



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

Date: July 9, 2021

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

From: Mariah Flowers, Risk Coordinator
DAS Fleet Services
Department of Administrative Services

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

Vehicle / Event	# 152/Deer
Event Date	June 28, 2021
Summary	Trooper #152 struck a deer.
Amount Requested	\$2,149.68 - Estimate \$ 35.00 - QCS Invoice \$2,184.68 - Total
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, Risk Coordinator
DAS Fleet Services
Mariah.Flowers@iowa.gov
515-725-2243

6-28-21 Trp. Cody Reicks #152 SVD- Car vs Deer - AON 29C20 Notification

1 message

Guill Bryan <guill@dps.state.ia.us>

Thu, Jul 1, 2021 at 12:42 PM

To: "Risk, DAS" <das.risk@iowa.gov>, "ExecutiveCouncil@tos.iowa.gov" <ExecutiveCouncil@tos.iowa.gov>

Executive Council and Tammy,

See attached AON incident for Trooper Cody Reicks who had a deer strike his car on 6-28-21 while responding to an incident. Please accept this as the 24hr notification. Sorry for the delay on forwarding as I have been traveling and behind on emails.

Thank you in advance and I will forward estimate upon receipt.

V/R

Bryan

Lt. Bryan Guill ★498★

Commander Fleet & Supply

Iowa Department of Public Safety

30 NE 48th Place

Des Moines, IA 50313

F&S Main 515-281-3391

Direct 515-281-3118

Cell 515-201-9958

guill@dps.state.ia.us

1033program@dps.state.ia.us

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From: Snedden Darin <snedden@dps.state.ia.us>**Sent:** Monday, June 28, 2021 11:56 AM

To: DAS.Risk@iowa.gov; vehicledamage <vehicledamage@dps.state.ia.us>
Cc: Guill Bryan <guill@dps.state.ia.us>; Obbink Greg <obbink@dps.state.ia.us>; McCormick Michael <mccormic@dps.state.ia.us>; Trainor James <trainor@dps.state.ia.us>; Kauzlarich Molly <kauzlari@dps.state.ia.us>; Current Michael <current@dps.state.ia.us>
Subject: 6-28-21 152 Deer strike Johnson County

Please see the attachments for a car verse deer to Trooper Cody Reicks #152 on June 28, 2021 in Johnson County. This is an act of nature. This information is being submitted prior to an estimate being attached to stay within the 24 hour reporting requirement. An estimate of repair will follow from Premier Auto Body in North Liberty.

Thank you,

Sgt. Darin Snedden

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

From: Darin Snedden <darinsnedden@gmail.com>
To: Snedden Darin <snedden@dps.state.ia.us>
Cc:
Bcc:
Date: Mon, 28 Jun 2021 15:22:44 +0000
Subject: ** External Email Alert **

CAUTION: This email originated from an outside source. WARNING: DO NOT open attachments or click links from unknown senders or unexpected emails. If you are unsure please email ITOC@dps.state.ia.us or call 515.725.6200



Sent from my U.S.Cellular© Smartphone
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----- Forwarded message -----
From: Darin Snedden <darinsnedden@gmail.com>
To: Snedden Darin <snedden@dps.state.ia.us>
Cc:

Bcc:
Date: Mon, 28 Jun 2021 14:57:20 +0000
Subject: ** External Email Alert **


CAUTION: This email originated from an outside source. WARNING: DO NOT open attachments or click links from unknown senders or unexpected emails. If you are unsure please email IIOC@dps.state.ia.us or call 515.725.6200



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5 attachments

 **** External Email Alert **.eml**
80K

 **** External Email Alert **.eml**
111K

 **MARS_Unit_Report-2021015305.pdf**
76K

 **6-28-21 152 Deer strike Johnson.doc**
85K

 **152 Memo Deer strike.doc**
340K

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 #: 2021015305

Date: (Month/Day/Year)	06-28-21	Time: (Time plus a.m./p.m.)	0356 AM
Vehicle Plate #:	152	Vehicle Mileage:	9,630
Vehicle Description: (Yr/Make/Model/ & Vin#)	2020 DODGE CHARGER/POLICE VIN # 2C3CDXKT4LH127498		
Assigned To:	TRP CODY REICKS	Badge #	152
Driven By:	TRP CODY REICKS	Badge #	152
Driver's Lic #:	045-BB-9171	Damage:	\$1,900
Vehicle Towed: (Yes / No)	NA	Towed By:	NA
Towed To:	NA	Towing Cost:	\$0
Seat Belt: (Yes / No)	YES	Type of Vehicle: (Marked/Semi /Unmarked)	MARKED
Injured/Injuries:	NA		
Occupants: (Other than driver)	NA		

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:	NA
Accident Location: (Street/Hwy)	COUNTY ROAD F12/120TH
County:	JOHNSON
Weather/Road Conditions:	CLEAR/DRY
ISP PATROL CAR #152 WAS TRAVELING WEST ON F12 WHEN A DEER ENTERED THE ROADWAY. CAR #152 STRUCK THE DEER.	
Property Damage other than Vehicles:	None
Cost:	\$0
Citations Issued To: (List Charge(s) and Statute Code(s))	NA

