



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

July 29, 2025

Kristi Onstot
Executive Council
L O C A L

Subject: Deer Damage to Vehicle #188 on April 14, 2025
Department of Administrative Services
Claim dated April 17, 2025
AOS Claim ID: 4033

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 \$17,697.78, 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

Date: April 17, 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 | #188 / Deer |
| Event Date | April 17, 2025 |
| Summary | Vehicle 188 - struck a deer (Claim # TL2508) |
| Amount Requested | \$17,697.78 - 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: Fw: Patrol Truck vs Deer

1 message

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

Tue, Apr 15, 2025 at 12:57 PM

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 188 struck a deer on 4/14/2025. 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>**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.

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

From: **Adams Jeannie** <jadams@dps.state.ia.us>

Date: Tue, Apr 15, 2025 at 12:16 PM

Subject: Fw: Patrol Truck vs Deer

To: Vehicle Assignment Form Mailbox <VAFMAILBOX@iowa.gov>, Risk, DAS (das.risk@iowa.gov) <das.risk@iowa.gov>

Jeannie Adams**Fleet Asset Manager**

Fleet & Supply

Iowa Department of Public Safety

30 NE 48th Place | Des Moines, Iowa 50313

Office: 515-725-0643

Mobile: 515-204-3019

jadams@dps.state.ia.us<https://dps.iowa.gov/><https://dpscareers.com/>



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From: Dinkla Alex <dinkla@dps.state.ia.us>

Sent: Tuesday, April 15, 2025 11:53 AM

To: Ludwig Nathan <nludwig@dps.state.ia.us>; Adams Jeannie <jadams@dps.state.ia.us>

Subject: Patrol Truck vs Deer

On Monday, April 14th at approximately 8:15 PM, I was traveling Southbound on H Avenue near 150th Street in Boone County. I came over a hill and saw 3 deer standing on the right in a field drive.

One of the deer came running from the West ditch, right in the path of my squad truck. I was unable to safely avoid hitting it.

Both airbags deployed on the driver's side and the squad truck sustained disabling damage. I immediately called State Radio, notifying them of the incident. They sent a Trooper to cover the crash. I also called Executive Officer Ludwig to let him know what happened. My patrol truck was towed to Ames and should be arriving at Karl Chevrolet in Ankeny later today.

Respectfully,

Alex

Sergeant Alex Dinkla, ★188★

Public Information Officer

Iowa State Patrol | Headquarters

Iowa Department of Public Safety

215 East 7th Street

Des Moines, Iowa 50319

Work Cell (515) 443-6644

Office (515) 725-6189

dinkla@dps.state.ia.us

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

<https://dpscareers.com/>



**Department of
Public Safety**

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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 #:

2025009221

| | | | |
|---|---|---|---|
| Date: (Month/Day/Year) | 04/14/2025 | Time: (Time plus a.m./p.m.) | 8:15 <input type="radio"/> a.m. <input checked="" type="radio"/> p.m. |
| Vehicle Plate #: | 188 | Vehicle Mileage: | 66887 |
| Vehicle Description: (Yr/Make/Model/ & Vin#) | 2023 Ford F-150 | | |
| Assigned To: | Sgt. Alex Dinkla | Badge # | 188 |
| Driven By: | Sgt. Alex Dinkla | Badge # | |
| Driver's Lic #: | 817YY6925 | Damage: | \$ |
| Vehicle Towed: (Yes / No) | <input checked="" type="radio"/> Yes <input type="radio"/> No | Towed By: | Elmquist |
| Towed To: | Karl Chevrolet | Towing Cost: | \$ |
| Seat Belt: (Yes / No) | <input checked="" type="radio"/> Yes <input type="radio"/> No | Type of Vehicle: (Marked/Semi /Unmarked) | Marked |
| Injured/Injuries: | None | | |
| 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: | State Of Iowa | | |
| Insurance Info: (Carrier/Policy #/Phone) | State of Iowa | | |
| Veh Description: (Yr/Make/Model & Vin#) | 2023 Ford F-150 VIN - 1FTFW1P82NKE64364 | | |
| Damage: | \$ 10,000 | Seat Belt: (Yes / No) | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Injured/Injuries: | | | |
| Occupants: (Other than driver) | | | |
| Occupant(s) Wearing Seat Belt: (Yes/No) | | <input type="radio"/> Yes <input type="radio"/> No | |

OTHER INFORMATION:

| | | | |
|--|-----------|--|--|
| Witnesses: | | | |
| Accident Location: (Street/Hwy) | | | |
| County: | Pick One: | | |
| Weather/Road Conditions: | | | |
| Narrative: | | | |
| | | | |
| Property Damage other than Vehicles: | | | |
| 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) | <input type="radio"/> Yes <input type="radio"/> No |
| Injured/Injuries: | | | |
| Occupants: (Other than driver) | | | |
| Occupant(s) Wearing Seat Belt: (Yes/No) | <input type="radio"/> Yes <input type="radio"/> No | | |



Form 4433003 (11-13)

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Form Number:

2025009221

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

| | | | | | | | | | | | | | | | | | |
|---------------------------------------|---|---------------------------------------|---|-----------------------------|----------------------------------|---|-------------------------|--------------------------|---|---------------------|---|----------------------------------|--|---------------|--------------------|---------------------------------|-----------------------|
| Date of Accident 04/14/2025 | | Time of Accident 20:15 Hrs. | | County BOONE - 08 | | Accident occurred within corporate limits of (city) | | | | | | | | | | | |
| UNIT 1 | Driver's Name - Last DINKLA | | | | | First ALEX | | | | | Middle | | | | | | |
| | Address 215 E 7TH STREET | | | | | City DES MOINES | | | | | State IA | | Zip 50319 | | | | |
| | Date of Birth 01/26/1982 | | Driver's License Number 817YY6926 | | | CDL Yes No <input type="radio"/> <input checked="" type="radio"/> | | Citation Charge 1 | | | Citation Charge 2 | | | | | | |
| | Male Female <input checked="" type="radio"/> <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 IOWA STATE PATROL | | | | | First | | | | | Middle | | | | | | |
| | Address 510 E 12TH STREET | | | | | City DES MOINES | | | | | State IA | | Zip 50319 | | | | |
| | License Plate No. 188 | | State IA | Year 2099 | VIN: 1FTFW1P82NKE64364 | | | Color WHI | | Year 2022 | Make FORD | | Model F150 | | Style PK | | |
| | Trailer Plate No. | | State | Year | VIN: | | | Tow 3 | Tow # 3505348 | | Towed To ELMQUIST TOWING | | Approx. Cost to Repair or Replace \$6,000.00 | | | | |
| | Insurance Company Name STATE OF IOWA | | | | | Insurance Co. Phone Number (515) 725-6000 | | | | | Insurance Policy Number STATE OF IOWA | | | | | | |
| Initial Travel Direction | | Veh. Act. | Veh. Config. | Cargo Body Type | | 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: (515) 725-6000 | | | | | | | | | | | |
| | | | | | | 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: | | | | | | |

Form Number:



2025009221

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--------------------------------|--|--|--|---|--|-----------------------------|--|---|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| L O C A T I O N | Date of Accident 04/14/2025 | | Time of Accident 20:15 Hrs. | | County BOONE - 08 | | Accident occurred within corporate limits of (city) | | | | Legal Intervention? <input type="checkbox"/> | | Private Property? <input type="checkbox"/> | | | | | | | | | | | | | | | |
| | Literal Description 150TH ST AND H AVENUE SOUTH BOUND | | | | | | | | | | County: 08 | | 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"/> | | | | X Coordinate: 415063.531 | | | | | | | | | | | | | | | | | | | |
| | On Road, Street or Highway: | | | | At Intersection with: | | | | Y Coordinate: 4665563 | | | | | | | | | | | | | | | | | | | |
| | 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 | | | | | | | | | | | | | | | | | |
| 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"/> and 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"/> | | | | | | | | | | NB SB EB WB <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | | | | | | | | | | | | | | | | | | |
| Milepost Number Definable intersection, Or 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) 31 WORKZONE RELATED? <input type="radio"/> Yes <input type="radio"/> 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 | | | | | | | | | | | | | | |
| N O N 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 <input type="radio"/> <input type="radio"/> | | | | | | | | | | | | | |
| | Transported to: | | | | | | | | | | | | | | Transported by: | | | | | | | | | | | | | |
| | Name Phone Number DOB: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Address: | | | | | | | | | | | | | | Alcohol Test Given Test Results: Drug Test Given Result Charged Yes No <input type="radio"/> <input type="radio"/> | | | | | | | | | | | | | |
| Transported to: | | | | | | | | | | | | | | Transported by: | | | | | | | | | | | | | | |
| N P R O P E R 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 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 04/14/2025 Incident Clearance Date 04/14/2025 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Officer TROOPER SAMUEL LONG Badge Number 355 Time Officer Notified of Accident 20:15 Hrs. Roadway Clearance Time 20:16 Hrs. Incident Clearance Time 20:53 Hrs. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Agency IOWA STATE PATROL - DIST 01 Date of Report 04/14/2025 Time Officer Arrived At Scene 20:16 Hrs. Total Roadway Clearance Time 000:01 Total Incident Clearance Time 000:38 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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

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

Form Number: 2025009221

| | | | |
|---------------------------------|-------------------------------------|---|---|
| D I A G R A M | HAVENUE AND 150TH ST SOUTH BOUND |  |  |
| | | | |

| | |
|---|--|
| N A R R A T I V E | UNIT 1 WAS SOUTH BOUND ON H AVENUE JUST NORTH OF 150TH STREET WHEN IT STRUCK A DEER. |
| | |

Karl Chevrolet Collision Center
Ankeny

Workfile ID: ra098387
Federal ID: 42-1092272

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 188 | | Phone: | Create Date: | 4/15/2025 |
| State | | Claim: | | |
| DSM, IA 50313 | | Loss Date: | | |
| (515) 443-6644 | | Deductible: | | |

2022 FORD F-150 Police Responder XL SuperCrew 4WD w/5.5' Box (Fleet) 4D P/U 6-3.5L Turbocharged Gasoline Port/Direct Injection

