



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 this date, approved payment of the following cost item:

Department of Administrative Services.....\$9,800.14
On August 17, 2023, Vehicle #604 was damaged by a deer. Request was to cover repair

costs. This represents full and final payment and this allocation 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 # 3587
TOS Job # 2547



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 #604 on August 17, 2023
Department of Administrative Services
Claim dated August 30, 2023
AOS Claim ID: 3587

In accordance with Executive Council policy, we have examined the invoices and supporting documentation for final payment related to the loss and have found the items to be in order as shown below:

Documented request			<u>\$ 9,800.14</u>
Executive Council Allocation			\$ 9,800.14
Less:			
Previous payments	\$	0.00	
This payment		<u>9,800.14</u>	
Total			<u>\$ 9,800.14</u>
Remaining Executive Council allocation			<u>\$ 0.00</u>

We recommend reimbursement be made in the amount of \$9,800.14. This represents full and final payment of the loss.

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: January 19, 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 #	3587
Vehicle / Event	#604/Animal
Event Date	August 17, 2023
Summary	Vehicle 604 struck a deer. (264402)
Amount Requested	\$10,993.14 - Total Valuation \$ 297.50 - Invoice \$ 844.50 - Tow <u>\$ 2,335.00 - Salvage Proceeds</u> \$ 9,800.14 - 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,

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



Date: August 30, 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	#604/Deer
Event Date	August 17, 2023
Summary	Vehicle 604 struck a deer. (264402)
Amount Requested	\$10,993.14 - Total Valuation \$ 297.50 - Invoice \$ 844.50 - Tow <u>\$ 2,335.00 - Salvage Proceeds</u> \$ 9,800.14 - TOTAL
Supporting Documentation	29C20 Email Notification, Accident Report, Repair Estimate(s), Photos

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

Thank you,

Mariah Fucaloro, Fleet Manager
DAS Fleet Services
Mariah.Fucaloro@iowa.gov
515-414-6582

DAS - Fleet

Loss/Risk valuation Calculation

Variables - Input:

Agency	595
Vehicle Number	604
Vehicle - Yr, Make, Mode	2016 Ford Explorer Police
VIN#	1FM5K8AR3GGA01622
Date of Report	8/17/2023
Claim Number	264402
Mileage	124,909
Dealership Price - Off Contract	\$33,945.00
Purchase Price - On Contract	\$27,208.71
NADA - Trade in - Clean Value @ Time of Loss	\$13,714.00



Calculations:

Dealership Price - Off Contract	\$33,945.00
Purchase Price - On Contract	\$27,208.71
Difference	\$6,736.29
Percentage Difference	19.84%
NADA Value @ Time of Loss or purchase price, which ever is lower	\$13,714.00
Percentage Decrease for Contract Price	19.84%
Loss calculated	10,993.14

Loss Amount to be Provided to Agency: \$10,993.14

NADA Value @ Time of Loss or purchase price, which ever is lower	\$10,993.14
Repair Estimate	\$13,714.00
Damage Disclosure Needed (Over 70%)	124.75%

Purchase Invoice and Vehicle Checklist:

CAR INVOICE STOCK# F60017						NUMBER 135010			
		 L I N C O L N		Stivers Ford Lincoln 1450 E. Hickman Rd • Waukee, Iowa (515) 987-3697 • www.StiversFordIA.com					
NAME STATE OF IOWA-DAS				DATE 06/25/2015					
ADDRESS 301 E 7TH ST DES MOINES IA 50319-1934 HOME 515/281-3879				SALESMAN RONALD REESE					
WORK									
YEAR	MAKE	MODEL	BODY STYLE	NEW OR USED	KEY #	V. I. OR SERIAL NUMBER	COLOR		
2016	FORD	EXPLOR	UT	F		1FM5K8AR3GGA01622	BLACK		
EQUIPPED AS PER FEDERAL PRICE LABEL <div style="font-size: 2em; font-family: cursive; margin-top: 20px;">DO 00515041706</div>						PRICE OF CAR TRANSPORTATION PREPARATION & CONDITIONING	27208.71		
						EXTRAS FACTORY INSTALLED DEALER INSTALLED			N/A
						USE TAX LIC/TITLE/LIEN			N/A
						TOTAL CASH PRICE			27208.71
						COST OF FINANCING DEALER INSTALLED			N/A
						TOTAL CASH PRICED SETTLEMENT			27208.71
						DEPOSIT CASH ON DELIVERY USED CAR			N/A
						N/A			N/A
						BALANCE DUE ON TRADE IN			N/A
						FINANCE CO. CASH DEAL ADDRESS FIRST PAYMENT DUE 06/25/2015			N/A
			DESCRIPTION						
			VEHICLE IDENTIFICATION NUMBER						
			_____ ● _____ 27208.71 _____ ● _____	27208.71					
			TOTAL	27208.71					