Investigating Officer:	SGT. DARIN SNEDDEN #198
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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

Law Enforcement Case Numbers:

2021015305

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

Date of Accident 06/28/2021		Time of Accident 03:56 Hrs.		County JOHNSON - 52		Accident occurred within corporate limits of (city)									
UNIT 1	Driver's Name - Last REICKS					First CODY			Middle ALLEN						
	Address 470 LOCUST DR					City NORTH LIBERTY			State IA	Zip 52317					
	Date of Birth 01/02/1991		Driver's License Number 045BB9171		CDL	Citation Charge 1		Citation Charge 2							
	Male <input checked="" type="radio"/>	Female <input type="radio"/>	State IA	Class C	Endorsements	Restrictions B	Yes <input type="radio"/>	No <input checked="" 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 DEPT PUBLIC SAFETY					First			Middle						
	Address 109 SE 13TH ST					City DES MOINES			State IA	Zip 50319					
	License Plate No. 152	State IA	Year 2021	VIN: 2C3CDXKT4LH127498		Color SIL	Year 2020	Make DODG	Model CHARGER	Style POLICE					
	Trailer Plate No.	State	Year	VIN:		Tow 1	Tow #	Towed To		Approx. Cost to Repair or Replace \$1,900.00					
	Insurance Company Name STATE OF IOWA SELF INSURED					Insurance Co. Phone Number (319) 396-1944		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	Second Event	Third Event	Fourth Event	Most Harmful Event							
Carrier Name/Lessee															
COMMERCIAL					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										
PERSONNEL					DRIVER OF UNIT 1					Phone Number: (319) 396-1944	01	01			
					Transported to:					Transported by:					
Name			Phone Number		DOB:	01	01	01	01	01	01	01	01	01	
Address			Transported to:		Transported by:										
Name			Phone Number		DOB:	01	01	01	01	01	01	01	01	01	
Address			Transported to:		Transported by:										
Name			Phone Number		DOB:	01	01	01	01	01	01	01	01	01	
Address			Transported to:		Transported by:										
Name			Phone Number		DOB:	01	01	01	01	01	01	01	01	01	
Address			Transported to:		Transported by:										

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Form 4433003 (11-13)

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

Law Enforcement Case Numbers:
2021015305

L O C A T I O N	Date of Accident 06/28/2021	Time of Accident 03:56 Hrs.	County JOHNSON - 52	Accident occurred within corporate limits of (city)	Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>	
	Literal Description F012/120TH ST WB AND MARAK RD				County: 52	Route:	
	If accident occurred outside of city limits show general vicinity <div style="display: flex; justify-content: space-around; align-items: center;"> NNEESESSWWNW </div> <input type="radio"/> <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: 609554.312		
	On Road, Street or Highway:			At Intersection with:	Y Coordinate: 4633721		
	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; align-items: center;"> NNEESESSWWNW </div> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> and				<div style="display: flex; justify-content: space-around; align-items: center;"> NNEESESSWWNW </div> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>			
Milepost Number		Definable intersection, bridge, or railroad crossing		<div style="display: flex; justify-content: space-around; align-items: center;"> NBSBEBWB </div> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>			

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
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N O 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 O R N O V P E E H R I T C 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					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					

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 06/28/2021				Incident Clearance Date 06/28/2021			
Signature of Officer SERGEANT D SNEDDEN				Badge Number 198		Time Officer Notified of Accident 03:56 Hrs.		Roadway Clearance Time 03:57 Hrs.				Incident Clearance Time 03:57 Hrs.			
Name of Agency IOWA STATE PATROL - DIST 11				Date of Report 06/28/2021		Time Officer Arrived At Scene 03:56 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			

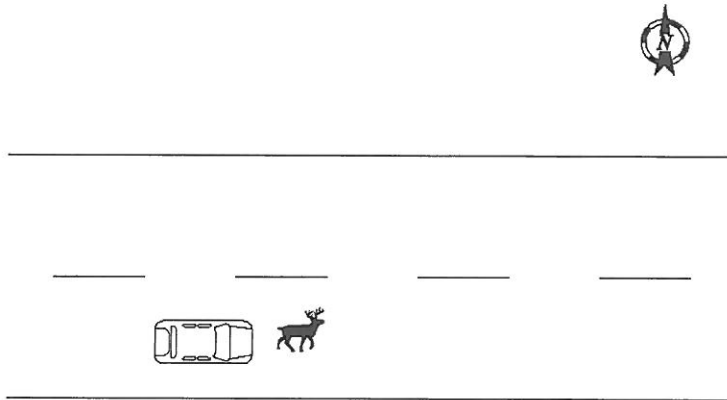
INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Law Enforcement Case Numbers:

2021015305

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

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VEHICLE 1 WAS TRAVELING WEST ON JOHNSON COUNTY ROAD F12 WHEN A DEER ENTERED THE LANE OF TRAVEL VEHICLE 1 WAS IN AND WAS STRUCK.

