

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 12<sup>th</sup> 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 \$1,299.59. This brings the total allocation to \$4,793.89. On November 30, 2023, Vehicle #117 was damaged by a deer. 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 # 3644  
TOS Job # 2558



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

April 11, 2024

Victoria Newton  
Executive Council  
L O C A L

Subject: Deer Damage to Vehicle #117 on November 30, 2023  
Department of Administrative Services  
Claim dated December 7, 2023  
AOS Claim ID: 3644

The Department's request included a supplemental allocation request of \$1,299.59 because additional damages were identified. We recommend Executive Council approval of the supplemental allocation of \$1,299.59, which increases the allocation to \$4,793.89. 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:

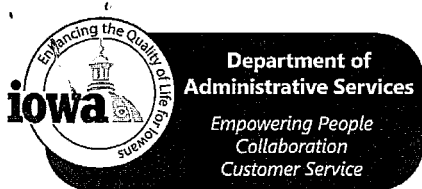
Documented request		\$	<u>4,793.89</u>
Executive Council allocation (Revised)		\$	4,793.89
Less:			
Previous payments	\$	0.00	
This payment		<u>4,793.89</u>	
Total		\$	<u>4,793.89</u>
Remaining Executive Council allocation		\$	<u>0.00</u>

We recommend that reimbursement be made in the amount of \$4,793.89. 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 Services



Governor Kim Reynolds  
Lt. Governor Adam Gregg

Adam Steen, Director

Date: February 15, 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 #	3644
Vehicle / Event	#117/Animal
Event Date	November 30, 2023
Summary	Vehicle 117 struck a deer. (270959)
Amount Requested	<b>\$4,793.89 - TOTAL</b>

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 black ink, appearing to be "Karl Bubser".

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



Governor Kim Reynolds  
Lt. Governor Adam Gregg

Adam Steen, Director

Date: December 7, 2023

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

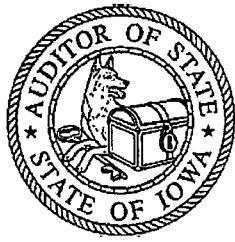
Vehicle / Event	#117/Deer
Event Date	November 30, 2023
Summary	Vehicle 117 struck a deer. (270959)
Amount Requested	\$3,738.04 - Estimate
Supporting Documentation	29C20 Email Notification, Accident Report, Repair Estimate(s), Photos

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

Thank you,

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

Karl Bubser, Fleet Administrator  
DAS Fleet Services  
Karl.Bubser@iowa.gov  
515-414-6582



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

February 12, 2024

Victoria Newton  
Executive Council  
LOCAL

Subject: Deer Damage to Vehicle #117 on November 30, 2023  
Department of Administrative Services  
Claim dated December 7, 2023  
AOS Claim ID: 3644

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. The Department requested an allocation of \$3,738.04; however, the estimate from the vendor includes sales tax of \$243.74. This amount will be deducted from the Department's request. Therefore, we recommend an Executive Council allocation in the amount of \$3,494.30, 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

	Fiscal Year	Warrant Number	Line Number	Line Amount	Issued	Redeemed	Vendor Customer
✓	2024	72913896	1	\$979.20	02/07/2024		00002112221
	2024	72913896	2	\$260.00	02/07/2024		00002112221
	2024	72913896	3	\$1,135.20	02/07/2024		00002112221
	2024	72913896	4	\$2,419.49	02/07/2024		00002112221

First Prev Next Last

Search

**Warrant Information**

Fiscal Year:  Amount:

Warrant Number:  Vendor Customer:

Line Number:  Last Updated:

---

**Issue Information**

Issued:  Void:

Document ID:  Duplicate:

Document Line Number:  Stop:

Line Amount:

Comments:

---

**Redeemed Information**

Redeemed:  Batch Number:

Redeemed Bank:  Sequence Number:

Redeemed Fund:

Redeemed Department:

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**Fund Accounting**

Fund:  Object:  Dept Object:

Sub Fund:  Sub Object:  Dept Revenue:

Department:  Object Class:

Unit:  Revenue Source:

Sub Unit:  Sub Revenue Source:

Appropriation:  Revenue Source Class:

BSA:

Sub BSA:

---

**Detail Accounting**

Location:  Reporting:  Major Program:

Sub Location:  Sub Reporting:  Program:

Activity:  Task:  Phase:

Sub Activity:  Sub Task:  Program Period:

Function:  Task Order:

Sub Function:

[Top](#)