NO PUBLIC LIABILITY OR PROPERTY DAMAGE INSURANCE
 ISSUED WITH THIS TRANSACTION UNLESS HEREIN STATED

RECEIVED

JUN 30 2015

D.A.S. FINANCE

4 E



Vehicle Check List

Make: Ford Model: EXPLORER INTERCEPT Year: 2016
 Date Received: 6/2/15 Dealer: Silver's Odometer: 24
 VIN Number: 1FMSK8TH36GA01622 New Reissue
 Vehicle Inspection for Damage

Color: BLACK Engine Size: 3.7 Cyl: V6 FFV

Passenger Vans (Please check one)
 Mini (5-7 passengers) Mid-Size (7-9 passengers) Full Size (12-15 passengers)

Pick Up Truck (Please check one)
 1/4 Ton 1/2 Ton 3/4 Ton 1 Ton 1 Ton DRW Other

Features

Radio Tilt A/C Cruise Power Seats Power Locks
 Power Windows Rear Heat A/C Engine Heater Tow Package Snow Plow Package

Class Hitch: III IV V
 Transmission: Automatic Manual
 Drive Train: Front Wheel Drive Rear Wheel Drive All Wheel Drive 4X2 4X4
 Fuel Efficiency: Diesel Hybrid All Electric CNG (Compressed Natural Gas)
 Air Bag: Driver Passenger
 ABS Brakes: RW 4W
 Total Box Length: _____ inches
 Cab: Conventional Extended Crew
 Warranty: Basic Power Train Emission GVWR

Additional Equipment (Please specify)

RECEIVED
 JUN 30 2015
D.A.S. FINANCE
 DPS - DCI

Please write on windshield the Plate #

Vehicle Equipped as Ordered: Key Number: 0364x Vehicle Number: Lel3
 DO #: 0051504706 Approval Signature: [Signature] Date: 6/2/15
 Checked in by: [Signature] Date Checked In: 6/2/15 Acct String #: _____

595-267-2100

Dealership "Sticker" Price when vehicle was purchased:

BLACK BOOK Price Point

Products

- Used Car & Light Truck Values
- Historical Used Car & Light Truck
- Medium & Heavy Duty Trucks
- Recreational Vehicle Values
- Motorcycle And PowerSports
- Cars Of Particular Interest
- New Car

Home Run Lists Vehicle Trends Market Insights User Reports Specs All Values Hi

Vehicle Selector

Free Form Drill Down

Vehicle Search

Basic Vehicle Info

2016 Ford Explorer Base 4D SUV 4WD

MSRP: \$33,050 VIN: 1FMSK8AR3GGA01622

Loan Value: \$11,250 UVC: 2016300190

Equip Ret: \$33,945 Model #: K8B

MPG: 16/23 Price Incl: 6CY AC AT

REPORT SUMMARY

CLAIM INFORMATION

Owner	State Of Iowa, Unknown Marion, IA 52302
Loss Unit	Police 2016 Ford EXPLORER POLICE AWD 6cyl. 3.7l Sport Utility Vehicle
Loss Unit Type	SPECIALTY VEHICLES
Loss Incident Date	08/21/2023
Claim Reported	11/16/2023

INSURANCE INFORMATION

Report Reference Number	114718358
Claim Reference	APDSOI0264402-001
Adjuster	Qcstl, Qcstl
Odometer	12,368
Last Updated	11/16/2023 09:06 AM

VALUATION SUMMARY

Base Value	\$ 16,311.00
MILEAGE 124909	- \$ 2,597.00
Adjusted Value	\$ 13,714.00
Total	\$ 13,714.00

The total may not represent the total of the settlement as other factors (e.g. license and fees) may need to be taken into account.