| | | | |
|------------------------|------------------|--------------|--------------|
| VIN: 1FTFW1P82NKE64364 | 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 | | FRONT BUMPER | | | | | | |
| 2 | E01 | Remove/Replace | O/H front bumper | | | | 4.2 | Body | |
| 3 | E01 | Remove/Replace | Bumper w/o front park aid black | 1 | 896.63 | OEM | 0.0 | Body | 2.1 |
| 4 | E01 | | Add for Clear Coat | | | | | | 0.8 |
| 5 | E01 | Remove/Replace | RT Mount plate | 1 | 128.62 | OEM | 0.0 | Body | |
| 6 | E01 | Remove/Replace | LT Mount plate | 1 | 120.83 | OEM | 0.0 | Body | |
| 7 | E01 | Remove/Replace | Upper molding | 1 | 464.45 | OEM | 0.0 | Body | 1.4 |
| 8 | E01 | Remove/Replace | RT Reinforcement | 1 | 27.97 | OEM | 0.1 | Body | |
| 9 | E01 | Remove/Replace | Wire harness w/o front park aid w/o fog lamps | 1 | 129.83 | OEM | 0.0 | Body | |
| 10 | E01 | Remove/Replace | RT Outer cover w/o TREMOR | 1 | 34.10 | OEM | 0.0 | Body | |
| 11 | E01 | Remove/Replace | LT Outer cover w/o TREMOR | 1 | 36.27 | OEM | 0.0 | Body | |
| 12 | E01 | Remove/Replace | Center cover w/o engine htr 2.7, 3.0, 3.5 liter | 1 | 74.05 | OEM | 0.0 | Body | |
| 13 | E01 | Remove/Replace | Lower molding black | 1 | 176.12 | OEM | 0.0 | Body | |
| 14 | E01 | Remove/Replace | Lower deflector w/o tow hook | 1 | 155.52 | OEM | 0.0 | Body | |
| 15 | E01 | | GRILLE | | | | | | |
| 16 | E01 | Remove/Replace | Grille | 1 | 1,271.27 | OEM | 0.0 | Body | 2.2 |
| 17 | E01 | | Add for Clear Coat | | | | | | 0.9 |
| 18 | E01 | | FRONT LAMPS | | | | | | |
| 19 | E01 | Remove/Replace | RT Headlamp assy | 1 | 972.00 | OEM | 0.7 | Body | |
| 20 | E01 | Remove/Replace | Aim headlamps | | | | 0.5 | Body | |
| 21 | E01 | Remove/Replace | LT Headlamp assy | 1 | 908.27 | OEM | 0.7 | Body | |
| 22 | E01 | | RADIATOR SUPPORT | | | | | | |
| 23 | E01 | Remove/Replace | Radiator support to 05/2024 (ALU) | 1 | 377.85 | OEM | 2.9 | Body | |
| 24 | E01 | Remove/Replace | Shutter upper | 1 | 1,316.42 | OEM | 0.0 | Body | |

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:

2022 FORD F-150 Police Responder XL SuperCrew 4WD w/5.5' Box (Fleet) 4D P/U 6-3.5L Turbocharged Gasoline Port/Direct Injection

| | | | | | | | | | |
|----|-----|----------------|--|---|--------|-----|-------|-------|-------|
| 25 | E01 | Remove/Replace | Shutter lower 2.7, 3.0, 3.5 liter | 1 | 377.12 | OEM | 0.0 | Body | |
| 26 | E01 | Remove/Replace | Air deflector w/o max towing, gas engines 3.5 liter ECOBOOST | 1 | 132.95 | OEM | 0.3 | Body | |
| 27 | E01 | | COOLING | | | | | | |
| 28 | E01 | Remove/Replace | Radiator w/max towing | 1 | 452.50 | OEM | 4.4 | Mech | |
| 29 | E01 | Remove/Replace | Trans cooler | 1 | 216.67 | OEM | 0.8 | Mech | |
| 30 | E01 | Remove/Replace | Intercooler | 1 | 340.00 | OEM | 0.6 | Mech | |
| 31 | E01 | Remove/Replace | Upper bracket | 1 | 61.83 | OEM | | | |
| 32 | E01 | Remove/Replace | Mount bracket | 1 | 67.67 | OEM | 0.3 | Mech | |
| 33 | E01 | Remove/Replace | Fan assy | 1 | 641.82 | OEM | 0.0 | Body | |
| 34 | E01 | | AIR CONDITIONER & HEATER | | | | | | |
| 35 | E01 | Remove/Replace | Condenser | 1 | 349.09 | OEM | 1.3 | Mech | |
| 36 | E01 | Remove/Replace | Deduct for Overlap | | | | (0.9) | Mech | |
| 37 | E01 | Remove/Replace | AC Service evacuate & recharge | | | OEM | 1.4 | Mech | |
| 38 | E01 | Remove/Replace | AC Service refrigerant recovery | | | OEM | 0.4 | Mech | |
| 39 | E01 | | HOOD | | | | | | |
| 40 | E01 | Remove/Replace | Hood w/o TREMOR (ALU) | 1 | 795.15 | OEM | 1.5 | Body | 3.2 |
| 41 | E01 | | Overlap Major Non-Adj. Panel | | | | | | (0.2) |
| 42 | E01 | | Add for Clear Coat | | | | | | 0.6 |
| 43 | E01 | | Add for Underside(Complete) | | | | | | 1.6 |
| 44 | E01 | | Add for Clear Coat | | | | | | 0.3 |
| 45 | E01 | Remove/Replace | RT Hinge | 1 | 101.95 | OEM | 0.3 | Body | 0.5 |
| 46 | E01 | | Overlap Minor Panel | | | | | | (0.2) |
| 47 | E01 | Remove/Replace | LT Hinge | 1 | 104.63 | OEM | 0.3 | Body | 0.5 |
| 48 | E01 | | Overlap Minor Panel | | | | | | (0.2) |
| 49 | E01 | Remove/Replace | RT Lift cylinder | 1 | 39.25 | OEM | 0.2 | Body | |
| 50 | E01 | Remove/Replace | LT Lift cylinder | 1 | 39.25 | OEM | 0.2 | Body | |
| 51 | E01 | | FENDER | | | | | | |
| 52 | E01 | Remove/Replace | RT Fender (ALU) | 1 | 294.63 | OEM | 2.7 | Body | 2.2 |
| 53 | E01 | | Overlap Major Adj. Panel | | | | | | (0.4) |
| 54 | E01 | | Add for Clear Coat | | | | | | 0.4 |
| 55 | E01 | | Add for Edging | | | | | | 0.5 |
| 56 | E01 | | Add for Clear Coat | | | | | | 0.1 |
| 57 | E01 | Remove/Replace | RT Fender liner XL, SSV | 1 | 280.18 | OEM | 0.0 | Body | |
| 58 | E01 | Alignment | LT Fender (ALU) | | | | 1.0 | Body | |
| 59 | E01 | | FRAME | | | | | | |
| 60 | E01 | Remove/Replace | RT Front rail (HSS) | 1 | 937.62 | OEM | 4.0 | Struc | 0.7 |
| 61 | E01 | | Overlap Minor Panel | | | | | | (0.2) |
| 62 | E01 | | WINDSHIELD | | | | | | |
| 63 | E01 | Remove/Replace | Washer pump | 1 | 64.18 | OEM | 0.2 | Mech | |
| 64 | E01 | | RESTRAINT SYSTEMS | | | | | | |
| 65 | E01 | Remove/Replace | LT Knee air bag black onyx | 1 | 453.28 | OEM | 0.6 | Mech | |
| 66 | E01 | Remove/Replace | Driver air bag w/active steering XL, XLT, LARIAT | 1 | 387.28 | OEM | 0.0 | Mech | |
| 67 | E01 | Remove/Replace | Air bag system diagnosis | | | | 0.5 | Mech | |

