ACCIDENT ENVIRONMENT				ROADWAY CHARACTERISTICS			
Location of First Harmful Event		Weather Conditions (up to two)		Major Contributing Circumstances Environment 06			
Manner of Crash/Collision 01				Roadway			
Light Conditions		Surface Conditions		Type of Roadway Junction/Feature			
				FRA No.			
First Harmful Event (Crash)	WORKZONE RELATED?	Yes <input type="radio"/> No <input type="radio"/>	Activity	Location	Type	Workers Present	
31							
N O N M O T O R I S T S	Name 001			Phone Number		DOB:	
	Address:			Alcohol Test Given		Test Results:	
	Transported to:			Drug Test Given		Result	
	Name			Phone Number		DOB:	
	Address:			Alcohol Test Given		Test Results:	
Transported to:			Drug Test Given		Result		
N P O R N O V P E E H R I T 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			
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 04/23/2025		Incident Clearance Date 04/23/2025
Signature of Officer LIEUTENANT W MAJOR		Badge Number 049	Time Officer Notified of Accident 00:28 Hrs.		Roadway Clearance Time 00:29 Hrs.		Incident Clearance Time 00:29 Hrs.
Name of Agency IOWA STATE PATROL - DIST 02		Date of Report 04/23/2025	Time Officer Arrived At Scene 00:28 Hrs.		Total Roadway Clearance Time 000:01		Total Incident Clearance Time 000:01
Report Reviewed By		Date of Review	Investigation made at scene? Y <input checked="" type="radio"/> N <input type="radio"/>		T.I. No.		Other Technical Investigating Agency

INVESTIGATING OFFICER'S REPORT
OF MOTOR VEHICLE ACCIDENT

Sheet 3 of 3

Form 4433003 (11-13)

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

Form Number: 2025009989

<p>D I A G R A M</p>	<p>Hwy 92 E of 180th. Ave</p>
<p>N A R R A T I V E</p>	<p>Unit 1, fully marked patrol vehicle, was traveling East on Highway 92 East of Ackworth. It was at that time a deer entered roadway and struck right front quarter panel of Unit 1. Unit 1 sustained minor damage to front right side of Unit 1.</p>

F & M BODY SHOP INC

fandmbodyshop@yahoo.com
901 S DIVISION ST, CRESTON, IA 50801
Phone: (641) 782-5115

Workfile ID: 7e115abb
Federal ID: 42-1489289

Preliminary Estimate**Customer: Iowa State Patrol (Tom), .**

Written By: Jeff Wynn

Insured: Iowa State Patrol (Tom), . Policy #: Claim #:
Type of Loss: Date of Loss: Days to Repair: 0
Point of Impact:

Owner:	Inspection Location:	Insurance Company:
Iowa State Patrol (Tom), . (515) 681-1395 Cell	F & M BODY SHOP INC 901 S DIVISION ST CRESTON, IA 50801 Repair Facility (641) 782-5115 Business	

VEHICLE

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

VIN: 2C3CDXKT2LH130450	Interior Color:	Mileage In:	Vehicle Out:
License:	Exterior Color:	Mileage Out:	
State: IA	Production Date:	Condition:	Job #:

TRANSMISSION

Automatic Transmission
4 Wheel Drive

POWER

Power Steering
Power Brakes
Power Windows
Power Locks
Power Mirrors
Power Driver Seat

DECOR

Dual Mirrors
Tinted Glass
Overhead Console

CONVENIENCE

Air Conditioning
Intermittent Wipers
Tilt Wheel
Cruise Control
Rear Defogger
Keyless Entry
Message Center
Steering Wheel Touch Controls

Telescopic Wheel
Climate Control
Backup Camera
Parking Sensors

RADIO

AM Radio
FM Radio
Stereo
Search/Seek
Auxiliary Audio Connection

SAFETY

Drivers Side Air Bag
Passenger Air Bag
Anti-Lock Brakes (4)
4 Wheel Disc Brakes
Front Side Impact Air Bags
Head/Curtain Air Bags
Hands Free Device

SEATS

Cloth Seats
Bucket Seats
Reclining/Lounge Seats

WHEELS

Styled Steel Wheels

PAINT

Clear Coat Paint

OTHER

Traction Control
Stability Control
California Emissions

Preliminary Estimate

Customer: Iowa State Patrol (Tom), .

