

MEMBERS OF COUNCIL

HON. KIM REYNOLDS
GOVERNOR

HON. PAUL D. PATE
SECRETARY OF STATE

HON. ROB SAND
AUDITOR OF STATE

HON. ROBY SMITH
TREASURER OF STATE

HON. MIKE. NAIG
SECRETARY OF AGRICULTURE



Executive Council of Iowa

CAPITOL BUILDING
DES MOINES, IOWA 50319
PHONE: 515 281-5368

May 6, 2024

Accounting Department
Office of the Treasurer
Lucas Building
321 E 12th Street
Des Moines, IA, 50319

The Executive Council, in a meeting held on today's date, approved Department of Administrative Services request for a supplemental emergency allocation in the amount of \$765.45. This brings the total allocation to \$3,413.81. On October 29, 2023, Vehicle #414 was damaged by a raccoon. Request was to cover repair costs. This represents full and final payment and this allocation will be closed.

EXECUTIVE COUNCIL OF IOWA

Kristi Onstot

Kristi Onstot
Acting Executive Secretary

cc: Adam Steen, Director, Department of Administrative Services
DAS Fleet Services, Risk
Matt Bender, Department of Management
Heather Hackbarth, Department of Management

AOS Claim # 3633
TOS Job # 2526



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

April 11, 2024

Victoria Newton
Executive Council
L O C A L

Subject: Raccoon Damage to Vehicle #414 on October 29, 2023
Department of Administrative Services
Claim dated November 7, 2023
AOS Claim ID: 3633

The Department's request included a supplemental allocation request of \$765.45 because additional damages were identified. We recommend Executive Council approval of the supplemental allocation of \$765.45, which increases the allocation to \$3,413.81. In accordance with Executive Council policy, we have examined the invoices and supporting documentation for final payment related to this loss. We have found the items to be in order as shown below:

Documented request			\$	<u>3,413.81</u>
Executive Council allocation (Revised)			\$	3,413.81
Less:				
Previous payments	\$	0.00		
This payment		<u>3,413.81</u>		
Total			\$	<u>3,413.81</u>
Remaining Executive Council allocation			\$	<u>0.00</u>

We recommend that reimbursement be made in the amount of \$3,413.81. This represents full and final payment on this allocation.

Sincerely,

Brian R. Brustkern, CPA
Deputy Auditor of State

cc: Adam Steen, Director, Department of Administrative Services
Mariah Fucaloro, Fleet Services Manager, Department of Administrative Service



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

Date: January 11, 2024

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

From: Karl Bubser, Fleet Administrator
DAS Fleet Services
Department of Administrative Services

Re: REIMBURSEMENT REQUEST - 29C20 Claim

AOS Claim #	3633
Vehicle / Event	#414/Animal
Event Date	October 29, 2023
Summary	Vehicle 414 struck a raccoon. (269093)
Amount Requested	\$3,413.81 - Total

The Department of Administrative Services, Central Procurement Fleet Services Enterprise, has paid all vendors to date. We are seeking an allocation for those funds under 29C20 Contingency Fund – Disaster Aid. Please deposit into the following account: **0665-005-5790-0657**.

If you have any questions or need additional information, please do not hesitate to contact me.

Thank you,

A handwritten signature in blue ink, appearing to read "Karl Bubser".

Karl Bubser, Fleet Administrator
DAS Fleet Services
karl.bubser@iowa.gov
515-281-3162



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 Facsimile (515) 281-6518

December 28, 2023

Victoria Newton
Executive Council
L O C A L

Subject: Raccoon Damage to Vehicle #414 on October 29, 2023
Department of Administrative Services
Claim dated November 7, 2023
AOS Claim ID: 3633

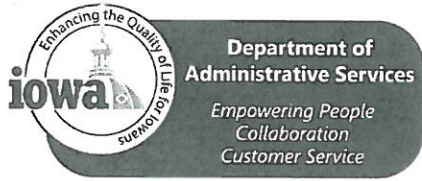
In accordance with Executive Council policy, we have examined the claim for 29C.20 funds for the above-mentioned damage. It is our conclusion that the above damage incurred by the Department of Administrative Services is covered by Chapter 29C.20 of the Code of Iowa. Therefore, we recommend an Executive Council allocation in the amount of \$2,648.36, subject to an audit of actual invoices.