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:

2022 FORD F-150 Police Responder XL SuperCrew 4WD w/5.5' Box (Fleet) 4D P/U 6-3.5L Turbocharged Gasoline Port/Direct Injection

| | | | | | | | | | |
|----|-----|----------------|---|---|--------|-------|-----|------|-------|
| 68 | E01 | Remove/Replace | LT Outer belt | 1 | 567.55 | OEM | 0.5 | Body | |
| 69 | E01 | Remove/Replace | LT Outer buckle | 1 | 109.10 | OEM | 0.2 | Body | |
| 70 | E01 | Remove/Replace | Clockspring w/o active steering w/o auto wipers | 1 | 51.38 | OEM | 1.3 | Mech | |
| 71 | E01 | Remove/Replace | LT Ft impact sensor | 1 | 52.18 | OEM | 0.0 | Mech | |
| 72 | E01 | Remove/Replace | RT Ft impact sensor | 1 | 52.18 | OEM | 0.0 | Mech | |
| 73 | E01 | Remove/Replace | Control module w/side camera | 1 | 430.15 | OEM | 0.3 | Mech | |
| 74 | E01 | | Pre Repair Scan- Per OEM Guideline | | | | 0.5 | Mech | |
| 75 | E01 | | Post Repair Scan- Per OEM Guideline | | | | 0.5 | Mech | |
| 76 | E01 | Sublet | Two wheel alignment | 1 | 149.95 | Other | | | |
| 77 | E01 | | setina bar | 1 | 400.00 | Other | 3.0 | Body | |
| 78 | E01 | | plug for body side | 1 | 200.00 | Other | | | |
| 79 | E01 | | coolant | 2 | 60.00 | Other | | | |
| 80 | E01 | | emergencie light and wiring | 1 | 500.00 | Other | | | |
| 81 | E01 | | FRONT DOOR | | | | | | |
| 82 | E01 | Repair | LT Door shell (ALU) | | | | 4.0 | Body | 2.1 |
| 83 | E01 | | Overlap Major Non-Adj. Panel | | | | | | (0.2) |
| 84 | E01 | | Add for Clear Coat | | | | | | 0.4 |
| 85 | E01 | Remove/Install | LT Belt molding black | | | | 0.3 | Body | |
| 86 | E01 | Remove/Install | LT Mirror | | | | 0.4 | Body | |
| 87 | E01 | Remove/Install | LT Run channel | | | | 0.2 | Body | |
| 88 | E01 | Remove/Install | LT Handle, outside black | | | | 0.7 | Body | |
| 89 | E01 | Remove/Install | LT Door trim panel | | | | 0.8 | Body | |
| 90 | E01 | | SET UP AND MEASURE | | | | 2.0 | Body | |

| Estimate Totals | Discount \$ | Markup \$ | Rate \$ | Total Hours | Total \$ |
|----------------------|-------------|-----------|---------|-------------|------------------|
| Parts | (2,897.96) | | | | 12,751.83 |
| Sublet/Miscellaneous | | | | | 149.95 |
| Labor, Body | | | 60.00 | 27.7 | 1,662.00 |
| Labor, Refinish | | | 110.00 | 19.1 | 2,101.00 |
| Labor, Structural | | | 60.00 | 4.0 | 240.00 |
| Labor, Mechanical | | | 65.00 | 12.2 | 793.00 |
| Subtotal | | | | | 17,697.78 |
| Sales Tax | | | | | 0.00 |
| Grand Total | | | | | 17,697.78 |
| Net Total | | | | | 17,697.78 |

| Estimate Version | Total \$ |
|------------------|-----------|
| Original | 17,697.78 |

| | |
|--------------------------------|-----------|
| Insurance Total \$: | 17,697.78 |
| Received from Insurance \$: | 0.00 |
| Balance due from Insurance \$: | 17,697.78 |

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:

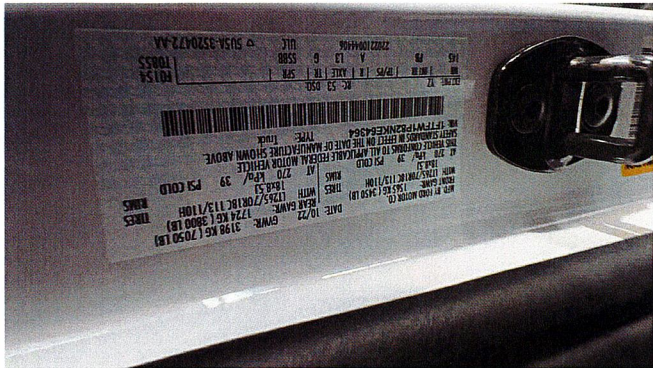
2022 FORD F-150 Police Responder XL SuperCrew 4WD w/5.5' Box (Fleet) 4D P/U 6-3.5L Turbocharged Gasoline Port/Direct Injection

| | |
|-------------------------------|------|
| 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

Image Report

| | | | | | | | |
|------------|-----------------------|---------------|---------------------|----------------|-------------------|------------------|--|
| Owner: | SOI 188 | Insurance: | | Estimator: | Joe Singleton | Vehicle Out: | |
| RO Number: | | Claim Number: | | | | | |
| Year: | 2022 | Color: | | License Plate: | | Production Date: | |
| Make: | FORD | Body Style: | 4D P/U | State: | IA | Mileage In: | |
| Model: | F-150 Police Respo... | Engine: | 6-3.5L Turbochar... | VIN: | 1FTFW1P82NKE64364 | Condition: | |



4/15/2025
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Karl Chevrolet Collision Center Ankeny

1101 Southeast Oralabor Road, Ankeny, IA 50021

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

Image Report

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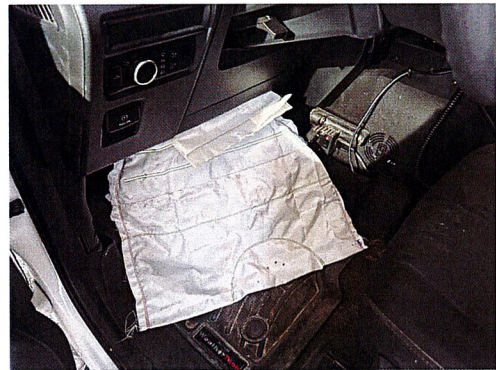
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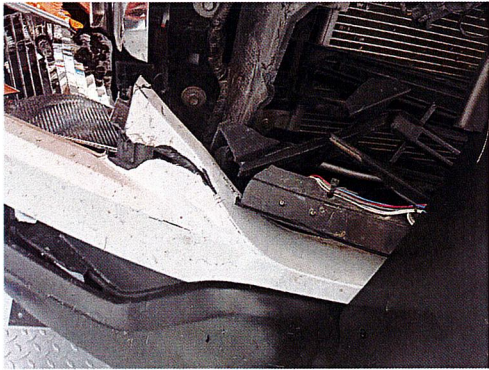
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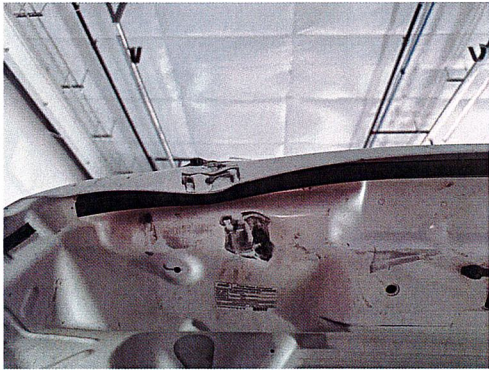
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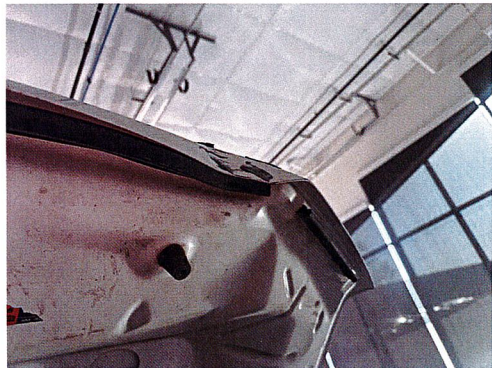
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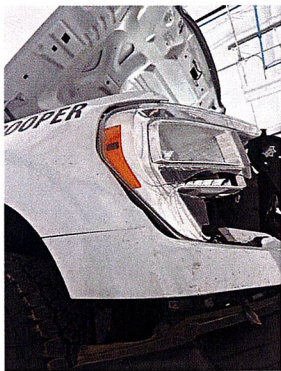
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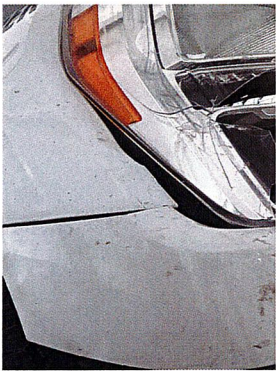
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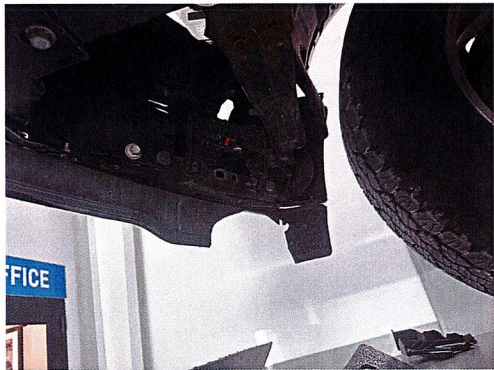
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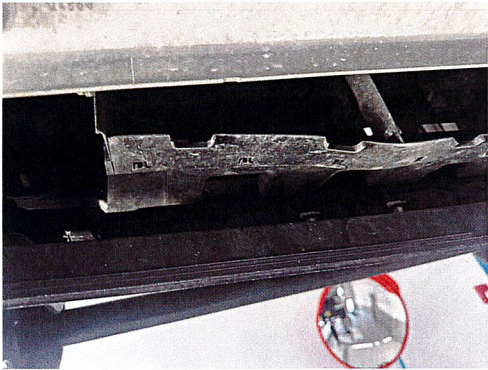
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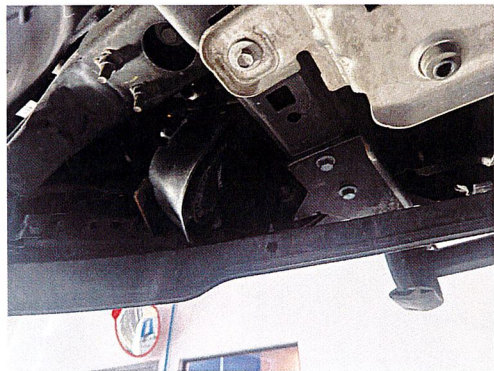
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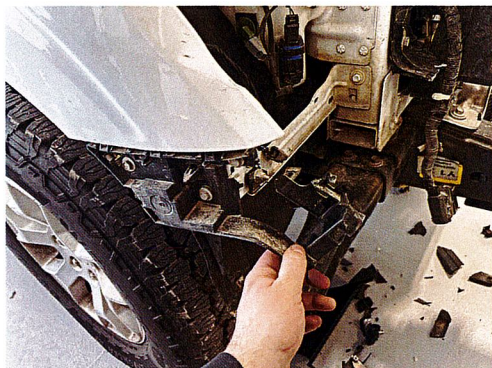
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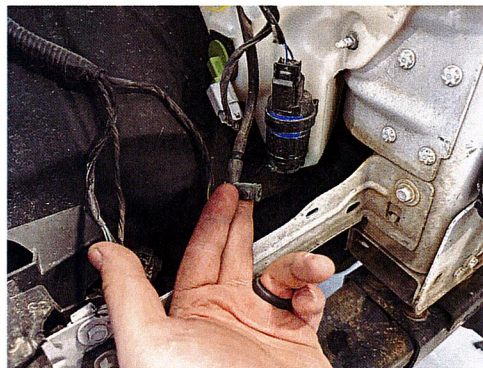
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Image Report

