



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

Date: October 5, 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	# 55/Deer
Event Date	September 23, 2021
Summary	Vehicle 55 struck a deer. (226728)
Amount Requested	\$5,322.91 - Estimate <u>\$ 535.96 - Review Estimate</u> \$5,858.87 - 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, Fleet Manager
 DAS Fleet Services
Mariah.Flowers@iowa.gov
 515-725-2243



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

226728

FW: Trp. Nordyke Vehicle Damage 09/23/21_29C20 24 hr Notification

1 message

Guill Bryan <guill@dps.state.ia.us> Thu, Sep 23, 2021 at 9:55 AM
To: "ExecutiveCouncil@tos.iowa.gov" <ExecutiveCouncil@tos.iowa.gov>, "tammy.hollingsworth@aos.iowa.gov" <tammy.hollingsworth@aos.iowa.gov>
Cc: Adams Jeannie <jadams@dps.state.ia.us>, "DAS.Risk@iowa.gov" <DAS.Risk@iowa.gov>

Executive Council and Tammy,

Please see attached AON deer accident on behalf of Trooper Nordyke. The vehicle damage estimate is in the amount of \$5074.74. The entire SVD damage submission is attached.

ISP is requesting this documentation serve as the 29C20, 24 hr notification and ISP would respectfully request reimbursement consideration for this AON event being over the threshold amount.

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

****Notice**** This e-mail message (including any file attachments transmitted with it) is for the sole use of the intended recipient(s) and may contain confidential and legally privileged information. Any unauthorized use or disclosure of this e-mail by an unintended recipient is prohibited. If you have received this e-mail in error, please notify the sender by return e-mail and destroy all copies of the original message. No representation is made that this e-mail or any attachments are free of viruses. Virus scanning is recommended and is the responsibility of the recipient.

From: Paulsen Blair <paulsen@dps.state.ia.us>
Sent: Thursday, September 23, 2021 9:19 AM
To: DAS.Risk@iowa.gov; vehicledamage <vehicledamage@dps.state.ia.us>
Cc: post3sup <post3sup@dps.state.ia.us>; Thornton Marilyn <thornton@dps.state.ia.us>
Subject: Trp. Nordyke Vehicle Damage 09/23/21

Please see the attached forms related to Trp. Nordyke striking a deer this morning.

Thank you!

Sergeant Blair Paulsen ★ 148 ★

Assistant District Commander

Area B Tactical Team

Department of Public Safety
Iowa State Patrol District #3
 2025 Hunt Avenue
Council Bluffs, Iowa 51503
Office: (712) 328-8001

Cell: (712) 310-4454
Fax: (712) 328-1504

Email: paulsen@dps.state.ia.us



****Notice**** This e-mail message (including any file attachments transmitted with it) is for the sole use of the intended recipient(s) and may contain confidential and legally privileged information. Any unauthorized use or disclosure of this e-mail by an unintended recipient is prohibited. If you have received this e-mail in error, please notify the sender by return e-mail and destroy all copies of the original message. No representation is made that this e-mail or any attachments are free of viruses. Virus scanning is recommended and is the responsibility of the recipient.

8 attachments

IMG_0011.JPG
 53K



IMG_0014.JPG
41K





IMG_0016.JPG
42K



IMG_0017.JPG
49K

 **State Vehicle Damage Report.Form.doc**
66K

 **55 Vehicle estimate.pdf**
1728K

 **55 memo.pdf**
702K

 **55 Accident report.pdf**
249K

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 #: 2021023205

Date: (Month/Day/Year)	9/23/21	Time: (Time plus a.m./p.m.)	06:39 a.m.
Vehicle Plate #:	55	Vehicle Mileage:	126,214
Vehicle Description: (Yr/Make/Model/ & Vin#)	2017 Ford Explorer 1FM5K8AR0HGD07159		
Assigned To:	Aaron Nordyke	Badge #	55
Driven By:	Aaron Nordyke	Badge #	55
Driver's Lic #:	648YY4162	Damage:	\$5074.74
Vehicle Towed: (Yes / No)	No	Towed By:	N/A
Towed To:	N/A	Towing Cost:	\$N/A
Seat Belt: (Yes / No)	Yes	Type of Vehicle: (Marked/Semi /Unmarked)	Marked
Injured/Injuries:	Uninjured		
Occupants: (Other than driver)	N/A		

OTHER INFORMATION:

Witnesses:	N/A
Accident Location: (Street/Hwy)	110 th Street east of S Avenue
County:	Montgomery
Weather/Road Conditions:	Clear/Dry
Narrative: On 9/23/21 at approximately 06:39 a.m. Trooper Nordyke was traveling westbound on 110 th Street (H14) east of S Avenue in Montgomery County. A deer entered the roadway, striking the front and side of his patrol vehicle.	