Date: 7/ 6/2021 09:55 AM
 Estimate ID: 15347
 Estimate Version: 0
 Preliminary
 Profile ID: * Mitchell

THANK YOU

PREMIER AUTOMOTIVE INC

2 LIONS DRIVE, NORTH LIBERTY, IA 52317
 (319) 626-7725
 Fax: (319) 626-7729

Damage Assessed By: Jordan Stick
 Classification: None

Deductible: UNKNOWN

Insured: STATE OF IOWA
 Owner: CODY REICKS
 Telephone: Home Phone: (701) 509-1056

Mitchell Service: 911667

Description: 2020 Dodge Charger Police
 Body Style: 4D Sed
 VIN: 2C3CDXKT4LH127498
 OEM/ALT: O

Drive Train: 5.7L Inj 8 Cyl 5A AWD

Search Code: None

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	101425	BDY	REPAIR	L Frt Door Shell (Steel/HSS)	Existing		3.0*#
2	AUTO	REF	REFINISH	L Frt Door Outside			C 2.3
3	102090	BDY	REMOVE/INSTALL	L Frt Rear View Mirror			INC #
4	102092	BDY	REMOVE/INSTALL	L Frt Otr Door Belt Moulding			INC #
5	102094	BDY	REMOVE/INSTALL	L Frt Door Applique			1.3 #
6	100839	BDY	REMOVE/INSTALL	L Frt Door Trim Panel			INC
7	101827	BDY	REMOVE/INSTALL	L Frt Otr Door Handle			0.3 #
8	100731	BDY	REPAIR	L Rear Door Shell (Steel/HSS)	Existing		6.0*#
9	AUTO	REF	REFINISH	L Rear Door Outside			C 1.8
10	100736	BDY	REMOVE/INSTALL	L Rear Otr Door Belt Moulding			INC
11	100738	BDY	REMOVE/INSTALL	L Rear Door Rear Applique			0.4 #
12	100746	BDY	REMOVE/INSTALL	L Rear Door Trim Panel			0.4
13	100764	BDY	REMOVE/INSTALL	L Rear Otr Door Handle			0.3 #
14	100864	REF	BLEND	L Quarter Panel Outside			C 1.0
15	100463	BDY	REMOVE/INSTALL	L Rear Combination Lamp			INC #
16	100089	BDY	REMOVE/REPLACE	L Rear Side Marker Lamp Assembly	68214127AA	35.45	INC #
17				Line Discount %5.00		1.77-	
18	103624	BDY	OVERHAUL	Rear Bumper Cover Assy			2.5 #
19	100100	BDY	REPAIR	Rear Bumper Cover	Existing		3.0*#
20	AUTO	REF	REFINISH	Rear Bumper Cover			C 2.7
21	AUTO	REF	ADD'L OPR	Clear Coat			2.0
22	900500	BDY *	REPAIR	Remove Decals For Repair	Existing		1.0*
23	933018	REF	ADD'L OPR	Mask For Overspray		5.00 *	0.2*
24	900500	REF *	REMOVE/REPLACE	FLEX AGENT	New	5.00 *	0.0*
25	900500	BDY *	REMOVE/REPLACE	RESTORE CORROSION PROTECTION	New	10.00 *	0.0*
26	AUTO		ADD'L COST	Hazardous Waste Disposal		4.00 *	

ESTIMATE RECALL NUMBER: 07/06/2021 09:54:51 15347
 Mitchell Data Version: OEM: JUN_21_V

Software Version: 7.1.241

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Page 1 of 2

* - Judgment Item
 # - Labor Note Applies
 C - Included in Clear Coat Calc

Estimate Totals

I. Labor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals	II. Part Replacement Summary	Amount
Body	18.2	60.00	0.00	0.00	1,092.00 T	Taxable Parts	50.45
Refinish	10.0	100.00	5.00	0.00	1,005.00 T	Parts Adjustments	1.77-
					Taxable Labor		
					2,097.00	Total Replacement Parts Amount	48.68
Labor Summary	28.2				2,097.00		
					Amount	IV. Adjustments	Amount
					4.00	Customer Responsibility	0.00
					Total Additional Costs		
					4.00		
					I. Total Labor:		2,097.00
					II. Total Replacement Parts:		48.68
					III. Total Additional Costs:		4.00
					Gross Total:		2,149.68
					IV. Total Adjustments:		0.00
					Net Total:		2,149.68

This is a preliminary estimate.
Additional changes to the estimate may be required for the actual repair.

Insurance Co: OWNER PAY

PREMIER AUTOMOTIVE INC. provides NO warranty on any rust repair completed. Parts are subject to their provider's warranty.

I authorize PREMIER AUTOMOTIVE INC. to begin repair on the above mentioned vehicle and, if applicable, I authorize the insurance company to pay PREMIER AUTOMOTIVE INC. directly for these repairs.

Signed: _____ Date: _____



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

INVOICE =

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

Invoice No: APDSOI0222569-001-1207
Date: 07/7/2021 3:57 PM
Customer ID: IWAA
Claim Number: APDSOI0222569-001
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