WITHAM COLLISION CENTER

FORD-CHEVROLET-VW-KIA
2033 LAPORTE RD, WATERLOO, IA 50702
Phone: (319) 236-7217

Workfile ID: 0eaa6a5e
PartsShare: 7GR5Qj
Federal ID: 42-1060951

Final Bill

RO Number: 546674

Customer: IOWA STATE PATROL 117
Insurance: QUALITY CLAIMS SERVICE
Adjuster:
Estimator: Branden Frederick
Phone:
Create Date: 12/4/2023
Claim: APDSOI0270959-00
Loss Date:
Deductible:

2020 DODG Charger Police AWD (Fleet) 4D SED 8-5.7L Gasoline Sequential MPI

VIN: 2C3CDXKTXLH127490
Interior Color:
Mileage In:
Vehicle Out:
License:
Exterior Color:
Mileage Out:
State: IA
Production Date:
Condition:
Job #:

Table with columns: Line, Ver, Operation, Description, Qty, Extended Price \$, Part Type, Labor, Type, Paint. Rows include items like FRONT BUMPER & GRILLE, FRONT LAMPS, and FENDER.

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

**Final Bill**

**RO Number: 546674**

2020 DODG Charger Police AWD (Fleet) 4D SED 8-5.7L Gasoline Sequential MPI

27	E01		Add for Edging						0.5
28	E01		<b>FRONT DOOR</b>						
29	E01	Blend	LT Door shell (HSS)						1.1
30	E01	Remove/Install	LT Belt w'strip				0.3	Body	
31	E01	Remove/Install	LT Power mirror w/o heat, w/o memory, w/o blind spot blue				0.5	Body	
32	E01	Remove/Install	LT Handle, outside black				0.4	Body	
33	E01	Remove/Install	LT R&I trim panel				0.5	Body	
34	E01		<b>MISCELLANEOUS OPERATIONS</b>						
35	E01		Hazardous waste removal	1	3.00	Other			
36	E01	Remove/Replace	Flex Additive	1	5.00	Other			
37	E01		Pre Scan					1.0	Mech
38	E01		Post Scan					1.0	Mech
39	E01		PUSH BAR PER INVOICE	1	1.00	Other		2.0	Body
40	E01		Remove Decal on LT Fender and LT Door					0.7	Body

<b>Estimate Totals</b>	<b>Discount \$</b>	<b>Markup \$</b>	<b>Rate \$</b>	<b>Total Hours</b>	<b>Total \$</b>
Parts	(264.61)				2,416.49
Labor, Body			72.00	13.6	979.20
Labor, Refinish			132.00	8.6	1,135.20
Labor, Mechanical			130.00	2.0	260.00
Miscellaneous					3.00
<b>Subtotal</b>					<b>4,793.89</b>
Sales Tax					0.00
<b>Grand Total</b>					<b>4,793.89</b>
<b>Net Total</b>					<b>4,793.89</b>

<b>Estimate Version</b>	<b>Total \$</b>
Original	3,071.90
Supplement S01	1,721.99

Insurance Total \$:	4,793.89
Received from Insurance \$:	0.00
Balance due from Insurance \$:	4,793.89
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



*Claim 270959*



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

**29C20**

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

Fri, Dec 1, 2023 at 12:21 PM

Draft To: Jeannie R Adams <jadams@dps.state.ia.us>, TOS Executive Council <executivecouncil@tos.iowa.gov>, Tammy Hollingsworth <Tammy.Hollingsworth@aos.iowa.gov>

Please accept this email as initial 24 hr notification for AON, vehicle 117 struck a deer on 11/30/23. 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 Risk**

Central Procurement and Fleet Services Enterprise

Iowa Department of Administrative Services

109 SE 13<sup>th</sup> St, Des Moines, IA 50319

515-281-3162 office

## 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 #: 2023030600**

Date: <small>(Month/Day/Year)</small>	11/30/2023	Time: <small>(Time plus a.m./p.m.)</small>	11:25 p.m.
Vehicle Plate #:	117	Vehicle Mileage:	27700
Vehicle Description: <small>(Yr/Make/Model/ &amp; Vin#)</small>	2020 Dodge Charger		
Assigned To:	Trp. Jeff Reed	Badge #	117
Driven By:	Same	Badge #	117
Driver's Lic #:	633YY3166	Damage:	\$
Vehicle Towed: <small>(Yes / No)</small>	No	Towed By:	
Towed To:		Towing Cost:	\$
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>			