The CCC ONE® Market Valuation Report reflects CCC Intelligent Solutions Inc.'s opinion as to the value of the loss unit, based on information provided to CCC by AUTOBODY ALLIANCE.

BASE VALUE

This is derived from comparable unit(s) available or recently available in the marketplace at the time of valuation, per our valuation methodology described on the next page.

Inside the Report

Valuation Methodology.....	2
Loss Unit Information.....	3
Comparable Units.....	6
Valuation Notes.....	9
Supplemental Information.....	10

Warrants

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	Fiscal Year	Warrant Number	Line Number	Line Amount	Issued	Redeemed	Vendor Customer
✓	2024	72670097	1	\$297.50	08/31/2023	09/07/2023	00003030246

First Prev Next Last

Search

▼ Warrant Information

Fiscal Year : 2024 Amount : \$297.50
 Warrant Number : 72670097 Vendor Customer : 00003030246
 Line Number : 1 Last Updated : 9/7/23

▼ Issue Information

Issued : 08/31/2023 Void :
 Document ID : RISK00524243704 Duplicate :
 Document Line Number : 1 Stop :
 Line Amount : \$297.50
 Comments :

▼ Redeemed Information

Redeemed : 09/07/2023 Batch Number : 0000
 Redeemed Bank : 0000 Sequence Number : 01623
 Redeemed Fund : 0665
 Redeemed Department : 005

▼ 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 : Task : Phase :
 Sub Activity : Sub Task : Program Period :
 Function : Task Order :
 Sub Function :

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QUALITY AUTO REBUILDERS INC

Iowa State Patrol
 Estimate: 77619
 Repair Order: 77619

FINAL BILL

2201 7TH AVE
 MARION, IA 52302
 (319) 377-6326

Customer: Insured	Vehicle:	Ins. Company:
Iowa State Patrol Work: (319) 310-2990	FORD EXPLORER YEAR: 2016 License: KNP398 Sched. Arrival Date: 08/17/23 Arrival Date: 08/17/23 Drivable: Unknown	Unknown/Insurance

Written by: Wright, Derek

Item	Price	Ext. Price	Labor Units	Paint Units	PT	BT
1 TOW IN	297.50*	297.50				

FINAL BILL SUMMARY

	PARTS			Department	Units	LABOR			Total Units
	Regular	Supp	Total			Supp Units	Rate	Addl	
Other parts:	\$297.50	\$0.00	\$297.50						

	Regular	Supp	Total
Parts Total:	\$297.50	\$0.00	\$297.50
Total:			\$297.50

	PAYMENTS	AMT DUE	TOTAL
Unknown/Insurance PAYABLE REPAIR TOTAL	\$0.00	\$297.50	\$297.50
Iowa State Patrol PAYABLE REPAIR TOTAL	\$0.00	\$0.00	\$0.00

AUTHORIZED AND ACCEPTED: I have reviewed and am satisfied with the repairs made to my vehicle.

*****If any of your wheels were removed or replaced during this repair process we advise you to please come back in 100 miles and have them retorqued*****

FINAL BILL ACCEPTED BY _____

Labor Dept Codes: B-Body D-Detail I-Waiting Parts E-Back Lot F-Frame G-Glass M-Mechanical P-Paint S-Structural A-Aluminum 1-Scanning 2-Sublet PDR 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.

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

Warrants

[Menu](#)

Fiscal Year	Warrant Number	Line Number	Line Amount	Issued	Redeemed	Vendor Customer
✓ 2024	72670099	1	\$844.50	08/31/2023	09/06/2023	00002108490

First Prev Next Last

Search

▼Warrant Information

Fiscal Year : 2024 Amount : \$844.50
 Warrant Number : 72670099 Vendor Customer : 00002108490
 Line Number : 1 Last Updated : 9/6/23

▼Issue Information

Issued : 08/31/2023 Void :
 Document ID : RISK00524243709 Duplicate :
 Document Line Number : 1 Stop :
 Line Amount : \$844.50
 Comments :

▼Redeemed Information

Redeemed : 09/06/2023 Batch Number : 0000
 Redeemed Bank : 0000 Sequence Number : 03437
 Redeemed Fund : 0665
 Redeemed Department : 005

▼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 : Task : Phase :
 Sub Activity : Sub Task : Program Period :
 Function : Task Order :
 Sub Function :