Trooper Nordyke was uninjured and his patrol car was able to be driven from the scene.

Property Damage other than Vehicles:	N/A
--------------------------------------	-----

Cost:	\$N/A
-------	-------

Citations Issued To: (List Charge(s) and Statute Code(s))	N/A
--	-----

Investigating Officer:	Sergeant Blair Paulsen #148
------------------------	-----------------------------

**INVESTIGATING OFFICER'S REPORT
OF MOTOR VEHICLE ACCIDENT**

Form 4433003 (11-13)

Law Enforcement Case Numbers: 2021023205
--

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

Date of Accident 09/23/2021	Time of Accident 06:39 Hrs.	County MONTGOMERY - 69	Accident occurred within corporate limits of (city)	
Driver's Name - Last NORDYKE		First AARON		Middle DEAN
Address 2025 HUNT AVENUE		City COUNCIL BLUFFS		State IA Zip 51503
Date of Birth 09/02/1970	Driver's License Number 648YY4162	CDL Yes <input type="radio"/> No <input checked="" type="radio"/>	Citation Charge 1	Citation Charge 2
Male <input checked="" type="radio"/> Female <input type="radio"/>	State IA	Class D	Endorsements L,3	Restrictions
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 SE 13TH STREET		City DES MOINES		State IA Zip 50319
License Plate No. 55	State IA	Year 2021	VIN: 1FM5K8AR0HGD07159	Color SIL Year 2017 Make FORD Model EXPLORER Style SUV
Trailer Plate No.	State	Year	VIN:	Tow 1 Tow # Towed To Approx. Cost to Repair or Replace \$5,075.00
Insurance Company Name STATE OF IOWA		Insurance Co. Phone Number		Insurance Policy Number SELF INSURED
Initial Travel Direction	Veh. Act.	Veh. Config. 03	Cargo Body Type 01	Veh. Defect
Point of Initial Impact		Most Damaged Area		Extent of Damage 01
Special Veh. Func.	Emergency Status	Bus Use	Driver Condition	Vision Obscured 88
Contributing Circumstances Driver (up to two)		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				
Street Address		City		State Zip Code
Number of Axles	Gross Vehicle Weight Rating		US DOT Number	MC Number
Underride/Override		Hazardous Material Section		
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
PERSONNEL INFORMATION				
DRIVER OF UNIT 1		Phone Number: (712) 328-8001		Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Transported to:		Transported by:		Injury Status
Name	Phone Number	DOB:	Occupant Protection	
Address		Transported to:		Airbag Deployment
Name	Phone Number	DOB:	Ejection	
Address		Transported to:		Ejection Path
Name	Phone Number	DOB:	Trapped/extricated	
Address		Transported to:		Source of Transport
Name	Phone Number	DOB:	Died at scene/enroute	
Address		Transported to:		

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:
2021023205

L O C A T I O N	Date of Accident 09/23/2021	Time of Accident 06:39 Hrs.	County MONTGOMERY - 69	Accident occurred within corporate limits of (city)	Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>
	Literal Description H014/110 ST EAST OF S AVENUE				County: 69	Route:
	If accident occurred outside of city limits show general vicinity N NE E SE S SW W NW <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: 330422	
	On Road, Street or Highway:		At Intersection with:		Y Coordinate: 4556797	
	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	
Milepost Number _____ Or _____ Definable intersection, bridge, or railroad crossing				NB <input type="radio"/> SB <input type="radio"/> EB <input type="radio"/> WB <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		Roadway									
Light Conditions	Surface Conditions	Type of Roadway Junction/Feature									
		FRA No.									