Sincerely,

A handwritten signature in black ink, appearing to read "Ernest H. Ruben, Jr.".

Ernest H. Ruben, Jr., 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



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

Date: November 7, 2023

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	#414 Struck a raccoon
Event Date	Oct 29, 2023
Summary	Vehicle 414 struck a raccoon. (269093)
Amount Requested	\$2,648.36 - Estimate
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 Fucaloro, Fleet Manager
DAS Fleet Services
Mariah.Fucaloro@iowa.gov
515-414-6582

Warrants

[Menu](#)

Fiscal Year	Warrant Number	Line Number	Line Amount	Issued	Redeemed	Vendor Customer
✓ 2024	86108001	1	\$504.00	01/04/2024		00003032666
2024	86108001	2	\$90.00	01/04/2024		00003032666
2024	86108001	3	\$804.00	01/04/2024		00003032666
2024	86108001	4	\$2,015.81	01/04/2024		00003032666

First Prev Next Last

[Search](#)

▼ Warrant Information

Fiscal Year : 2024 Amount : \$3,413.81
 Warrant Number : 86108001 Vendor Customer : 00003032666
 Line Number : 1 Last Updated : 1/4/24

▼ Issue Information

Issued : 01/04/2024 Void :
 Document ID : RISK00524002009 Duplicate :
 Document Line Number : 1 Stop :
 Line Amount : \$504.00
 Comments :

▼ Redeemed Information

Redeemed : Batch Number :
 Redeemed Bank : Sequence Number :
 Redeemed Fund :
 Redeemed Department :

▼ Fund Accounting

Fund : 0665 Object : 2715 Dept Object :
 Sub Fund : Sub Object : Dept Revenue :
 Department : 005 Object Class :
 Unit : 5790 Revenue Source :
 Sub Unit : Sub Revenue Source :
 Appropriation : 0000 Revenue Source Class :
 BSA :
 Sub BSA :

▼ Detail Accounting

Location : Reporting : Major Program :
 Sub Location : Sub Reporting : Program :
 Activity : 2920 Task : Phase :
 Sub Activity : Sub Task : Program Period :
 Function : Task Order :
 Sub Function :

[Top](#)

414 Final

Page 1
 Printed: 12/15/23 9:17 AM
 Created: 10/31/23

COPELAND COLLISION CENTER

State of Iowa DAS 414
 Estimate: 104578
 Repair Order: 104578

FINAL BILL

1308 17TH AVE E
 OSKALOOSA, IA 52577
 (641) 676-6060
 www.copelandautobody.com

Customer: Insured	Vehicle:	Ins. Company:
State of Iowa DAS 414 Home: (641) 660-2481 Work: (319) 385-8716	DODG 4D SED Charger Police AWD (Fleet) YEAR: 2019 Color: Triple Nickle C Paint Code: PSE License: 414 IA Prod Date: 04/01/2019 Mileage In: 126124 Mileage Out: 126124 VIN: 2C3CDXKT6KH622770 Sched. Arrival Date: 11/27/23 Arrival Date: 11/27/23 Proj. Delivery Date: 12/06/23 Drivable: Unknown	Creative Risk Solutions Claim Number: APDSOI0269093-001

Written by: Sylvester, Dan T

Item	Price	Ext. Price	Labor Units	Paint		
				Units	PT	BT
1 FRONT BUMPER & GRILLE						
2 O/H front bumper			3.4 B			
* 3 REMOVE/REPLACE A/M CAPA Bumper cover	708.00	708.00	Incl.	3.4 O	*	
7 Add for Clear Coat				1.4		
8 REPAIR Cut/prep for grille guard mount			1.0 B			
9 REMOVE/RE-INSTALL License bracket type 1			0.1 B			
10 Add for Two Tone				1.4		
* 11 REMOVE/REPLACE A/M CAPA Upper grille black crossbars	352.00	352.00	Incl.		O	*
12 REMOVE/REPLACE LT Air duct	64.15	64.15			O	
* 13 REMOVE/REPLACE Closure panel	167.92*	167.92	Incl.		O	
* 14 REMOVE/REPLACE LT Support inner	31.65*	31.65	Incl.		O	
15 RADIATOR SUPPORT						
16 REMOVE/REPLACE LT Underbody shield	17.10	17.10			O	
18 REMOVE/REPLACE Splash shield AWD w/police	125.00	125.00	0.2 B		O	
* 20 REMOVE/REPLACE A/M Front shield w/police	226.00*	226.00	Incl.		O	*
23 FENDER						
* 24 REMOVE/REPLACE A/M CAPA LT Fender liner 3.6, 5.7 liter	121.00*	121.00	0.3 B		O	*
27 MISCELLANEOUS OPERATIONS						
28 REMOVE/REPLACE Cover car/bag	5.00*	5.00	0.2 B		O	
30 SU Pre/Post Scan Per OE Requirements	189.99	189.99			U	
31 Labor for scans			1.0 M			
32 SU Hazardous waste removal	3.00	3.00			H	
34 REMOVE/REPLACE Flex additive	5.00	5.00				
36 REMOVE/RE-INSTALL Grille Guard			2.0 B			
37 Color tint / color match					0.5	

