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: Damages to Vehicle #2252 Due to Vandalism on July 1, 2025

Department of Administrative Services

Claim dated July 8, 2025 AOS Claim ID: 4099

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 \$2,056.35, subject to an audit of actual invoices.

Sincerely,

Brian R. Brustkern, CPA Deputy Auditor of State

Bri R. Bris

CC: Adam Steen, Director, Department of Administrative Services
Mariah Fucaloro, Fleet Services Manager, Department of Administrative Services
Heather Hackbarth, Department of Management



KIM REYNOLDS, GOVERNOR CHRIS COURNOYER, LT. GOVERNOR ADAM STEEN, DIRECTOR

Date: July 8, 2025

Tammy Hollingsworth, Auditor of State To:

Victoria Newton, Treasurer of State

Executive Council

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

Vehicle / Event	#2252 / Vandalism
Event Date	July 1, 2025
Summary	Vehicle 2252 - sustained damage from vandalism (Claim # TBD)
Amount Requested	\$2,056.35 - 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 Program Manager

ryan.betts1@iowa.gov

515-281-8008





Fwd: Abra estimate

1 message

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

Wed, Jul 2, 2025 at 8:54 AM

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 2252 sustained damage due to vandalism on 7/1/2025. 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



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: Smith, Keely <keely.smith2@iowa.gov>

Date: Wed, Jul 2, 2025 at 7:36 AM Subject: Fwd: Abra estimate

To: DAS Risk <das.risk@iowa.gov>

FDCF vehicle 2252 was keyed in the parking lot while in Des Moines. Attached is the estimate.

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

From: Ashley Decker <adecker@abraauto.com>

Date: Tue, Jul 1, 2025 at 3:00 PM

Subject: Abra estimate

To: keely.smith2@iowa.gov <keely.smith2@iowa.gov>

Good Afternoon.

Here is a copy of the estimate 2023 Traverse. Let us know if you have any questions.

Thank you,



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

Vehicle Accident Report Form

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

Vehicle Accident Report

Time and location of accide	ent					
Accident Date (Mo/Day/Year)	0/19/2025	Time between 3:56pm	No. of Vehicles			
county Oes Moines C	aunty	State Tower				
	·					
Vehicle 1 (State vehicle)						
Driver's Name		Work Street Address				
Emma Askildso	n	1550 L Street				
Driver's License No./State		City, State, Zip				
916AL5338 -	IA	Fort Dodge, TA	50501			
Date of Birth	Department	Work Phone	Home Phone			
05/16/2001	FDCF -252	515-574-4700	641-425-3809			
License Plate No.	VIN	Year, Make, Model				
2252	16NEVLKW4PJ425	71 '23 Chevi	y Traverse			
Estimate (\$) of Damage		Description of Damage Vand	alism .			
		vandation by being scroutched				
Vehicle 2 (other vehicle) if n	nore than two vehicles-use ac	dditional forms				
Driver's Name		Street Address				
Driver's License No./State	4	City, State, Zip				
Date of Birth	Date of Birth Work Phone		License Plate No.			
Description of Damage						
Mark to		,				

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

Accident Diagram						
Use number 1 to indicate the State vehicle. Complete diagram below, include a description of what happened. (ar I was scratched or writing in street or highway names or numbers. Use number 1 to indicate the State vehicle. Use number 1 to indicate the State vehicle.						
Jessie Parver Builbirg	Des moires St.	gravel Pourring				

	Accident Information Exchange Sheet
Other Vehicle information	
Driver's Name	
Street Address	
Driver Phone	•
Driver's License No./State	
Vehicle Plate No.	
Vehicle year, make, model	
VIN	
Insurance Company Name	
Policy No.	
Agent name	,
Agent phone	
Owner's Name/Address (if different)	
Submit this information a	along with the accident report to DAS Fleet Service within 72 hours of the accident.
Complete the n	ext section, tear at the dotted line and give to the other party involved.
State Vehicle Insurance Info	ormation
Driver's Name	
Driver's License No./State	
Vehicle Plate No.	
Vehicle year, makel, model	
VIN	
	The State of Iowa is self-insured.
	ou have any questions regarding an accident, please contact DAS Fleet Services at 515-281-3162 of DAS Risk@jowa.gov

Ashley Decker Body Shop Estimator abra

Auto Body Repair of America 2723 5th Ave S

Fort Dodge Iowa 50501

P: 515-576-5645

email: adecker@abraauto.com

Hours 7:30a- 5:30p M-F 9:00a-12:00p Sat

Keely Smith

Human Resources Technical Assistant

Fort Dodge Correctional Facility/North Central Correctional Facility Iowa Department of Corrections 1550 L Street, Fort Dodge, IA 50501

Phone: 515-705-7232 FAX: 515-574-4750 keely.smith2@iowa.gov https://doc.iowa.gov/







Abra - Fort Dodge

workfile เบ: Federal ID: 5484cca/ 421460937

2723 - 5th Ave. S., Fort Dodge, IA 50501 Phone: (515) 576-5645 FAX: (515) 955-5466

Estimate

RO Number:

State Of Iowa Corrections

Customer:

Insurance:

CUSTOMER PAY

Adjuster:

Phone: Claim: Estimator:

Ashley Decker

Create Date:

7/1/2025

(515) 705-7233

Loss Date: Deductible:

(010) / 00 / 200

2023 CHEV Traverse LS AWD (Fleet) 4D UTV 6-3.6L Gasoline Direct Injection

VIN:

1GNEVLKW4PJ242571

Interior Color:

Mileage In: Mileage Out: Vehicle Out:

License: State:

IA

Exterior Color: Production Date:

Condition:

Job #:

Line	Ver	Operation	Description	Qty	Extended Price \$	Part Type	Labor	Туре	Paint
1	E01		ROOF						
2	E01	Remove/Install	RT Roof molding w/o silver roof rail				0.3	Body	
3	E01		FRONT DOOR						
4	E01	Blend	RT Door shell						1.1
5	E01	Remove/Install	RT Belt molding chrome				0.3	Body	
6	E01	Remove/Install	RT Applique				0.2	Body	
7	E01	Remove/Install	RT Reveal molding chrome				0.4	Body	
8	E01	Remove/Replace	RT Nameplate "TRAVERSE" w/o red outline	1	66.75	OEM	0.2	Body	
9	E01	Remove/Install	RT Lower molding w/insert w/sport pkg				0.3	Body	
10	E01	Remove/Install	RT Mirror assy w/blind spot w/surround view, w/HD				0.5	Body	
11	E01	Remove/Install	RT Door glass GM				0.5	Body	
12	E01	Remove/Install	RT Run w'strip				0.3	Body	
13	E01	Remove/Install	RT Handle, outside primed				0.4	Body	
14	E01	Remove/Install	RT R&I trim panel				0.5	Body	
15	E01		remove and replace decal on front door				1.0	Body	
16	E01		REAR DOOR						
17	E01	Repair	RT Door shell				3.0	Body	2.1
18	E01		Add for Clear Coat						0.8
19	E01		Feather Edge Prime and Block				1.0	Body	
20	E01	Remove/Install	RT Reveal molding chrome			0.4	Body		
21	E01	Remove/Install	RT Belt molding chrome			0.3	Body		
22	E01	Remove/Install	RT Applique			0.2	Body		
23	E01	Remove/Install	RT Lower molding w/insert black chrome	RT Lower molding w/insert black chrome			0.3	Body	
24	E01	Remove/Install	RT Door glass GM w/deep tinted				0.5	Body	
25	E01	Remove/Install	RT Run w'strip GM w/deep tinted				0.3	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:

2023 CHEV Traverse LS AWD (Fleet) 4D UTV 6-3.6L Gasoline Direct Injection

26	E01	Remove/Install	RT Door handle primed				0.4 Body
27	E01	Remove/Install	RT R&I trim panel				0.4 Body
28	E01		QUARTER PANEL				
29	E01	Blend	RT Quarter panel				1.3
30	E01	Remove/Install	RT Wheelhouse liner				0.3 Body
31	E01	Remove/Install	RT Pressure valve				0.1 Body
32	E01	Remove/Install	RT Wheel opng mldg black				0.0 Body
33	E01	Remove/Install	RT Quarter glass GMC w/deep tint				1.6 Body
34	E01	Remove/Replace	Glass Urethane Kit	1	25.00	Other	
35	E01	Remove/Install	LT Wheelhouse liner				0.2 Body
36	E01	Remove/Install	LT Wheel opng mldg black				0.0 Body
37	E01		REAR LAMPS				
38	E01	Remove/Install	RT Tail lamp all				0.2 Body
39	E01		REAR BUMPER				
40	E01	Remove/Install	RT Side cover				0.3 Body
41	E01	Remove/Install	R&I bumper cover				2.2 Body
42	E01	Remove/Install	LT Side cover				0.3 Body
43	E01		VEHICLE DIAGNOSTICS				
44	E01	Repair	Pre-repair scan				0.5 Mech
45	E01	Repair	Post-repair scan				0.5 Mech
46	E01	Repair	Disconnect Battery				0.5 Body
47	E01		Hazardous waste removal	1	5.00	Other	
48	E01	Remove/Replace	Cover Car	1	5.00	Other	
49	E01	Remove/Replace	Corrosion Protection	1	5.00	Other	

Estimate Totals	Discount \$	Markup \$	Rate \$	Total Hours	Total \$
Parts					106.75
Labor, Body			70.00	17.4	1,218.00
Labor, Refinish			70.00	5.3	371.00
Labor, Mechanical			85.00	1.0	85.00
Material, Paint			52.00	5.3	275.60
Subtotal					2,056.35
Sales Tax					0.00
Grand Total					2,056.35
Net Total					2,056.35

Estimate Version	Total \$
Original	2,056.35
Insurance Total \$:	0.00
Received from Insurance \$:	0.00
Balance due from Insurance \$:	0.00
Customer Total \$:	2,056.35

7/1/2025 2:58:42 PM Page 2

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Estimate

RO Number:

2023 CHEV Traverse LS AWD (Fleet) 4D UTV 6-3.6L Gasoline Direct Injection

Received from Customer \$:

0.00

Balance due from Customer \$:

2,056.35

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