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

**OTHER INFORMATION:**

Witnesses:			
Accident Location: (Street/Hwy)	Hwy. 14 North of 310 <sup>th</sup> Street		
County:	Butler		
Weather/Road Conditions:	Clear and dry		
Narrative: On 11/30/23 at 2325 hours, Trooper Reed struck a deer on Highway 14 north of 310th Street in Butler county. The impact from the deer caused damage to the push bumper and front grill.			
Property Damage other than Vehicles:	None		
Cost:	\$		
Citations Issued To: (List Charge(s) and Statute Code(s))			

Investigating Officer:	Sgt. Skaar #323
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**VEHICLE #3: (if needed) (For more vehicles, please make extra copies of this portion)**

DL #:		State:	
Vehicle Lic. #		State:	
Driver's Name:			
Driver's Address:			
Owner's Name:			
Owner's Address:			

<b>Owner's Phone:</b>			
<b>Insurance Info:</b> (Carrier/Policy #/Phone)			
<b>Veh Description:</b> (Yr/Make/Model & Vin#)			
<b>Damage:</b>	\$	<b>Seat Belt:</b> (Yes / No)	Yes
<b>Injured/Injuries:</b>			
<b>Occupants:</b> (Other than driver)			
<b>Occupant(s) Wearing Seat Belt:</b> (Yes/No)	Yes		



## MEMORANDUM

**TO:** Sergeant Schaffer, Sigwarth, and Skaar  
**FROM:** Trooper Reed  
**DATE:** 11/30/23  
**SUBJECT:** Deer 10-50

Supervision,

On 11/30/23 at 2325 hours I, Trooper Reed, struck a deer on highway 14 north of 310<sup>th</sup> street in butler county. The impact from the deer caused damage to the push bumper and front grill. I notified supervision and Trooper Barnes covered the 10-50 report.

Trooper Reed #117

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

Law Enforcement Case Number:

**2023030600**

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

Date of Accident <b>11/30/2023</b>	Time of Accident <b>11:25</b> Hrs.	County <b>BUTLER - 12</b>	Accident occurred within corporate limits of (city)			
<b>U N I T 1</b>	Driver's Name - Last <b>REED</b>		First <b>JEFFREY</b>		Middle <b>PAUL</b>	
	Address <b>907 13TH ST</b>		City <b>GRUNDY CENTER</b>		State   Zip <b>IA   50638-0000</b>	
	Date of Birth <b>02/26/1988</b>	Driver's License Number <b>633YY3166</b>	CDL	Citation Charge 1		
	Male <input checked="" type="radio"/> Female <input type="radio"/>	State <b>IA</b>	Class <b>A</b>	Endorsements <b>L</b>	Restrictions <b>BL</b>	Yes No <input type="radio"/> <input checked="" type="radio"/>
	Citation Charge 2		Citation Charge 3		Citation Charge 4	
	Alcohol Test Given: <b>1</b>	Test Results:	Drug Test Given: <b>1</b>	Test Result:	Re-exam: Yes <input type="radio"/> No <input checked="" type="radio"/>	
	Reason for Re-Exam Request:					
	Owner's Name - Last <b>STATE OF IOWA (IOWA STATE PATROL)</b>		First		Middle	
	Address <b>1510 W. 1ST STREET</b>		City <b>CEDAR FALLS</b>		State   Zip <b>IA   50613</b>	
	License Plate No. <b>117</b>	State <b>IA</b>	Year	VIN: <b>2C3CDXKTXLH127490</b>	Color <b>GRY</b>	Year <b>2020</b>
Make <b>DODG</b>	Model <b>CHARGER POLI</b>	Style <b>4D</b>				
Trailer Plate No.	State	Year	VIN:	Tow <b>1</b>	Tow #	
Towed To		Approx. Cost to Repair or Replace <b>\$3,000.00</b>				
Insurance Company Name <b>SELF INSURED</b>			Insurance Co. Phone Number	Insurance Policy Number <b>STATE OF IOWA</b>		
Initial Travel Direction	Veh. Act.	Veh. Config. <b>01</b>	Cargo Body Type <b>01</b>	Veh. Defect	Point of Initial Impact	
Most Damaged Area		Extent of Damage		Total Occ. in Veh. <b>1</b>		
Special Veh. Func.	Emergency Status	Bus Use	Driver Condition	Vision Obscured	Contributing Circumstances Driver (up to two) <b>88</b>	
Driver Distractions <b>01</b>		Speed Limit				
Traffic Controls	Horizontal Alignment	Vertical Alignment	SEQUENCE OF EVENTS	First Event	Second Event	
Third Event	Fourth Event	Most Harmful Event				
<b>C O M M E R C I A L</b>	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	
<b>P E R S O N N A L</b>	DRIVER OF UNIT 1		Phone Number:	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:	