FINAL BILL SUMMARY

	PARTS			LABOR					
	Regular	Supp	Total	Department	Units	Supp Units	Rate	Total	Units
New (OEM) Parts:	\$1,449.53	\$368.29	\$1,817.82	Body	7.2	0.0	\$70.00	\$504.00	7.2
Other parts:	\$6.00	(\$1.00)	\$5.00	Mechanical	1.0	0.0	\$90.00	\$90.00	1.0
				Paint	4.8	1.9	\$120.00	\$804.00	6.7

	Regular	Supp	Total
RATE CHANGES			
Body Rate Change:	\$56.52		
Mechanical Rate Change:	\$18.64		
Sublet:	\$189.99	\$0.00	\$189.99
Parts Total:	\$1,455.53	\$367.29	\$1,822.82
Labor Total:	\$998.84	\$399.16	\$1,398.00

COPELAND COLLISION CENTER

FINAL BILL

Paint Rate Change:	\$134.00	Hazardous Disposal:	\$4.00	(\$1.00)	\$3.00
Total:					\$3,413.81

	PAYMENTS	AMT DUE	SUBTOTAL	SUPPLEMENTS	TOTAL
Creative Risk Solutions PAYABLE REPAIR	\$0.00	\$3,413.81	\$2,648.36	\$765.45	\$3,413.81

Labor Dept Codes: B-Body D-Detail I-Diagnostic E-Sublet F-Frame G-Glass M-Mechanical P-Paint S-Structural A-Aluminum 1-User-defined1 2-User-defined2 3-User-defined3

PT - Price Types:
 O - OEM; A - Aftermarket; V - Salvage; R - Remanufactured; Space - No Type
 L - Labor; M - Material; H - Hazardous; S - Storage; T - Towing; U - Sublet

BT - Billing Types:
 No Code - Insurance Charge; CC - Customer Charge; BT - Betterment; AP - Appearance Allowance
 PD - Prior Damage; NC - No Charge

(*) Indicates Estimator Judgement.
 Underline Indicates Supplement.

CCC One Data, Copyright 1995 CCC Information Services
 The elements of data used to calculate this Estimate were obtained from a CCC Database.

Calculations of the Estimate are performed by a computer program created by Axalta Coating Systems, LLC.



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

29C20

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

Tue, Oct 31, 2023 at 8:49 AM

Draft 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 414 struck a raccoon on 10/29/23. Notification was sent after hours 10/30/23. I will forward all information as soon as it is received.

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.

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>

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 #: 2023027820

Date: <small>(Month/Day/Year)</small>	10-29-23	Time: <small>(Time plus a.m./p.m.)</small>	9:52 PM
Vehicle Plate #:	414	Vehicle Mileage:	126,052
Vehicle Description: <small>(Yr/Make/Model/ & Vin#)</small>	2019 Dodge Charger VIN: 2C3CDXKT6KH622770		
Assigned To:	Trp. Meislahn	Badge #	414
Driven By:	Trp. Meislahn	Badge #	414
Driver's Lic #:	090-FF-2210	Damage:	\$2,648.36
Vehicle Towed: <small>(Yes / No)</small>	NO	Towed By:	N/A
Towed To:	N/A	Towing Cost:	N/A
Seat Belt: <small>(Yes / No)</small>	YES	Type of Vehicle: <small>(Marked/Semi /Unmarked)</small>	Marked
Injured/Injuries:	NONE		
Occupants: <small>(Other than driver)</small>	N/A		