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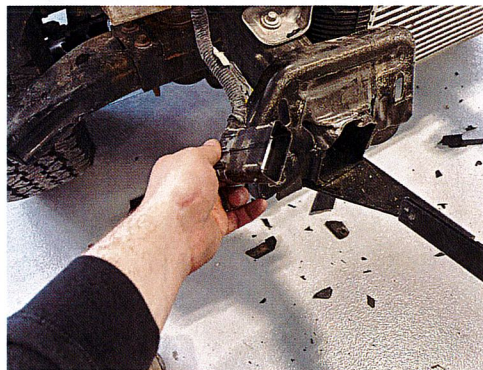
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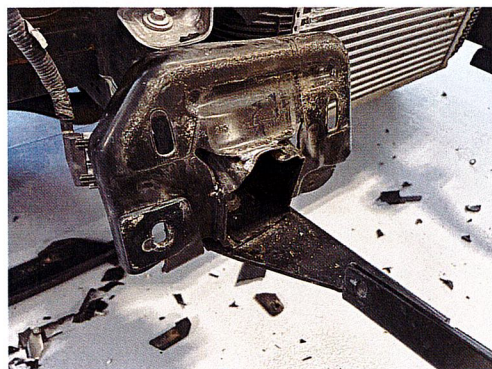
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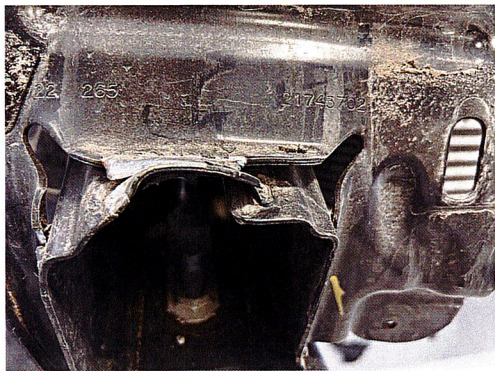
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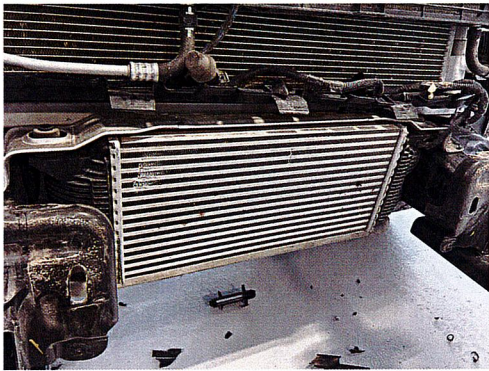
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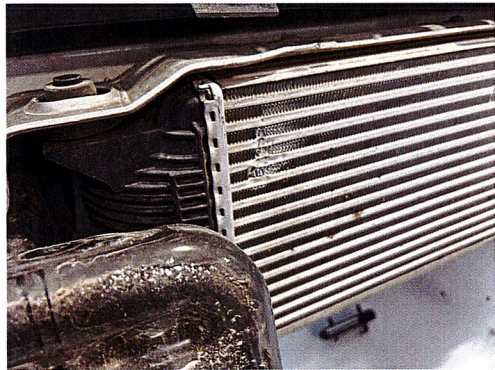
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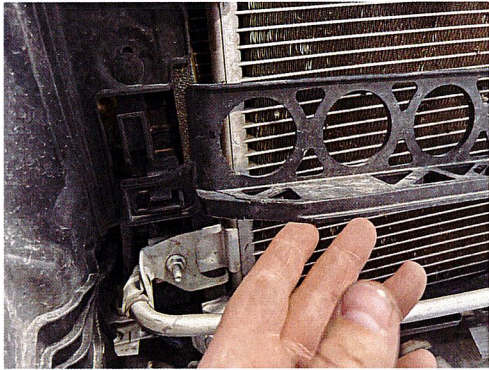
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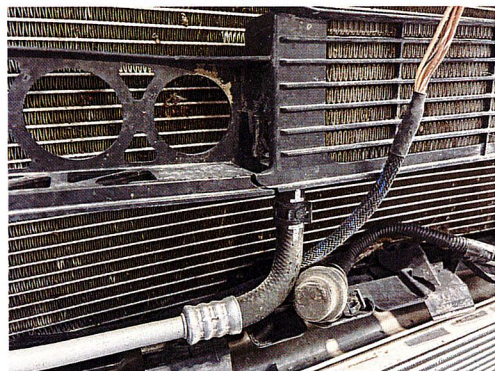
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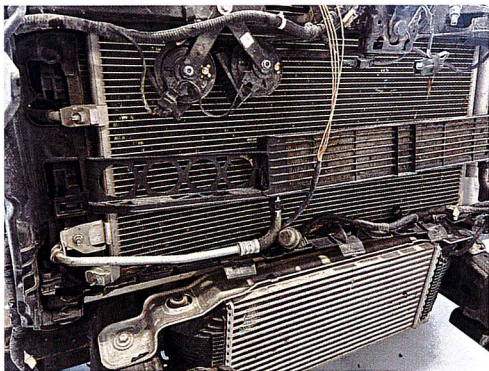
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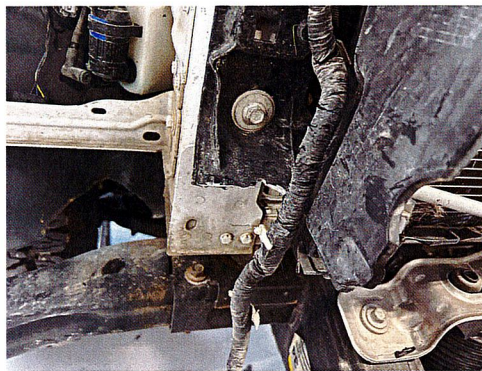
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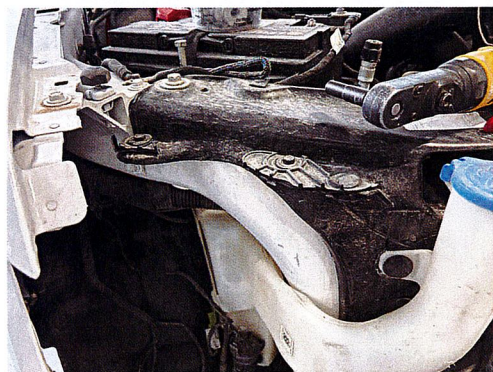
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| Owner: | SOI 188 | Insurance: | | Estimator: | Joe Singleton | Vehicle Out: |
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| Model: | F-150 Police Respo... | Engine: | 6-3.5L Turbochar... | VIN: | 1FTFW1P82NKE64364 | Condition: |