### 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:  
**2023030600**

L O C A T I O N	Date of Accident <b>11/30/2023</b>	Time of Accident <b>11:25</b> Hrs.	County <b>BUTLER - 12</b>	Accident occurred within corporate limits of (city)	Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>
	Literal Description <b>IA 14 N OF 310TH ST</b>				County: <b>12</b>	Route:
	If accident occurred outside of city limits show general vicinity N NE E SE S SW W NW ○ ○ ○ ○ ○ ○ ○ ○ of nearest city				X Coordinate: <b>517183.281</b>	
	On Road, Street or Highway:			At Intersection with:	Y Coordinate: <b>4716678</b>	
	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 ○ ○ ○ ○ ○ ○ ○ ○ and N NE E SE S SW W NW ○ ○ ○ ○ ○ ○ ○ ○				NB	SB	
Milepost Number _____ Or Definable intersection, bridge, or railroad crossing				EB	WB	
				○	○	

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)	WORKZONE RELATED?	Yes	No	Activity	Location	Type	Workers Present	Sex	Struck by Unit No.	Injury Status	Non-Motorist Type	Location (prior to impact)	Action (prior to crash)	Condition	Safety Equipment	Contributing Circumstances	Source of Transport	Died at scene/enroute
-----------------------------	-------------------	-----	----	----------	----------	------	-----------------	-----	--------------------	---------------	-------------------	----------------------------	-------------------------	-----------	------------------	----------------------------	---------------------	-----------------------

N O N M O T O R I S T S	Name <b>001</b>	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
	Address	City	State
		Zip Code	Was owner or tenant notified? 1 = Yes 2 = No 9 = Unknown

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
	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 <b>11/30/2023</b>	Incident Clearance Date <b>11/30/2023</b>
Signature of Officer <b>TROOPER J BARNES</b>	Badge Number <b>238</b>	Time Officer Notified of Accident <b>11:30</b> Hrs.	Roadway Clearance Time <b>11:45</b> Hrs.
Name of Agency <b>IOWA STATE PATROL - DIST 09</b>	Date of Report <b>11/30/2023</b>	Time Officer Arrived At Scene <b>11:50</b> Hrs.	Total Roadway Clearance Time <b>000:15</b>
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 _____
		Total Incident Clearance Time <b>000:35</b>	

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

Form 4433003 (11-13)

Law Enforcement Case Number:

**2023030600**

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

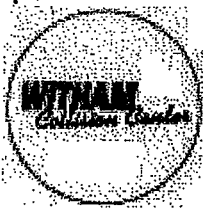
**D  
I  
A  
G  
R  
A  
M**

Highway 14 N of 310Th Street



**N  
A  
R  
R  
A  
T  
I  
V  
E**





# WITHAM COLLISION CENTER

FORD-CHEVROLET-VW-KIA  
2033 LAPORTE RD, WATERLOO, IA 50702  
Phone: (319) 236-7217

Workfile ID: 0eaa6a5e  
PartsShare: 7GR5QJ  
Federal ID: 42-1060951

## Preliminary Estimate

**Customer: IOWA STATE PATROL 117**

Written By: Branden Frederick

Insured: IOWA STATE PATROL 117      Policy #:      Claim #:  
Type of Loss:      Date of Loss:      Days to Repair: 0  
Point of Impact:

**Owner:** IOWA STATE PATROL 117  
(515) 689-1784 Cell  
**Inspection Location:** WITHAM COLLISION CENTER  
2033 LAPORTE RD  
WATERLOO, IA 50702  
Repair Facility  
(319) 236-7217 Business  
**Insurance Company:**

## VEHICLE

2020 DODG Charger Police AWD (Fleet) 4D SED 8-5.7L Gasoline Sequential MPI

VIN: 2C3CDXKTXLH127490      Interior Color:      Mileage In:      Vehicle Out:  
License: 117      Exterior Color:      Mileage Out:  
State: IA      Production Date:      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

Climate Control

Backup Camera

Parking Sensors

### RADIO

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

Get live updates at [www.carwise.com/e/4EJJ8R](http://www.carwise.com/e/4EJJ8R)