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Invoice

Invoice #	Date	Call #
247040	29-Aug-2023	362198

5329 NW 2nd St.
 Des Moines, Iowa 50313
 Phone: (515) 243-3205
 Fax: (515) 243-1409

Customer

State Of Iowa

109 SE 13th St.
 Des Moines, Iowa 50319

Summary			
Location:	2201 7Th Ave Marion Quality Auto Rebuilders		
Destination:	30 NE 48Th PL Des Moines DPS		
Reason:			
Vehicle:	2016 Ford Explorer Police Intercept		
Owner:			
Phone:			
Truck #:	604		
Trailer #:			
VIN:	1FM5K8AR3GGA01622		
Plate/Tag:	KNP398	IA	Truck: 86
Mileage:	124,909		Driver: BL1

Terms: Net 30

Date	Incident #	Club/PO #	Service	Quantity	Rate	Amount
29-Aug-2023			Car Mileage	245.00	2.50	612.50
			Car Private	1.00	85.00	85.00
			Fuel Surcharge	245.00	0.60	147.00
<p>A Convenience Fee of 3% will be charged on all credit card payments beginning February 1, 2020.</p> <p>A Late Payment Fee of 10% will be applied to all invoices not paid in full 30 days after invoice date.</p>				<p>Sub Total</p>		<p>844.50</p> <p>0.00</p>
				<p>TOTAL</p>		<p>844.50</p>
				<p>Payments</p>		<p>0.00</p>
				<p>Balance Owing</p>		<p>844.50</p>

4073



REMITTANCE: 39831576

DATE: 10/26/2023

Insurance Auto Auctions, Inc.

Attn: Settlement Group
Two Westbrook Corporate Center Suite 500
Westchester, IL 60154
Phone: (515) 823-0600
Fax: (515) 823-0626
E-mail: IAA_ASAP_DesMoines@iaai.com

Remittance Payable To:

State of Iowa
Iowa Department of Administrative Svcs
109 SE 13th Street
Des Moines, IA 50319
Attn: Salvage Dept

Salvage Information

IAA Stock #: 000-37604333
IAA Branch: Des Moines
Fed. Tax I.D.: 954455113
Handler: Mariah Flowers
Adjuster: Mariah Flowers
Insured: State of Iowa
Owner: State of Iowa
Claim #: 604
Policy #: GOV-536
Vehicle: 2016 FORD UTILITY POLI
Damage: Front end/
Mileage: 124909
Mileage Type: Actual
VIN: 1FM5K8AR3GGA01622
ACV: \$9,300.00
NICB Date: N/A

<u>Account of Sale</u>	<u>Total Activity</u>	<u>%ACV</u>
Sales	\$2,400.00	25.81
IAA Charges		
Consignment Flat Fee	\$65.00	0.70
Less IAA Charges	(\$65.00)	(0.70)
Net IAA Return	\$2,335.00	25.11
Payment Amount	\$2,335.00	25.11 %

604-1

#59

Buyer Information

Armando Garduno
4303 Nw 46Th Pl
Des Moines, IA 50310
Resale Certificate # : N/A

Elapsed Days Analysis

<u>Date of Event:</u>	<u>Date</u>	<u>Days</u>
Loss	9/15/2023	--
Assigned	9/15/2023	1
Released	9/18/2023	4
Pickup	9/18/2023	1
Title Rec'd	9/28/2023	11
Sale Doc. Rec'd	9/28/2023	1
Auction Date	10/24/2023	27
Buyer Payment	10/25/2023	2
Remittance	10/26/2023	2

Elapsed Total Days: 42

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Form 4433003 (11-13)