First Harmful Event (Crash) 31	WORKZONE RELATED? <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	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 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:														

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	

U D A M A G E D	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 09/23/2021	Incident Clearance Date 09/23/2021
--	--------------------------	---	--

Signature of Officer SERGEANT B PAULSEN	Badge Number 148	Time Officer Notified of Accident 06:39 Hrs.	Roadway Clearance Time 06:39 Hrs.	Incident Clearance Time 07:40 Hrs.
Name of Agency IOWA STATE PATROL - DIST 03	Date of Report 09/23/2021	Time Officer Arrived At Scene 06:40 Hrs.	Total Roadway Clearance Time 000:00	Total Incident Clearance Time 001:01
Report Reviewed By	Date of Review	Investigation made at scene? Y <input type="radio"/> N <input checked="" type="radio"/>	T.I. No.	Other Technical Investigating Agency

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

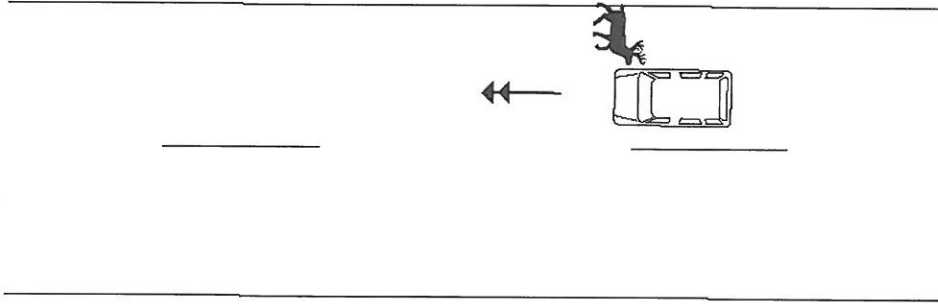
Law Enforcement Case Numbers:

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

2021023205

D
I
A
G
R
A
M

110th Street East of S Avenue



NOT TO SCALE

N
A
R
R
A
T
I
V
E

Unit 1 westbound on 110th Street east of S Avenue. A deer ran into the roadway striking Unit 1 in the front fender and side. Unit 1 able to drive from scene.

Due upon receipt

INVOICE

INVOICE NUMBER	INVOICE DATE
102-0131066	09/30/2021

BILL TO
Attn: JESSICA HACKBARTH DAS FLEET SERVICES 109 SE 13TH ST DES MOINESIA 50139

CLIENT CODE
DAS105001
BUSINESS LINE / LOSS TYPE
A - Fleet

FOR INQUIRIES:
PDA Omaha, NE #102 pdaomaha@pdaorg.net (402) 552-0899

SUBMIT PAYMENT TO:
PDA Omaha, NE #102 TIN: 45-4747397 P.O. Box 16173 Minneapolis, MN 55416 <i>Please reference the invoice number and enclose a copy of the invoice on all payments.</i>

INSURED	CLAIMANT	ASSIGNMENT DATE	PDA ASSIGNMENT #
State of Iowa		09/29/2021	102-109-0054
CLAIM #	POLICY #	LOSS DATE	REFERENCE #
APDSOI0226728-001			

SERVICE FEE: (1 Unit(s) @ \$179.00)	\$ 179.00
Mileage: (184.00 miles) @ \$1.20	\$ 220.80
Long Distance Drive Time/Mile: 184.00 miles @\$.74/mile	\$ 136.16

ACH Payment Info:
Bank: First Horizon Bank
ABA (US): 084000026 Bank
Account: 220002525824
Email Remit Information to:
achbackup@pdaorg.net

Click [here](https://pdaclientportal.com) to pay your invoice at PDAClientPortal.com

Same-Day Service. Guaranteed. PDA now offers expedited service for standard auto claims in select markets.

WE HAVE CHANGED OUR BANK REMITTANCE INFORMATION AS NOTED ABOVE PLEASE UTILIZE OUR PORTAL FOR ALL OTHER ELECTRONIC PAYMENTS.

TOTAL CHARGES:	535.96
:	
INVOICE TOTAL:	\$ 535.96

Terms: Professional fees due upon receipt. Interest accrues at 1% per month.
Please include the invoice number on all payments.

Date: 9/30/2021 11:31 AM
 Estimate ID: 1021090054
 Estimate Version: 0
 Committed
 Profile ID: * PDA IA
 Quote ID: 93616974

Property Damage Appraisers (PDA Omaha)

PO Box 241006, Omaha, NE 68124
 (402) 552-0899
 Fax: (402) 552-0898
 Email: pdaomaha@pdaorg.net

Not An Authorization For repair
 Read disclaimers following appraisal calculations.