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:			
Accident Location: (Street/Hwy)	MM 58 on US 63 NB		
County:	Mahaska		
Weather/Road Conditions:	Clear/Dry		
Trooper Meislahn struck a raccoon in the roadway. Damage was noted and reported to supervision 10-30-23 when preparing to go on duty.			
Property Damage other than Vehicles:	None		
Cost:	\$N/A		
Citations Issued To: (List Charge(s) and Statute Code(s))	N/A		

Investigating Officer:	Sgt. Morey #431
------------------------	-----------------

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)	
Injured/Injuries:			
Occupants: (Other than driver)			
Occupant(s) Wearing Seat Belt: (Yes/No)			



MEMORANDUM

TO: Sgt. Morey #431

FROM: Trooper Meislahn #414

DATE: NOVEMBER 6, 2023

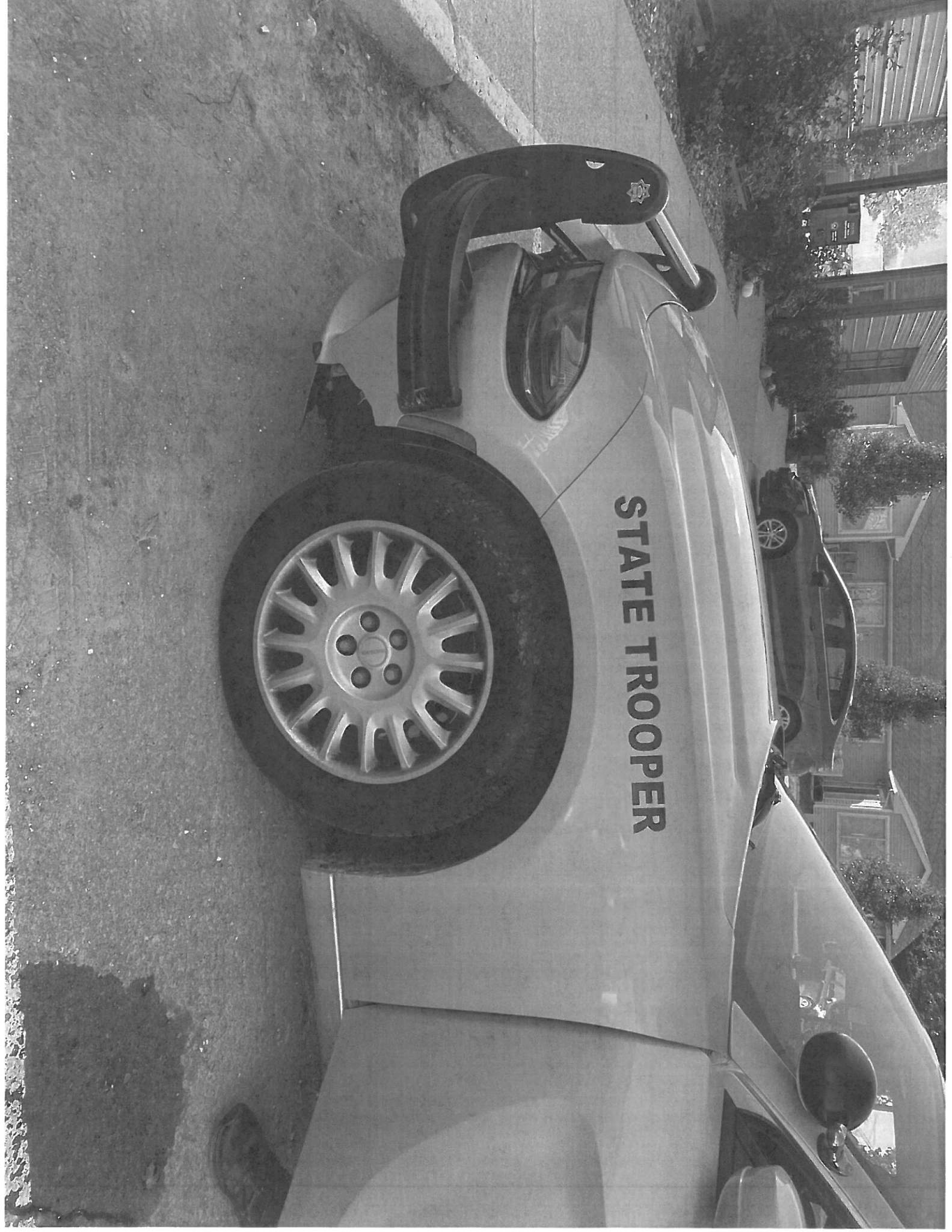
SUBJECT: 10-50 Car vs. raccoon

On 10/29/2023 at 2152 hours, I struck a raccoon that ran out of the median at MM 58 on US 63 NB in Mahaska County. I had 126,052 miles at the time.

Thank you,

Brian #414





STATE TROOPER

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Law Enforcement Case Number:

2023027820

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

Date of Accident 10/29/2023		Time of Accident 21:52 Hrs.		County MAHASKA - 62		Accident occurred within corporate limits of (city)												
UNIT 1	Driver's Name - Last MEISLAHN					First BRIAN			Middle MATTHEW									
	Address 505 SOUTH A STREET					City OSKALOOSA			State IA	Zip 52577								
	Date of Birth 10/25/1971		Driver's License Number 090FF2210		CDL	Citation Charge 1			Citation Charge 2									
	Male <input checked="" type="radio"/>	Female <input type="radio"/>	State IA	Class B	Endorsements P	Restrictions	Yes <input type="radio"/>	No <input checked="" type="radio"/>	Citation Charge 3			Citation Charge 4						
	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 50319-9018								
	License Plate No. 414		State IA	Year	VIN: 2C3CDXKT6KH622770		Color SIL	Year 2019	Make DODG	Model CHARGER	Style SD							
	Trailer Plate No.		State	Year	VIN:		Tow 1	Tow #		Towed To	Approx. Cost to Repair or Replace \$2,650.00							
	Insurance Company Name STATE OF IOWA					Insurance Co. Phone Number			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. 01									
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								
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													
	Trailer Plate:		State	Year	VIN													
	Converter Dolly		Dolly Plate:	State	Plate Year	VIN												
PERSONS INVOLVED	DRIVER OF UNIT 1					Phone Number: (319) 385-8715			Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Ejection Path	Trapped/entangled	Source of Transport	Died at scene/enroute
						Transported to:	Transported by:	01	01									
	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:									

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

Law Enforcement Case Number:
2023027820

L O C A T I O N	Date of Accident 10/29/2023	Time of Accident 21:52 Hrs.	County MAHASKA - 62	Accident occurred within corporate limits of (city)	Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>	
	Literal Description MM 58 ON US 63 N				County: 62	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: 530137.875		
	On Road, Street or Highway:		At Intersection with:				Y Coordinate: 4562987
	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"/>			
Milepost Number		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	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								
	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 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	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		
U L D A M A R G	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 10/30/2023	Incident Clearance Date 10/30/2023	
Signature of Officer SERGEANT R MOREY	Badge Number 431	Time Officer Notified of Accident 16:00 Hrs.	Roadway Clearance Time 16:00 Hrs.	Incident Clearance Time 16:00 Hrs.
Name of Agency IOWA STATE PATROL - DIST 13	Date of Report 11/01/2023	Time Officer Arrived At Scene Hrs.	Total Roadway Clearance Time 000:00	Total Incident Clearance Time 000:00
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

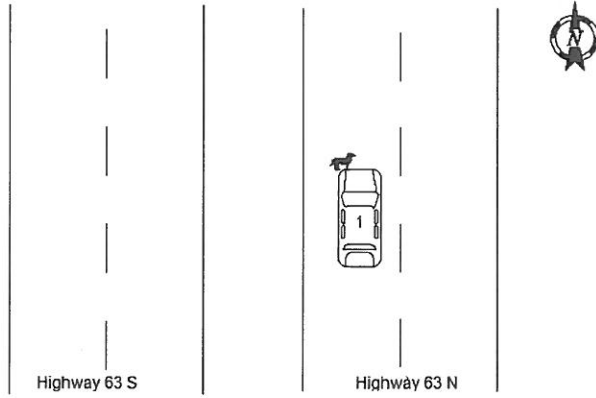
INVESTIGATING OFFICER'S REPORT
OF MOTOR VEHICLE ACCIDENT

Form 4433003 (11-13)

Law Enforcement Case Number:
2023027820

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

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Unit #1 was north bound on Highway 63 in Mahaska County.

Unit #1 struck a racoon in the roadway.