4/16/2025 E01
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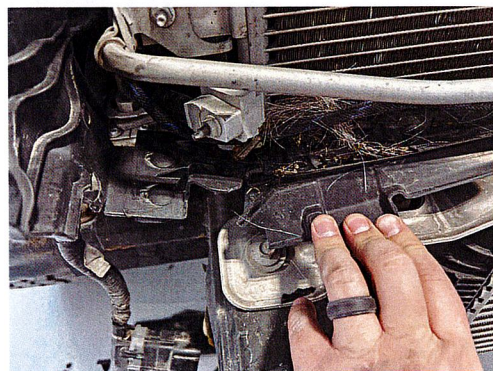
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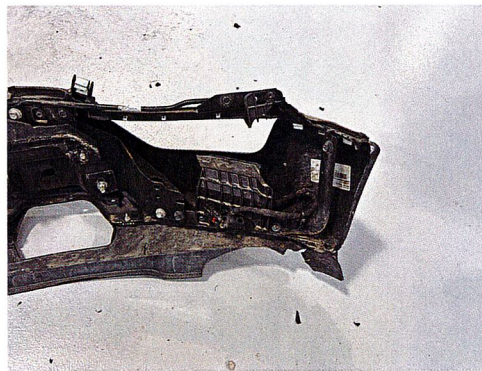
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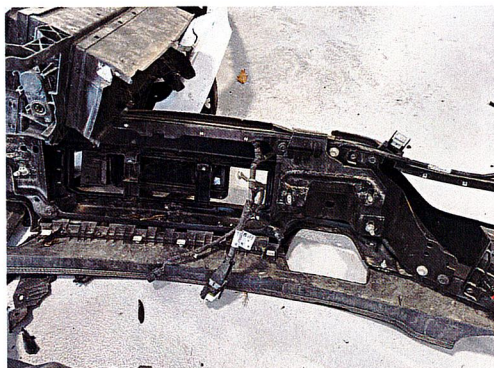
Karl Chevrolet Collision Center Ankeny