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

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1	FENDER						
2	*	Rpr RT Fender w/o wide body				6.0	2.0
3		Add for Clear Coat					0.8
4	FRONT DOOR						
5	*	Blnd RT Door shell (HSS)					1.1
6	*	R&I RT Power mirror				0.5	
7		R&I RT Handle, outside black				0.4	
8		R&I RT R&I trim panel				0.5	
9		R&I RT Belt w'strip				0.3	
10	REAR DOOR						
11	*	Rpr RT Door shell w/o wide body (HSS)				10.0	2.0
12		Overlap Major Non-Adj. Panel					-0.2
13		Add for Clear Coat					0.4
14		R&I RT Belt w'strip				0.3	
15		R&I RT Handle, outside black				0.4	
16		R&I RT R&I trim panel				0.5	
17	QUARTER PANEL						
18	*	Blnd RT Quarter panel w/o wide body					1.3
19	REAR LAMPS						
20	**	Repl A/M CAPA RT Side marker lamp	68214126AA	1	37.00	0.2	
21		R&I RT Tail lamp assy				0.3	
22	REAR BUMPER						
23	*	R&I <u>R&I bumper cover(drop r side for refi)</u>				0.5	
24	#	Repl Pre-Repair Scan		1		0.5 M	
25	#	Rpr Remove decals for refinish				0.6	
26	#	Repl Post-Repair Scan		1		0.5 M	
27	#	Subl Hazardous waste removal		1	5.00 T		
28	#	Repl Cover Car		1	5.00 T	0.2	
29	#	Color tint / color match		1		0.5	
30	#	Repl Corrosion protection		1	5.00 T	0.2	
31	#	Rpr Feather edge prime and block				1.0	
SUBTOTALS					52.00	23.4	7.4

Preliminary Estimate

Customer: Iowa State Patrol (Tom), .

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

ESTIMATE TOTALS

Category	Basis			Rate	Cost \$
Parts					37.00
Body Labor	22.4 hrs	@		\$ 70.00 /hr	1,568.00
Paint Labor	7.4 hrs	@		\$ 70.00 /hr	518.00
Mechanical Labor	1.0 hrs	@		\$ 85.00 /hr	85.00
Paint Supplies	7.4 hrs	@		\$ 50.00 /hr	370.00
Miscellaneous					15.00
Subtotal					2,593.00
Grand Total					2,593.00
Deductible					0.00
CUSTOMER PAY					0.00
INSURANCE PAY					2,593.00

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

Customer: Iowa State Patrol (Tom), .

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

Estimate based on MOTOR CRASH ESTIMATING GUIDE and potentially other third party sources of data. Unless otherwise noted, (a) all items are derived from the Guide DR3PB11, CCC Data Date 04/16/2025, and potentially other third party sources of data; and (b) the parts presented are OEM-parts. OEM parts are manufactured by or for the vehicle's Original Equipment Manufacturer (OEM) according to OEM's specifications for U.S. distribution. OEM parts are available at OE/Vehicle dealerships or the specified supplier. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships with discounted pricing. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor data provided by third party sources of data may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. The symbol (<>) indicates the refinishing operation WILL NOT be performed as a separate procedure from the other panels in the estimate. Non-Original Equipment Manufacturer aftermarket parts are described as Non OEM, A/M or NAGS. Used parts are described as LKQ, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries.

Some 2024 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The CCC ONE estimator has a list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

The following is a list of additional abbreviations or symbols that may be used to describe work to be done or parts to be repaired or replaced:

SYMBOLS FOLLOWING PART PRICE:

m=MOTOR Mechanical component. s=MOTOR Structural component. T=Miscellaneous Taxed charge category. X=Miscellaneous Non-Taxed charge category.

SYMBOLS FOLLOWING LABOR:

D=Diagnostic labor category. E=Electrical labor category. F=Frame labor category. G=Glass labor category. M=Mechanical labor category. S=Structural labor category. (numbers) 1 through 4=User Defined Labor Categories.

OTHER SYMBOLS AND ABBREVIATIONS:

Adj.=Adjacent. Algn.=Align. ALU=Aluminum. A/M=Aftermarket part. Blnd=Blend. BOR=Boron steel. CAPA=Certified Automotive Parts Association. CFC=Carbon Fiber. D&R=Disconnect and Reconnect. HSS=High Strength Steel. HYD=Hydroformed Steel. Incl.=Included. LKQ=Like Kind and Quality. LT=Left. MAG=Magnesium. Non-Adj.=Non Adjacent. NSF=NSF International Certified Part. O/H=Overhaul. Qty=Quantity. Refn=Refinish. Repl=Replace. R&I=Remove and Install. R&R=Remove and Replace. Rpr=Repair. RT=Right. SAS=Sandwiched Steel. Sect=Section. STS=Stainless Steel. Subl=Sublet. UHS=Ultra High Strength Steel. N=Note(s) associated with the estimate line.

CCC ONE Estimating - A product of CCC Intelligent Solutions Inc.