Damage Assessed By: Cary Sommerla
 Classification: Field

Appraised For: JESSICA HACKBARTH

Condition Code: Good
 Contact Date: 9/29/2021
 Deductible: 0.00
 File Number: 1021090054
 Claim Number: APDSOI0226728-001
 Type of Loss: Comprehensive
 Insured: State of Iowa
 Owner: State of Iowa
 Telephone:
 Cell Phone: (712) 328-8001

Mitchell Service: 911800

Description: 2017 Ford Explorer Police Intercepto
 Body Style: 4D Ut
 VIN: 1FM5K8AR0HGD07159
 Mileage: 126,363
 OEM/ALT: A
 Color: Grey
 Options: 4WD OR AWD
 Vehicle Production Date: 5/17
 Drive Train: 3.7L Inj 6 Cyl AWD
 License: 55 IA
 Search Code: 102

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	931105	MCH	ALIGN	Four Wheel Alignment	Sublet	102.55	* 0.0*
2	100726	BDY	OVERHAUL	Frnt Bumper Cover Assy			3.8 #
3	100731	BDY	REMOVE/REPLACE	Frnt Bumper Cover	FB5Z 17D957 EB	726.00	INC #
4	AUTO	REF	REFINISH	Frnt Bumper Cover			C 2.8
5	101886	BDY	REMOVE/REPLACE	R Frnt Bumper Grille	** QUAL REPL PART	85.00	INC #
6	AUTO	BDY	REMOVE/INSTALL	Frnt Bumper Cover			INC
7	100710	BDY	REMOVE/REPLACE	Frnt Bumper Valance Panel	FB5Z 17D957 AC	254.48	INC #
8	100729	BDY	REMOVE/REPLACE	R Frnt Combination Lamp	FB5Z 13008 AG	1,091.82	* 1.1 #
9	AUTO	BDY	CHECK/ADJUST	Headlamps			0.4
10	100077	BDY	REMOVE/REPLACE	R Fender Panel	FB5Z 16005 A	265.03	2.4 #
11	AUTO	REF	REFINISH	R Fender Outside			C 2.0
12	AUTO	REF	REFINISH	R Add To Edge Fender			C 0.5
13	100090	BDY	REMOVE/REPLACE	R Fender Wheel Opening Mldg	** QUAL REPL PART	68.00	INC #
14	101434	BDY	REMOVE/REPLACE	Wheel Cover	DG1Z 1130 A	129.53	*
15				R Rear Wheelcover			
16	101039	BDY	REPAIR	R Frnt Door Shell	Existing		2.5*#
17	AUTO	REF	REFINISH	R Frnt Door Outside			C 1.9
18	100180	BDY	REMOVE/INSTALL	R Frnt Otr Door Belt Moulding			0.3
19	100182	BDY	REMOVE/INSTALL	R Frnt Rear View Mirror			0.3
20	100184	BDY	REMOVE/INSTALL	R Frnt Door Moulding			0.4
21	100215	BDY	REMOVE/INSTALL	R Frnt Door Trim Panel			0.4
22	100230	BDY	REMOVE/INSTALL	R Frnt Otr Door Handle			0.3
23	900500	BDY*	ADD'L LABOR OP	Remove Decals (R Frnt. Door & R Qtr.)	Existing		1.0*
24	101547	BDY	REPAIR	R Rear Door Shell	Existing		1.5*

ESTIMATE RECALL NUMBER: 09/30/2021 11:31:04 1021090054

Mitchell Data Version: OEM: SEP_21_V

Software Version: MAPP:SEP_21_V 7.1.241

Copyright (C) 1994 - 2021 Mitchell International
 All Rights Reserved

Date: 9/30/2021 11:31 AM
 Estimate ID: 1021090054
 Estimate Version: 0
 Committed
 Profile ID: * PDA IA
 Quote ID: 93616974