1101 Southeast Oralabor Road, Ankeny, IA 50021

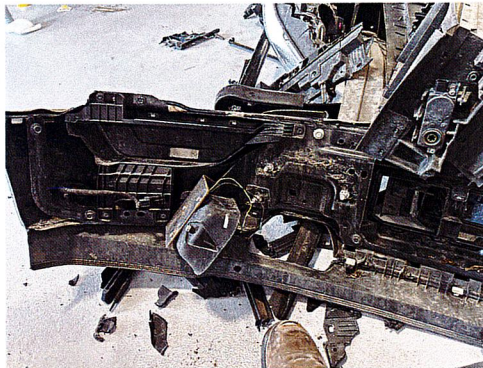
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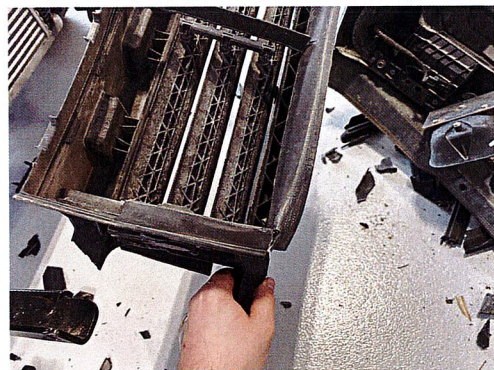
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| Owner: | SOI 188 | Insurance: | | Estimator: | Joe Singleton | Vehicle Out: |
| RO Number: | | Claim Number: | | | | |
| Year: | 2022 | Color: | | License Plate: | | Production Date: |
| Make: | FORD | Body Style: | 4D P/U | State: | IA | Mileage In: |
| Model: | F-150 Police Respo... | Engine: | 6-3.5L Turbochar... | VIN: | 1FTFW1P82NKE64364 | Condition: |



4/16/2025 E01
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4/16/2025 E01
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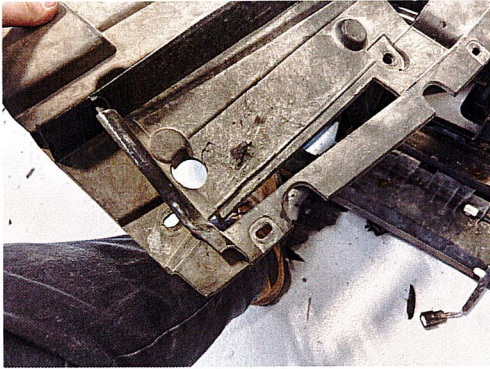
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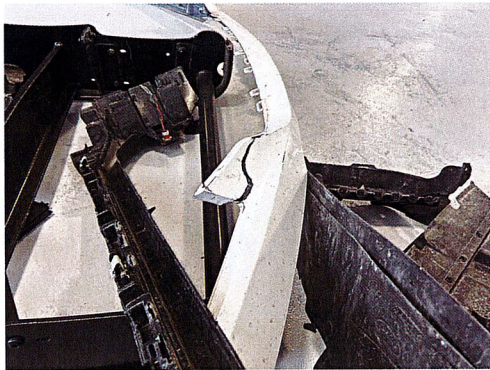
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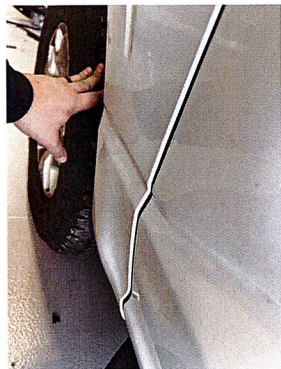
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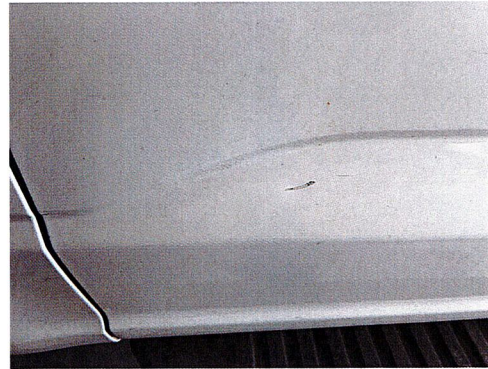
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Karl Chevrolet Collision Center Ankeny

1101 Southeast Oralabor Road, Ankeny, IA 50021

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

Image Report

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|------------|-----------------------|---------------|---------------------|----------------|-------------------|------------------|
| Owner: | SOI 188 | Insurance: | | Estimator: | Joe Singleton | Vehicle Out: |
| RO Number: | | Claim Number: | | | | |
| Year: | 2022 | Color: | | License Plate: | | Production Date: |
| Make: | FORD | Body Style: | 4D P/U | State: | IA | Mileage In: |
| Model: | F-150 Police Respo... | Engine: | 6-3.5L Turbochar... | VIN: | 1FTFW1P82NKE64364 | Condition: |



4/16/2025 E01
Comments:



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