COPELAND COLLISION CENTER

1308 17th Ave East, Oskaloosa, IA 52577
Phone: (641) 676-6060

Workfile ID: 9d129c8b
PartsShare: 7D4bbm
Federal ID: 42-1488559

Preliminary Estimate

Customer: State of Iowa DAS 414

Job Number:

Written By: Jennifer Petrehn

Insured: State of Iowa DAS 414
Type of Loss:
Point of Impact:

Policy #:
Date of Loss:

Claim #:
Days to Repair: 0

Owner:
State of Iowa DAS 414
(641) 660-2481 Cell
(319) 385-8716 Business

Inspection Location:
COPELAND COLLISION CENTER
1308 17th Ave East
Oskaloosa, IA 52577
Repair Facility
(641) 676-6060 Business

Insurance Company:
Creative Risk Solutions

VEHICLE

2019 DODG Charger Police AWD (Fleet) 4D SED 8-5.7L Gasoline Sequential MPI Triple Nickle CC

VIN: 2C3CDXKT6KH622770	Interior Color:	Mileage In: 126,124	Vehicle Out:
License: 414	Exterior Color: Triple Nickle CC	Mileage Out:	
State: IA	Production Date: 4/2019	Condition:	Job #:

TRANSMISSION

Automatic Transmission
4 Wheel Drive

POWER

Power Steering
Power Brakes
Power Windows
Power Locks
Power Mirrors
Power Driver Seat

DECOR

Dual Mirrors
Tinted Glass
Overhead Console

CONVENIENCE

Air Conditioning
Intermittent Wipers
Tilt Wheel
Cruise Control
Rear Defogger
Keyless Entry
Message Center
Steering Wheel Touch Controls
Telescopic Wheel

RADIO

Climate Control
Backup Camera
Parking Sensors

AM Radio
FM Radio
Stereo
Search/Seek
Auxiliary Audio Connection

SAFETY

Drivers Side Air Bag
Passenger Air Bag
Anti-Lock Brakes (4)
4 Wheel Disc Brakes
Front Side Impact Air Bags
Head/Curtain Air Bags
Hands Free Device

SEATS

Cloth Seats
Bucket Seats
Reclining/Lounge Seats

WHEELS

Styled Steel Wheels

PAINT

Clear Coat Paint

OTHER

Traction Control
Stability Control
California Emissions
Power Trunk/Liftgate

Preliminary Estimate

Customer: State of Iowa DAS 414

Job Number:

2019 DODG Charger Police AWD (Fleet) 4D SED 8-5.7L Gasoline Sequential MPI Triple Nickle CC

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		FRONT BUMPER & GRILLE					
2		O/H front bumper				3.4	
3	<>	Repl Bumper cover	68267765AC	1	924.00	Incl.	3.4
4		Add for Clear Coat					1.4
5	#	Rpr Vut/prep for grille guard mount				1.0	
6		R&I License bracket type 1				0.1	
7		RADIATOR SUPPORT					
8		Repl LT Underbody shield	68253237AC	1	17.70		
9		Repl Splash shield AWD w/police	4806075AB	1	129.00	0.2	
10	*	Repl Front shield w/police	68231862AA	1	<u>251.93</u>	Incl.	
11		FENDER					
12	*	Repl LT Fender liner 3.6, 5.7 liter	68205937AH	1	<u>116.90</u>	0.3	
13		MISCELLANEOUS OPERATIONS					
14	*	Repl Cover car/bag		1	<u>10.00</u>	0.2	
15	#	Subl Pre/Post Scan Per OE Requirements		1	189.99		
16	#	Labor for scans		1		1.0 M	
17	#	Subl Hazardous waste removal		1	4.00 T		
18	#	Repl Flex additive		1	6.00 T		
19	#	R&I Grille Guard				2.0	
SUBTOTALS					1,649.52	8.2	4.8

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			1,639.52
Body Labor	7.2 hrs @	\$ 62.15 /hr	447.48
Paint Labor	4.8 hrs @	\$ 100.00 /hr	480.00
Mechanical Labor	1.0 hrs @	\$ 71.36 /hr	71.36
Miscellaneous			10.00
Subtotal			2,648.36
Grand Total			2,648.36
Deductible			0.00
CUSTOMER PAY			0.00
INSURANCE PAY			2,648.36