25	AUTO	REF	REFINISH	R Rear Door Outside			C 1.8
26	101554	BDY	REMOVE/INSTALL	R Rear Otr Door Belt Moulding			0.3
27	101556	BDY	REMOVE/INSTALL	R Rear Door Moulding			0.4
28	101583	BDY	REMOVE/INSTALL	R Rear Door Trim Panel			0.4
29	101596	BDY	REMOVE/INSTALL	R Rear Otr Door Handle			0.3
30	101111	REF	BLEND	R Quarter Panel Outside			C 0.9
31	101093	BDY	REMOVE/REPLACE	R Quarter Wheel Opening Mldg	** QUAL REPL PART	76.00	0.3
32	100628	BDY	REMOVE/INSTALL	R Rear Combination Lamp			0.3 #
33	AUTO	BDY	REMOVE/INSTALL	R Lwr Quarter Trim Panel			0.6 #
34	100666	BDY	OVERHAUL	Rear Bumper Cover Assy			2.8 #
35	AUTO	BDY	REMOVE/INSTALL	L Rear Combination Lamp			0.3 #
36	AUTO	BDY	REMOVE/INSTALL	R Quarter Wheel Opening Mldg			INC
37	AUTO	BDY	REMOVE/INSTALL	L Quarter Wheel Opening Mldg			0.3
38	100668	BDY	REPAIR	Rear Up'r Bumper Cover	Existing		1.0*#
39	AUTO	REF	REFINISH	Rear Up'r Bumper Cover			C 2.4
40	936012		ADD'L COST	Hazardous Waste Disposal		5.00	*
41	936014		ADD'L COST	Flex Additive		8.00	*
42	933002	REF	ADD'L OPR	Clear Coat			2.5*
43	933003	REF	ADD'L OPR	Tint Color			0.5*
44	933005	BDY	ADD'L OPR	Restore Corrosion Protection		15.00	* 0.3*
45	933018	REF	ADD'L OPR	Mask For Overspray		7.50	* 0.3*

* - Judgment Item
 # - Labor Note Applies
 ** QUAL REPL PART - Quality Replacement Parts
 C - Included in Clear Coat Calc

KEYSTONE-INS QUALITY PRT
 8206 J ST.
 OMAHA
 NE 68127
 (402) 553-0230 (800) 642-1432

5	** FO1039175	85.00
13	** FO1291130	68.00
31	** FO1791114	76.00

Remarks

Estimate is for damages due to deer impact only.

Insured is sales tax exempt. No sales tax allowed on estimate.

Estimate Totals

I. Labor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals	II. Part Replacement Summary	Amount
Body	21.7	50.00	15.00	0.00	1,100.00 T	Taxable Parts	2,695.86
Refinish	15.6	90.00	7.50	0.00	1,411.50 T		
Mechanical	0.0	50.00	0.00	102.55	102.55 T	Total Replacement Parts Amount	2,695.86
			Taxable Labor		2,614.05		
Labor Summary	37.3				2,614.05		

ESTIMATE RECALL NUMBER: 09/30/2021 11:31:04 1021090054

Mitchell Data Version: OEM: SEP_21_V

Software Version: MAPP:SEP_21_V 7.1.241

Copyright (C) 1994 - 2021 Mitchell International
 All Rights Reserved

Date: 9/30/2021 11:31 AM
 Estimate ID: 1021090054
 Estimate Version: 0
 Committed
 Profile ID: * PDA IA
 Quote ID: 93616974

III. Additional Costs	<u>Amount</u>	IV. Adjustments	<u>Amount</u>
Taxable Costs	13.00	Insurance Deductible	0.00
Total Additional Costs	13.00	Customer Responsibility	0.00
		I. Total Labor:	2,614.05
		II. Total Replacement Parts:	2,695.86
		III. Total Additional Costs:	13.00
		Gross Total:	5,322.91
		IV. Total Adjustments:	0.00
		Net Total:	5,322.91

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.

Point(s) of Impact

1 Right Front Corner (P), 3 Right Side (S)

Insurance Co: DAS FLEET SERVICES
 DES MOINES, IA 50139
 Work Phone: (877) 544-7843

Inspection Site: Officer's Residence
 Address: 2132 Tahoe Place
 Clarinda, IA 51632
 Inspection Date: 9/29/2021

Body Shop: All Makes Collision-Council Bluffs
 Address: 524 23rd Ave.
 Council Blfs, IA 51501
 Telephone: (712) 256-3195
 Fax Phone: (712) 322-4351
 Email: karl.aaauto@live.com