The following is a list of abbreviations that may be used in CCC ONE Estimating that are not part of the MOTOR CRASH ESTIMATING GUIDE:

BAR=Bureau of Automotive Repair. EPA=Environmental Protection Agency. NHTSA= National Highway Transportation and Safety Administration. PDR=Paintless Dent Repair. VIN=Vehicle Identification Number.

Preliminary Estimate

Customer: Iowa State Patrol (Tom), .

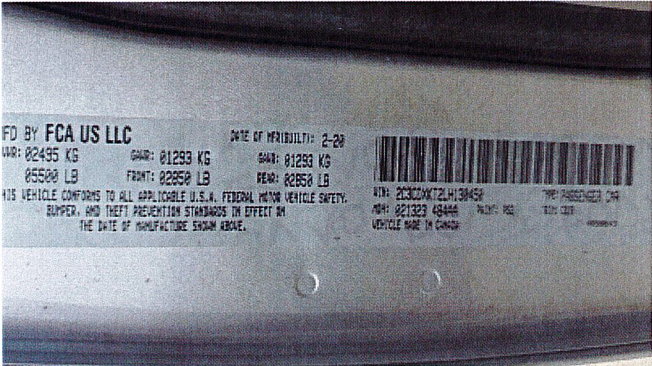
2020 DODG Charger Police AWD (Fleet) 4D SED 8-5.7L Gasoline Sequential MPI

PARTS SUPPLIER LIST

Line	Supplier	Description	Price
20	Keystone, Inc	#CH2861110C	\$ 37.00
	810 SE CORPORATE WOODS DR, SUITE 120	A/M CAPA RT Side marker lamp	
	ANKENY IA 50021	Quote: 2952708788	
	(515) 727-7857	Expires: 06/08/25	

Image Report

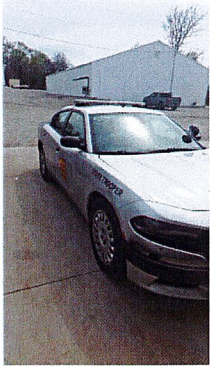
Owner:	Iowa State Patrol	Insurance:	Estimator:	Jeff Wynn	Vehicle Out:	
RO Number:		Claim Number:				
Year:	2020	Color:	License Plate:		Production Date:	
Make:	DODG	Body Style:	4D SED	State:	IA	Mileage In:
Model:	Charger Police AW...	Engine:	8-5.7L Gasoline S...	VIN:	2C3CDXKT2LH130450	Condition:



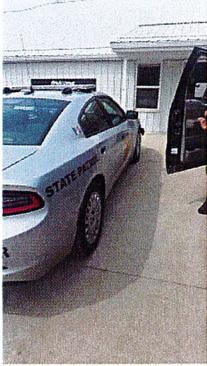
4/24/2025
Comments:



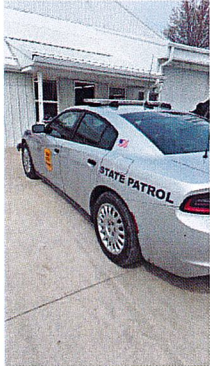
4/24/2025
Comments:



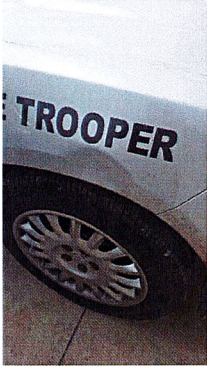
4/24/2025
Comments:



4/24/2025
Comments:



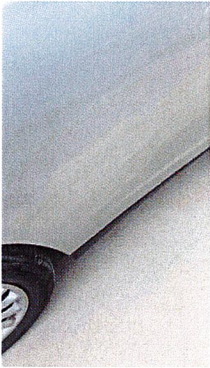
4/24/2025
Comments:



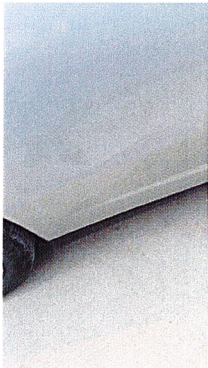
4/24/2025
Comments:

Image Report

Owner:	Iowa State Patrol	Insurance:	Estimator:	Jeff Wynn	Vehicle Out:	
RO Number:		Claim Number:				
Year:	2020	Color:	License Plate:		Production Date:	
Make:	DODG	Body Style:	4D SED	State:	IA	Mileage In:
Model:	Charger Police AW...	Engine:	8-5.7L Gasoline S...	VIN:	2C3CDXKT2LH130450	Condition:



4/24/2025
Comments:



4/24/2025
Comments:



4/24/2025
Comments: