



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

Date: October 6, 2021

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	# 2857/Hail
Event Date	June 18, 2021
Summary	Vehicle 2857 sustained hail damage during a storm. (221946)
Amount Requested	\$2,383.48 - Estimate <u>\$ 35.00 - Review Invoice</u> <b>\$2,418.48 - Total</b>
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 Flowers, Fleet Manager  
DAS Fleet Services  
[Mariah.Flowers@iowa.gov](mailto:Mariah.Flowers@iowa.gov)  
515-725-2243



Risk, DAS &lt;das.risk@iowa.gov&gt;

**29C20 - #2857**

1 message

Risk, DAS &lt;das.risk@iowa.gov&gt;

Mon, Jun 21, 2021 at 1:47 PM

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 2857 sustained hail damage on 6/18/2021 . I will forward all information as soon as it is received.

**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>

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

From: **Windmuller, Brenda** <brenda.windmuller@iowa.gov>

Date: Mon, Jun 21, 2021 at 10:58 AM

Subject: Accident Report- Vehicle 2857

To: DAS Risk &lt;das.risk@iowa.gov&gt;

Cc: Brenda Windmuller &lt;brenda.windmuller@iowa.gov&gt;

Please find the attached accident report for damage sustained to my State vehicle due to a hail storm over the weekend. I have an appointment at the bodyshop tomorrow and will forward the estimates for repairs after that appointment.

Brenda Windmuller

**Brenda Windmuller, Education Program Consultant**

Iowa Department of Education

Grimes State Office Building

400 East 14th Street

Des Moines, Iowa 50319

515-681-5752

brenda.windmuller@iowa.gov

Safe - Healthy - Engaged - Prepared

NOTICE TO RECIPIENT: THIS MESSAGE AND ANY RESPONSE TO IT MAY CONSTITUTE A PUBLIC RECORD AND THEREFORE, MAY BE AVAILABLE UPON REQUEST IN ACCORDANCE WITH IOWA PUBLIC RECORDS LAW, IOWA CODE CHAPTER 22

**June 18, 2021 Accident Report.PDF**



### REPORT OF MOTOR VEHICLE ACCIDENT

See instructions on completing (please print or type)

Did accident occur on private property?  Yes  No

**Step 1.**

Accident Date (Mo/Day/Year) 06/18/2021	Day of Week Friday	Time 11:30	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	Number of Vehicles 1	Total Killed 0	Total Injured 0	Total Estimated Damage \$ 3500
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**Step 2.** No. 1 (YOUR VEHICLE) No. 2 (OTHER VEHICLE)

Date of Birth 11-13-74				Sex F	Dr. Lic. State IA	Driver License Number 648AH6401		
Last Name of Driver 1 Windmuller			First Name Brenda		Middle Initial K			
Number and Street 36442 Hwy 6		City Oakland	State IA	ZIP Code 51560				
Last Name of Owner 1 State of Iowa			First Name DAS		Middle Initial			
Number and Street		City	State	ZIP Code				
No. of Occupants 0	Plate Number 2857	State of Registration Iowa		Year				
Vehicle Identification Number (VIN) 1FADP3F29HL325740				Estimated Cost of Repairs \$3500				
Vehicle Year and Make 2017 Ford Focus				Step 3. Vehicle Type Code				

**Step 4.** LOCATION OF ACCIDENT

County Pottawattamie Accident occurred within corporate limits of (city) \_\_\_\_\_

If accident occurred outside of city limits, describe distance to city \_\_\_\_\_ miles  N  NE  E  SE  S  SW  W  NW of nearest city Oakland, IA

Name of Road, Street, or Highway 36442 Highway 6 At intersection with \_\_\_\_\_

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.

Feet \_\_\_\_\_ or \_\_\_\_\_ Miles \_\_\_\_\_  N  NE  E  SE  S  SW  W  NW and \_\_\_\_\_ Feet \_\_\_\_\_ or \_\_\_\_\_ Miles \_\_\_\_\_  N  NE  E  SE  S  SW  W  NW of \_\_\_\_\_

Milepost Number \_\_\_\_\_ Or \_\_\_\_\_ Definable intersection, bridge, or railroad crossing

**Step 5.** Accident codes (on page 2) for your own vehicle:

<b>A</b> Direction of Travel <input type="checkbox"/>	<b>B</b> Vehicle Action <input type="checkbox"/>	<b>C</b> Driver Condition <input type="checkbox"/>	<b>D</b> Vision Obscured <input type="checkbox"/>
<b>E</b> Traffic Controls <input type="checkbox"/>	<b>F</b> First Harmful Event <input type="checkbox"/>	<b>G</b> Location of Accident <input type="checkbox"/>	<b>H</b> Manner of Crash <input type="checkbox"/>
<b>I</b> Light Conditions <input type="checkbox"/>	<b>J</b> Weather Conditions <u>06</u> <input type="checkbox"/>	<b>K</b> Surface Conditions <input type="checkbox"/>	<b>L</b> Type of Roadway Junction/Feature <input type="checkbox"/>

**Step 6.** Identify Damaged Property Other Than Vehicles NIA Owner \_\_\_\_\_ Amount of Damage \_\_\_\_\_

**Step 7. Injury Section:** Fill Out Space Below For Every Person Injured Or Killed In The Accident (Attach additional sheets if necessary)

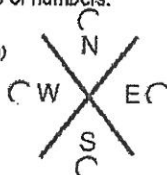
Name and Address	In Vehicle Number	Date of Birth	Gender	Describe Injuries	Insert Correct Code (See Step 7 of Instructions)							Date of Death
					Seating Position	Type	Non-Motorist	Injury Status	Occupant Protection	Airbag Deployment	Ejection	
NIA												

**Step 8.**

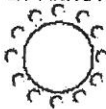
Indicate On This Diagram What Happened  
Use one of these outlines to sketch the scene of your accident, writing in street or highway names or numbers.

Initial Travel Direction  
(prior to coded Vehicle Action)

- 1 - North
- 2 - East
- 3 - South
- 4 - West
- 8 - Unknown



INDICATE NORTH BY ARROW



Original Direction of Travel: (Example: Vehicle going north then turning left, code 'N' for Original Direction of Travel)

Vehicle 1 \_\_\_\_\_ Vehicle 2 \_\_\_\_\_  
\_\_\_\_\_ Street or Highway

Street or Highway

Street or Highway

**Description**

Vehicle was parked in driveway. At approximately 11:30 pm on Friday June 18, 2021 a hail storm came through our area. The vehicle received damage to the windshield and body as a result of the storm.

Did Peace Officer investigate?  Yes  No Department \_\_\_\_\_

If you did not have automobile liability insurance coverage for this accident, please check this box

If you had automobile liability insurance coverage for this accident, please complete insurance information below.

Failure To Complete Insurance Coverage Information Requested Below May Result In A Suspension Of Your Driving And/Or Registration Privileges.

**Step 9.**

Name of Insurance Company (Not Agent) Providing Insurance To Cover Your Liability For Damage Or Injury To Others:

Name of Agent Who Sold Policy \_\_\_\_\_

Agent Address \_\_\_\_\_

Policy No. \_\_\_\_\_ Policy Period: From \_\_\_\_\_ Agent Phone No. \_\_\_\_\_

V.I.N. No. (if not previously given) \_\_\_\_\_

Name of Driver \_\_\_\_\_

Name of Owner \_\_\_\_\_

Name of Policyholder \_\_\_\_\_

**Step 10.**

Date 6/21/21	Signature of Driver of Vehicle No. 1 <i>Brent Brundage</i>	If Signed By Person Other Than Driver, Give Reason
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**IMPORTANT:** This accident should also be reported directly to your insurance company. Failure to report may jeopardize your automobile liability insurance.