Law Enforcement Case Number: 2023021383

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

Date of Accident 08/17/2023	Time of Accident 11:00 Hrs.	County BENTON - 06	Accident occurred within corporate limits of (city)																	
UNIT 1	Driver's Name - Last MITCHELL					First MARK					Middle RYAN									
	Address 355 NE 79TH CT					City PLEASANT HILL					State IA		Zip 50327-0000							
	Date of Birth 07/23/1981			Driver's License Number 128AC4097			CDL		Citation Charge 1				Citation Charge 2							
	Male <input checked="" type="radio"/>		Female <input type="radio"/>		State IA		Class C		Endorsements		Restrictions BJ		Yes <input type="radio"/>		No <input checked="" type="radio"/>		Citation Charge 3			
	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 (DPS)					First					Middle									
	Address 215 E 7TH ST					City DES MOINES					State IA		Zip 50319							
	License Plate No. KNP398		State IA		Year 2024		VIN: 1FM5K8AR3GGA01622			Color BLK		Year 2016		Make FORD		Model EXPLORER POL		Style SUV		
	Trailer Plate No.		State		Year		VIN:			Tow 2		Tow #		Towed To		Approx. Cost to Repair or Replace \$15,000.00				
	Insurance Company Name STATE OF IOWA					Insurance Co. Phone Number					Insurance Policy Number									
Initial Travel Direction		Veh. Act.		Veh. Config. 03		Cargo Body Type 01		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		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			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) 725-6025					01		01							
						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:
2023021383

L O C A T I O N	Date of Accident 08/17/2023	Time of Accident 11:00 Hrs.	County BENTON - 06	Accident occurred within corporate limits of (city)	Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>
	Literal Description SB HWY 150 @ 58 STREET				County: 06	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: 581014.625	
	On Road, Street or Highway:			At Intersection with:	Y Coordinate: 4670950.5	
	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 <input type="radio"/>	SB <input type="radio"/>	
Milepost Number	Definable intersection, Or bridge, or railroad crossing			EB <input type="radio"/>	WB <input type="radio"/>	

ACCIDENT ENVIRONMENT	ROADWAY CHARACTERISTICS	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
Location of First Harmful Event	Weather Conditions (up to two)											
Manner of Crash/Collision	Major Contributing Circumstances Environment											
Light Conditions	Roadway											
	Type of Roadway Junction/Feature											
	FRA No.											

First Harmful Event (Crash) 31	WORKZONE RELATED? <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>	Activity	Location	Type	Workers Present
--	---	---------------------------	--------------------------	----------	----------	------	-----------------

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 O R O V P E E H R I T C 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
	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

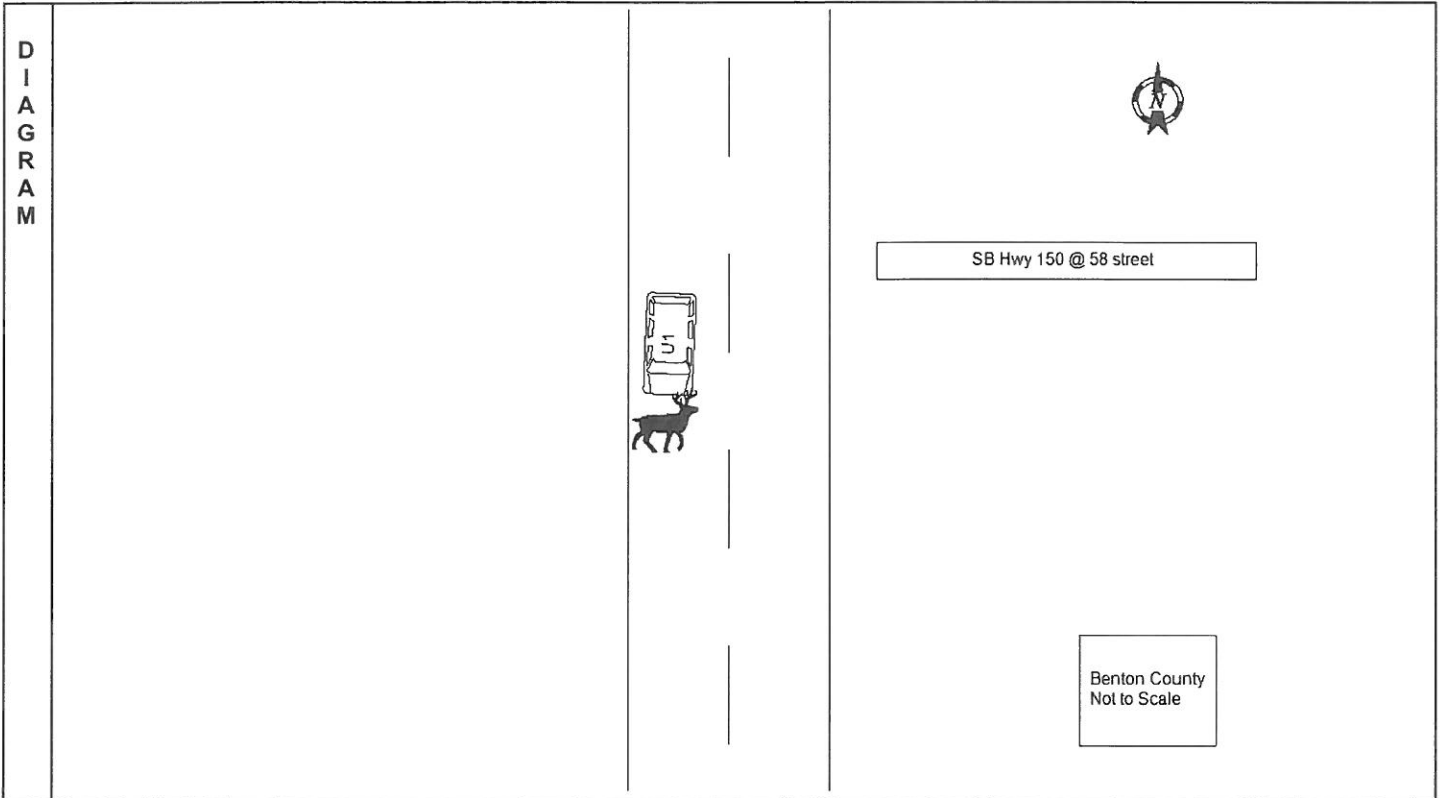
Is This a Secondary Crash? Y <input type="radio"/> N <input checked="" type="radio"/>	Type of Primary Incident	Roadway Clearance Date 08/17/2023	Incident Clearance Date 08/17/2023
Signature of Officer TROOPER E KLINE	Badge Number 096	Time Officer Notified of Accident 11:09 Hrs.	Roadway Clearance Time 12:00 Hrs.
Name of Agency IOWA STATE PATROL - DIST 11	Date of Report 08/17/2023	Time Officer Arrived At Scene 11:37 Hrs.	Incident Clearance Time 12:30 Hrs.
Report Reviewed By	Date of Review	Investigation made at scene? Y <input type="radio"/> N <input checked="" type="radio"/>	Total Roadway Clearance Time 000:51
		T.I. No.	Total Incident Clearance Time 001:21
		Other Technical Investigating Agency	

