



**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: Raccoon Damage to Vehicle #105126 on April 14, 2025  
Department of Administrative Services  
Claim dated April 21, 2025  
AOS Claim ID: 4032

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 \$4,651.96, 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 COUNOYER, LT. GOVERNOR

ADAM STEEN, DIRECTOR

Date: April 21, 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	#105126 / Racoon
Event Date	April 14, 2025
Summary	Vehicle 105126 - struck a racoon (Claim # 304680)
Amount Requested	\$1,581.50 - Estimate for body work \$3,070.46 - Estimate for mechanical work (discovered after vehicle broke down a few days after hitting racoon) <b>TOTAL = \$4,651.96</b>
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 &lt;das.risk@iowa.gov&gt;

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**AON - Vehicle 105126 - 4/14/2025 - Racoon**

1 message

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

Tue, Apr 15, 2025 at 11:22 AM

To: Tammy Hollingsworth &lt;Tammy.Hollingsworth@aos.iowa.gov&gt;, TOS ExecutiveCouncil &lt;executivecouncil@tos.iowa.gov&gt;

Please accept this email as initial 24 hr notification for AON, vehicle 105126 struck a racoon on 4/14/2025. I will forward all information as soon as it is received.

*Note that this notification came to me via a walk-in to the office, no phone call or email provided as of yet.*

**DAS Risk**

Central Procurement and Fleet Services Enterprise

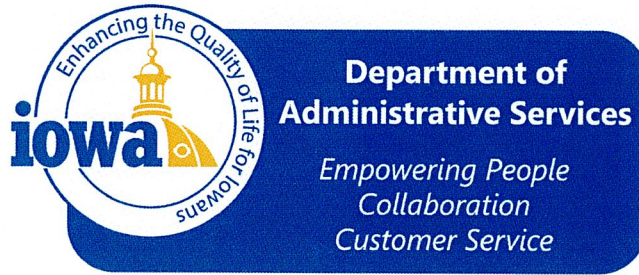
Iowa Department of Administrative Services

510 E 12<sup>th</sup> St, Des Moines, IA 50319

515-281-3162 office

[das.risk@iowa.gov](mailto:das.risk@iowa.gov)<https://das.iowa.gov>**Department of  
Administrative Services**

**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.**



Department of Administrative Services  
DAS Fleet Services- Risk Management  
109 SE 13th St  
Des Moines, IA 50319

## Vehicle Accident Report Form

- Render aid or assistance to the injured ([per Iowa Code 321.262](#)).
- The State of Iowa is self-insured. Refer to the insurance card and accident report procedures online or in your glove box packet. If the accident involves another party, exchange information with the driver or property owner. Do not admit fault or attempt to settle your claim.
- Call local law enforcement, if a fatality, injury or property damage has occurred, and obtain a police report. On the Capitol complex, call Iowa State Patrol, Post 16 at 515-281-5608.
- Within the first 24 hours, report accident or damage to DAS Fleet Services (515-281-3162 or [DAS.Risk@iowa.gov](mailto:DAS.Risk@iowa.gov)), your agency fleet contact, and supervisor. Damage caused by an act of nature or unavoidable cause MUST be reported to DAS Fleet Services within 24 hours of the incident to qualify for contingent fund use ([per Iowa Code 29C.20](#)).
- For an estimate, locate the nearest contracted auto body repair shop in the Contracted Service Providers map. A contracted auto body shop within 30 miles should be used if available.
- If towing is necessary, contact DAS Fleet Services (515-281-3162) for assistance. After hours, call National Automobile Club (NAC) FleetRescue\* (866-329-3471) or local law enforcement.
- Within 72 hours, print and submit a completed Accident Report Form, including a cost estimate from the auto body shop to [DAS.Risk@iowa.gov](mailto:DAS.Risk@iowa.gov).
- Any accident in the State of Iowa that causes death, personal injury, or total property damage of \$1,500 or more must be reported on an Iowa Accident Report Form UNLESS the accident is investigated by a law enforcement agency and a report is filed. Failure to return an accident report form within 72 hours may result in suspension of driving privileges.