**QUALITY CLAIMS SOLUTIONS**

7405 S Bitterroot Pl. Suite 100  
SIOUX FALLS, SD 57108  
Phone: (877) 237-3727, FAX:(866) 371-2844  
qcs@qcsdirect.com

Workfile ID: Sec43521

For:

**QUALITY CLAIMS SOLUTIONS**

DAS Fleet Services

**Estimate of Record**

**Owner: STATE OF IOWA**

**Job Number:**

Written By: David Kelley

Insured: STATE OF IOWA Policy #: NOT PROVIDED Claim #: APDSOI0221946  
Type of Loss: Collision Date of Loss: 6/24/2021 12:00 PM Days to Repair: 0  
Point of Impact: 14 Unknown

**Owner:**

STATE OF IOWA  
CRETE, NE 68333

**Inspection Location:**

Dent Buster LLC  
2050 county RD E  
Crete, NE 68333  
Other  
(402) 560-2241 Evening

**Repair Facility:**

**VEHICLE**

2017 FORD Focus SE 4D SED 4-2.0L Flex Fuel Gasoline Direct Injection

VIN: 1FADP3F29HL325740 Production Date: Interior Color:  
License: Odometer: 0 Exterior Color:  
State: Condition:

**TRANSMISSION**

Automatic Transmission

**POWER**

Power Steering

Power Brakes

Power Windows

Power Locks

Power Mirrors

**DECOR**

Dual Mirrors

Tinted Glass

Console/Storage

Overhead Console

**CONVENIENCE**

Air Conditioning

Intermittent Wipers

Tilt Wheel

Cruise Control

Rear Defogger

Keyless Entry

Message Center

Steering Wheel Touch Controls

Telescopic Wheel

Backup Camera

**RADIO**

AM Radio

FM Radio

Stereo

Search/Seek

CD Player

Auxiliary Audio Connection

Satellite Radio

**SAFETY**

Drivers Side Air Bag

Passenger Air Bag

Anti-Lock Brakes (4)

Front Side Impact Air Bags

Head/Curtain Air Bags

Hands Free Device

**SEATS**

Cloth Seats

Bucket Seats

Reclining/Lounge Seats

**WHEELS**

Aluminum/Alloy Wheels

**PAINT**

Clear Coat Paint

**OTHER**

Traction Control

Stability Control

Signal Integrated Mirrors

**Estimate of Record**

**Owner: STATE OF IOWA**

**Job Number:**

2017 FORD Focus SE 4D SED 4-2.0L Flex Fuel Gasoline Direct Injection

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		<b>FRONT BUMPER</b>					
2	*	R&I <u>R&amp;I bumper cover-SEE NOTE</u> Note: OPEN FOR SUPPLEMENT WITH PHOTO OF PROCESS IF NEEDED				0.0	
3		<b>HOOD</b>					
4	*	Subl <u>Hood-PDR REPAIR 6-15 QUARTER</u>		1	175.00 X		
5	#	+ 25% FOR AP		1	43.75 X		
6	#	ADD FOR OVERSIZED DENTS		1	40.00 X		
7		R&I Insulator w/o RS				0.3	
8		R&I R&I hood assy				0.7	
9		<b>WINDSHIELD</b>					
10	*	Repl Windshield NAGS, w/acoustic interlayer w/o heated -20% Note: WINDSHIELD OPEN FOR VENDOR INVOICE WITH MARKUP BASED ON ACTUAL COST IF NEEDED	DW02002GTY	1	322.16	2.5	
11		<b>FENDER</b>					
12	*	Subl <u>LT Fender-PDR REPAIR 1-5 NICKEL</u>		1	100.00 X		
13	*	Subl <u>RT Fender-PDR REPAIR 1-5 NICKEL</u>		1	100.00 X		
14		<b>FRONT LAMPS</b>					
15		R&I LT R&I headlamp assy				0.3	
16		R&I RT R&I headlamp assy				0.3	
17		<b>ROOF</b>					
18	*	Subl <u>Roof panel w/o sunroof-PDR REPAIR 16-30 QUARTER</u>		1	325.00 X		
19	#	ADD FOR OVERSIZED DENTS		1	40.00 X		
20		R&I R&I headliner				2.4	
21		Repl LT Roof molding sedan	CP9Z5450463A	1	122.57	0.4	
22		R&I RT Sunvisor from 02/05/2013 w/o illuminated mirror				Incl.	
23		R&I LT Sunvisor from 02/05/2013 w/o illuminated mirror				Incl.	
24		<b>PILLARS, ROCKER &amp; FLOOR</b>					
25	*	Subl <u>LT OUTER ROOF RAIL-PDR REPAIR 1-5 NICKEL</u>		1	100.00 X		
26	#	ADD FOR DP + 25%		1	25.00 X		
27	*	Subl <u>RT Aperture panel-PDR REPAIR 1-5 NICKEL</u>		1	100.00 X		
28	#	ADD FOR DP + 25%		1	25.00 X		
29		R&I RT W/S pillar trim				Incl.	
30		R&I LT W/S pillar trim				Incl.	
31		R&I RT Upr ctr plr trim				Incl.	
32		R&I LT Upr ctr plr trim				Incl.	
33		<b>QUARTER PANEL</b>					