INVESTIGATING OFFICER'S REPORT
OF MOTOR VEHICLE ACCIDENT

Fcrn 4433003 (11-13)

Law Enforcement Case Number:
2023021383

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



Unit 1 was southbound on Hwy 150. A deer jumped out of the ditch. Unit 1 struck the deer.

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

29C20

1 message

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

Fri, Aug 18, 2023 at 8:32 AM

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

Please accept this email as initial 24 hr notification for AON, vehicle 604 struck a deer on 8/17/23. 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 #:

Date: <small>(Month/Day/Year)</small>	08/17/2023	Time: <small>(Time plus a.m./p.m.)</small>	11:00 AM
Vehicle Plate #:	KNP398	Vehicle Mileage:	124,500
Vehicle Description: <small>(Yr/Make/Model/ & Vin#)</small>	2016 FORD EXPLORER 1FM5K8AR3GGA01622		
Assigned To:	DCI	Badge #	
Driven By:	MARK MITCHELL	Badge #	CIVILIAN
Driver's Lic #:	128AC4097	Damage:	\$
Vehicle Towed: <small>(Yes / No)</small>	YES	Towed By:	
Towed To:	QUALITY AUTO REBUILDERS, MARION IOWA	Towing Cost:	\$
Seat Belt: <small>(Yes / No)</small>	YES	Type of Vehicle: <small>(Marked/Semi /Unmarked)</small>	UNMARKED
Injured/Injuries:	NONE		
Occupants: <small>(Other than driver)</small>	NONE		

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)	HWY 150 IN BENTON COUNTY		
County:	BENTON		
Weather/Road Conditions:	NORMAL		
** Please Include narrative of events here**			
HEADING SOUTHBOUND ON HWY 150. A DEER RAN OUT OF THE DITCH AND STRUCK THE DEER.			
Property Damage other than Vehicles:	None		
Cost:	\$		
Citations Issued To: (List Charge(s) and Statute Code(s))	NONE		

Investigating Officer:	TROOPER E KLINE
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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:			
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)			