## Vehicle Accident Report

### Time and location of accident

Accident Date (Mo/Day/Year)	Time	No. of Vehicles
04/14/2025	10:20PM	105126
County	State	
POLK	IOWA	

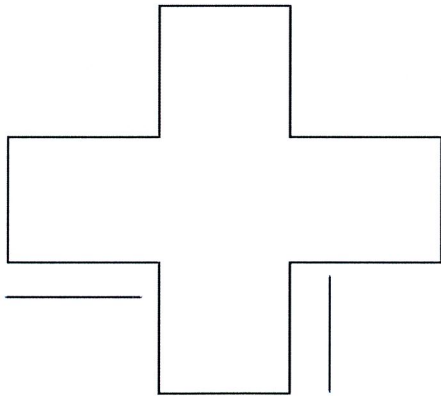
### Vehicle 1 (State vehicle)

Driver's Name		Work Street Address	
GHOLAM FAROQ SIDDIQI		6117 FOREST AVE	
Driver's License No./State		City, State, Zip	
216BB4173		DES MOINES, IA 50311	
Date of Birth	Department	Work Phone	Home Phone
01/01/1965	IOWA, DHHS	515-425-1770	515-664-1839
License Plate No.	VIN	Year, Make, Model	
105126	2C4RC1BG1RR114798	2024 CHRYSLER PACIFICA	
Estimate (\$) of Damage		Description of Damage	
NOT KNOWN		NOT KNOWN	

### Vehicle 2 (other vehicle) if more than two vehicles-use additional forms

Driver's Name		Street Address	
Driver's License No./State		City, State, Zip	
Date of Birth	Work Phone	Home Phone	License Plate No.
Description of Damage			

Property Damage other than vehicle (fence, utility pole, etc)	
Owner's Name, Address and Phone	Description of Property Damaged
Injured Persons (attach additional sheets if necessary)	
Vehicle No. 1/ Name and Address	Describe Injuries
Vehicle No. 2/ Name and Address	Describe Injuries
Witness	
Name	Address/Phone
Name	Address/Phone

Accident Diagram	
<p><b>Complete diagram below, include a description of what happened.</b>            Use the outline below to sketch the scene of your accident,            writing in street or highway names or numbers.            Use number 1 to indicate the State vehicle.</p>	
	<p>VEHICLE WAS TRAVELING FROM EAST TO WEST ON I-235 AND HIT A RACOON. DAMAGE TO THE FROM BUMPER.</p>



## Accident Information Exchange Sheet

### Other Vehicle information

Driver's Name	N/A
Street Address	I-235
Driver Phone	N/A
Driver's License No./State	N/A
Vehicle Plate No.	N/A
Vehicle year, make, model	N/A
VIN	N/A
Insurance Company Name	N/A
Policy No.	N/A
Agent name	N/A
Agent phone	N/A
Owner's Name/Address (if different)	N/A

Submit this information along with the accident report to DAS Fleet Service within 72 hours of the accident.

Complete the next section, tear at the dotted line and give to the other party involved.

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### State Vehicle Insurance Information

Driver's Name	GHOLAM FAROQ SIDDIQI
Driver's License No./State	216BB4173, IOWA
Vehicle Plate No.	105126
Vehicle year, make, model	2024, CHRYSLAR PACIFICA
VIN	2C4RC1BG1RR114798

The State of Iowa is self-insured.  
If you have any questions regarding an accident, please contact  
DAS Fleet Services at 515-281-3162 of [DAS.Risk@iowa.gov](mailto:DAS.Risk@iowa.gov)

## Ankeny

Your Dealer for Life  
1101 Southeast Oralabor Road, Ankeny, IA 50021  
Phone: (515) 299-4337  
FAX: (515) 964-2293

### Estimate

#### RO Number:

Customer:	Insurance:	Adjuster:	Estimator:	Joe Singleton
SOI 105126		Phone:	Create Date:	4/16/2025
		Claim:		
		Loss Date:		
(515) 229-4479		Deductible:		

2024 CHRY Pacifica Touring L FWD 4D VAN 6-3.6L Gasoline Sequential MPI

VIN: 2C4RC1BG1RR114798	Interior Color:	Mileage In:	Vehicle Out:
License:	Exterior Color:	Mileage Out:	
State: IA	Production Date:	Condition:	Job #:

Line	Ver	Operation	Description	Qty	Extended Price \$	Part Type	Labor	Type	Paint
1	E01		<b>FRONT BUMPER &amp; GRILLE</b>						
2	E01	Overhaul	O/H bumper assy			OEM	4.9	Body	
3	E01	Remove/Replace	Bumper cover w/o ft prk aid	1	444.00	OEM	0.0	Body	3.3
4	E01		Add for Clear Coat						1.3
5	E01	Remove/Replace	Cover	1	29.75	OEM	0.1	Body	
6	E01		<b>MISCELLANEOUS OPERATIONS</b>						
7	E01		Pre-scan				0.5	Mech	
8	E01		CALIBRATION	1	299.00	Other			
9	E01		DENIB AND BUFF	1	10.00	Other			0.5

Estimate Totals	Discount \$	Markup \$	Rate \$	Total Hours	Total \$
Parts	(94.75)				688.00
Labor, Body			60.00	5.0	300.00
Labor, Refinish			110.00	5.1	561.00
Labor, Mechanical			65.00	0.5	32.50
<b>Subtotal</b>					<b>1,581.50</b>
Sales Tax					0.00
<b>Grand Total</b>					<b>1,581.50</b>
<b>Net Total</b>					<b>1,581.50</b>