**Estimate of Record**

**Owner: STATE OF IOWA**

**Job Number:**

2017 FORD Focus SE 4D SED 4-2.0L Flex Fuel Gasoline Direct Injection

34	*	Subl	<u>LT Quarter panel-PDR REPAIR</u> <u>1-5 NICKEL</u>	1	<u>100.00</u>	X	
35	*	Subl	<u>RT Quarter panel-PDR REPAIR</u> <u>1-5 NICKEL</u>	1	<u>100.00</u>	X	
36		R&I	RT Upper qtr trim				Incl.
37		R&I	LT Upper qtr trim				Incl.
38	<b>REAR LAMPS</b>						
39		R&I	LT Tail lamp assy				0.3
40		R&I	RT Tail lamp assy				0.3
41	<b>TRUNK LID</b>						
42	*	Subl	<u>Trunk lid w/o spoiler-PDR REPAIR</u> <u>6 TO 15 QUARTER</u>	1	<u>175.00</u>	X	
43	#		ADD FOR OVERSIZED DENTS	1	40.00	X	
<b>SUBTOTALS</b>					<b>1,933.48</b>		<b>7.5 0.0</b>

**ESTIMATE TOTALS**

Category	Basis	Rate	Cost \$
Parts			444.73
Body Labor	7.5 hrs @	\$ 60.00 /hr	450.00
Miscellaneous			1,488.75
Subtotal			2,383.48
<b>Total Cost of Repairs</b>			<b>2,383.48</b>
Deductible			0.00
<b>Total Adjustments</b>			<b>0.00</b>
<b>Net Cost of Repairs</b>			<b>2,383.48</b>

**MyPriceLink Estimate ID / Quote ID:**

837349893759574016 / 88302366

THIS IS NOT AN AUTHORIZATION TO BEGIN REPAIRS.

SUPPLEMENTS - Please be advised that the INSURANCE COMPANY requires notice of any supplements prior to the work being performed. Failure to notify INSURANCE COMPANY and allow INSURANCE COMPANY to review the supplemental charges may result in non-payment of the supplemental items.

ESTIMATE AUDIT - THIS DOCUMENT IS NOT AN APPRAISAL. INQUIRIES SHOULD BE DIRECTED TO THE INSURANCE COMPANY LISTED AT THE TOP OF THIS DOCUMENT.

REPAIR SHOPS CAN CONTACT QCS AUDITOR FOR ANY REPAIR RELATED INQUIRIES AT 1-877-237-3727.



Quality Claims Solutions

# Quality Claims Solutions

105 N Krohn Place  
Sioux Falls, SD 57103  
Phone: 877.237.3727  
Fax: 866.371.2844  
Federal Tax ID: 46-0461202

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## INVOICE =

Attention/Adjuster: Deb Anderson  
Company Name: DAS Fleet Services  
Address: 109 SE 13th St  
Des Moines, IA 50319

Invoice No: APDSOI0221946-5610  
Date: 06/25/2021 2:42 PM  
Customer ID: IWAA  
Claim Number: APDSOI0221946  
Vehicle Owner: STATE OF IOWA

Quantity	Description	Unit Price	Extended Amount
1	Technical Estimate Review	\$35.00	\$35.00

Item Total: \$35.00

Sales Tax: N/A

Invoice Total: \$35.00