## Preliminary Estimate

**Customer: IOWA STATE PATROL 117**

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Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
<b>1 FRONT BUMPER &amp; GRILLE</b>							
2	* <>	Rpr Bumper cover				2.5	3.4
3		Add for Clear Coat					1.4
4		O/H bumper assy				3.4	
5		Repl Upper grille black crossbars	5PP33DX8AB	1	459.00	Incl.	
6		R&I License bracket type 1				0.1	
7	*	R&I Lower grille w/o adaptive cruise				Incl.	
8		Repl Closure panel	68226530AF	1	229.00	Incl.	
<b>9 FRONT LAMPS</b>							
10		R&I RT R&I headlamp assy				0.3	
11		R&I LT R&I headlamp assy				0.3	
12		R&I RT Side marker lamp				Incl.	
13		R&I LT Side marker lamp				Incl.	
<b>14 FENDER</b>							
15		Repl LT Fender w/o wide body	68213061AC	1	418.00	1.6	2.0
16		Overlap Major Non-Adj. Panel					-0.2
17		Add for Clear Coat					0.4
18		Add for Edging					0.5
19		R&I LT Fender liner 3.6, 5.7 liter				Incl.	
<b>20 FRONT DOOR</b>							
21	*	Blnd LT Door shell (HSS)					1.1
22		R&I LT Belt w/strip				0.3	
23		R&I LT Power mirror w/o heat, w/o memory, w/o blind spot blue				0.5	
24		R&I LT Handle, outside black				0.4	
25		R&I LT R&I trim panel				0.5	
<b>26 MISCELLANEOUS OPERATIONS</b>							
27	#	Hazardous waste removal		1	4.00 T		
28	#	Repl Flex Additive		1	5.00		
29	#	Corrosion protection		1	10.00	0.3	
30	#	Remove Decal on LT fender and LT Front Door		1		0.7	
31	#	Pre Scan		1		1.0 M	
32	#	Post Scan		1		1.0 M	
33	#	Push Bar Per Invoice		1	1.00		
<b>SUBTOTALS</b>					<b>1,126.00</b>	<b>12.9</b>	<b>8.6</b>

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**ESTIMATE TOTALS**

<b>Category</b>	<b>Basis</b>	<b>Rate</b>	<b>Cost \$</b>
Parts			1,122.00
Body Labor	10.9 hrs @	\$ 80.00 /hr	872.00
Paint Labor	8.6 hrs @	\$ 80.00 /hr	688.00
Mechanical Labor	2.0 hrs @	\$ 140.00 /hr	280.00
Paint Supplies	8.6 hrs @	\$ 60.00 /hr	516.00
Body Supplies	4.1 hrs @	\$ 3.00 /hr	12.30
Miscellaneous			4.00
<b>Subtotal</b>			<b>3,494.30</b>
Sales Tax	\$ 3,482.00 @	7.0000 %	243.74
<b>Grand Total</b>			<b>3,738.04</b>
Deductible			0.00
<b>CUSTOMER PAY</b>			<b>0.00</b>
<b>INSURANCE PAY</b>			<b>3,738.04</b>

AUTHORIZED AND ACCEPTED: YOU ARE HEREBY AUTHORIZED TO MAKE THE ABOVE REPAIRS. I UNDERSTAND THAT PAYMENT IN FULL WILL BE DUE UPON RELEASE OF VEHICLE, INCLUDING ADDITIONAL SUPPLEMENTAL DAMAGE CHARGES, AND HEREBY GRANT YOU AND/YOUR EMPLOYEES, PERMISSION TO OPERATE THE CAR, TRUCK, OR VEHICLE HEREIN DESCRIBED ON STREETS, HIGHWAYS, OR ELSEWHERE FOR THE PURPOSE OF TESTING AND / OR INSPECTION. AN EXPRESS MECHANIC'S LIEN IS HEREBY ACKNOWLEDGED ON THE ABOVE CAR, TRUCK, OR VEHICLE TO SECURE THE AMOUNT OF REPAIRS THERETO. YOU WILL NOT BE HELD RESPONSIBLE FOR LOSS OR DAMAGE TO THE VEHICLE OR ARTICLES LEFT IN VEHICLE IN CASE OF FIRE, THEFT, ACCIDENT, OR ANY OTHER CAUSE BEYOND YOUR CONTROL.

AUTHORIZED BY: \_\_\_\_\_ DATE \_\_\_\_\_

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF AFTERMARKET CRASH PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR VEHICLE. ANY WARRANTIES APPLICABLE TO THE REPLACEMENT PARTS ARE PROVIDED BY THE MANUFACTURER OR DISTRIBUTOR OF THESE PARTS RATHER THAN THE MANUFACTURER OV YOUR VEHICLE.