Estimate Version	Total \$
Original	1,581.50

Insurance Total \$:	1,581.50
Received from Insurance \$:	0.00

T = Taxable Item, RPD = Related Prior Damage, AA = Appearance Allowance, UPD = Unrelated Prior Damage, PDR = Paintless Dent Repair, A/M = Aftermarket, Rechr = Rechromed, Reman = Remanufactured, OEM = New Original Equipment Manufacturer, Recor = Re-cored, RECOND = Reconditioned, LKQ = Like Kind Quality or Used, Diag = Diagnostic, Elec = Electrical, Mech = Mechanical, Ref = Refinish, Struc = Structural



RO Number:

2024 CHRY Pacifica Touring L FWD 4D VAN 6-3.6L Gasoline Sequential MPI

Balance due from Insurance \$:	1,581.50
Customer Total \$:	0.00
Received from Customer \$:	0.00
Balance due from Customer \$:	0.00

T = Taxable Item, RPD = Related Prior Damage, AA = Appearance Allowance, UPD = Unrelated Prior Damage, PDR = Paintless Dent Repair, A/M = Aftermarket, Rechr = Rechromed, Reman = Remanufactured, OEM = New Original Equipment Manufacturer, Recor = Re-cored, RECOND = Reconditioned, LKQ = Like Kind Quality or Used, Diag = Diagnostic, Elec = Electrical, Mech = Mechanical, Ref = Refinish, Struc = Structural

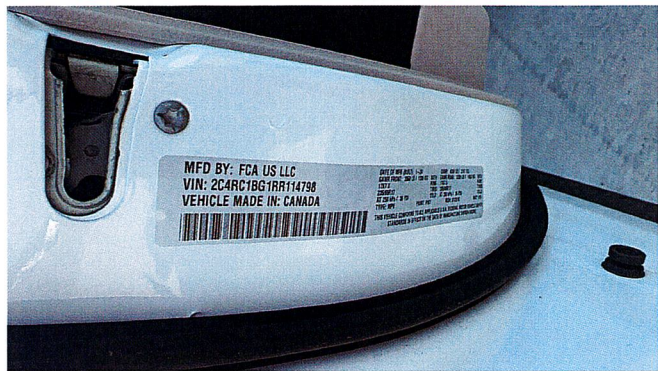
Karl Chevrolet Collision Center Ankeny

1101 Southeast Oralabor Road, Ankeny, IA 50021

Phone: (515) 299-4337, Fax: (515) 964-2293

Image Report

Owner:	SOI 105126	Insurance:		Estimator:	Joe Singleton	Vehicle Out:	
RO Number:		Claim Number:					
Year:	2024	Color:		License Plate:		Production Date:	
Make:	CHRY	Body Style:	4D VAN	State:	IA	Mileage In:	
Model:	Pacifica Touring L ...	Engine:	6-3.6L Gasoline S...	VIN:	2C4RC1BG1RR114798	Condition:	



4/16/2025  
Comments:



4/16/2025  
Comments:



4/16/2025  
Comments:



4/16/2025  
Comments:



4/16/2025  
Comments:



4/16/2025  
Comments:



Karl Chevrolet Collision Center Ankeny

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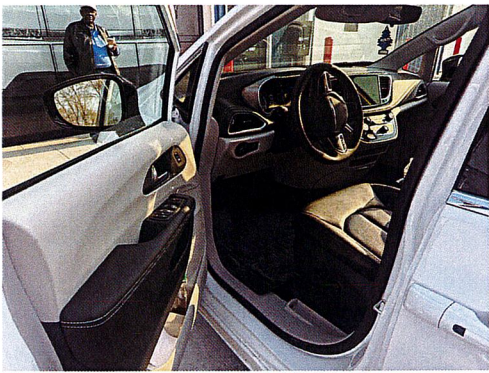
Phone: (515) 299-4337, Fax: (515) 964-2293

Image Report

Owner:	SOI 105126	Insurance:		Estimator:	Joe Singleton	Vehicle Out:
RO Number:		Claim Number:				
Year:	2024	Color:		License Plate:		Production Date:
Make:	CHRY	Body Style:	4D VAN	State:	IA	Mileage In:
Model:	Pacifica Touring L ...	Engine:	6-3.6L Gasoline S...	VIN:	2C4RC1BG1RR114798	Condition:



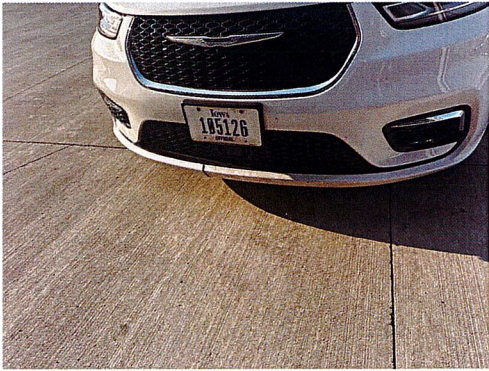
4/16/2025  
Comments:



4/16/2025  
Comments:



4/16/2025  
Comments:



4/16/2025  
Comments:





WORKORDER #245661  
04/21/2025  
(Acct#: 137133)

HILLTOP TIRE SERVICE  
\*\*DOWNTOWN LOCATION\*\*  
201 EAST WALNUT STREET  
DES MOINES, IA 50309  
PH. 515-282-0205

YOUR COMPLETE AUTO CARE CENTER

STATE OF IOWA- DHS  
DAS 3RD FLOOR FINANCE HOOVER  
1305 E WALNUT ST  
DES MOINES, IA, 50319  
(712) 212-4247  
(515) 281-3162 XPO#

2024 CHRYSLER PACIFICA  
Mileage: 22250  
Lic: IA 105126-1  
VIN: 2C4RC1BG1RR114798  
ENG: 3.6L V6

Sold By: HOLT  
Billed By: LOREN

das.finance.payables@iowa.gov

Qty	Product #	Size/Description/Mfr#	Unit	Amount
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\*\*\*\*\*  
CUSTOMER STATES THAT THERE IS A COOLANT LEAK. CHECK AND ADVISE  
\*\*\*\*\*

6	OPL C	REMOVE & REPLACE RADIATOR	160.00	960.00
1	OPP	RADIATOR CONDENSER ASSEMBLY	621.99	621.99
1	OPP	LOWER RADIATOR SUPPORT	149.99	149.99
1	OPP	ADAS FACIA COVER	49.99	49.99

1	OPL	R&R ACTIVE GRILLE SHUDDER	160.00	160.00
1	OPP	ACTIVE GRILLE SHUTTER	449.99	449.99

3	7001945	ANTIFREEZE COOLANT GLOBAL	24.00	72.00
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1	ACYFER	ACYFER R1234YF EVAC & RECHARGE	210.00	210.00
1	R1234YF	R1234YF/ KILOGRAMFREON	300.00	300.00

\*\*\*\*\*  
EMAIL SENT TIME: 04/21/2025 01:01 PM  
TO: "STATE OF IOWA- DHS"<rasheed.ebrahim@hhs.iowa.gov>  
SUBJECT: Your Attached Workorder #245661 BODY: Dear STATE OF IOWA- DHS,  
Please find attached, a copy of the work  
recommended for your 2024 CHRYSLER PACIFICA [105126-1]. Please contact us for  
questions or to authorize the work to be performed.  
\*\*\*\*\*

Parts/Tires	Labor/Other	Supplies	Disc/Adj	F.E.T.	Subtotal	Sales Tax	Total
1643.96	1330.00	96.50	0.00		3070.46	0.00	3070.46

PO#	Terms:	DUE DATE	AMT. DUE	Misc. Adj. . . . .	\$	0.00
				Cash or Check #:	\$	0.00
				Credit Card. . .	\$	0.00
				Balance . . . . .	\$	3070.46



www.hilltoptireservice.com

EAST: (515) 262-5641  
DOWNTOWN: (515) 282-0205  
WEST: (515) 331-9030

Please stop back between 50 and 100 miles for lug nut retorque.

The undersigned customer ("Customer") hereby acknowledges that the above-listed merchandise and/or services (collectively, the "Services") were provided to the Customer by Hilltop Tire Service. By signing below, Customer hereby certifies that THE SERVICES HAVE BEEN RECEIVED AT CUSTOMER'S REQUEST AND COMPLETED TO CUSTOMER'S COMPLETE SATISFACTION. Customer further acknowledge that ALL SERVICES WERE PROVIDED AS A FINAL SALE, AND CUSTOMER SHALL NOT BE ENTITLED TO AND RETURN, EXCHANGE, REFUND, OR SETOFF. Customer agrees to pay the above-stated price for the Services within 30 days of the 10th day of the month first stated above. If for any reason Customer fails to pay in full by the due date or payment is returned or denied by Customer's merchant or financial institution, Customer agrees to pay a finance charge of \$1.00 or 1.5% per month (18% per annum), whichever is greater, and Customer shall be liable for all collection costs, including reasonable attorney fees and costs, incurred by Hilltop Tire Service in connection with the collection of any delinquent portion of the invoiced amount.



Find us on Facebook and Google Plus!

Signed: \_\_\_\_\_