



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

December 4, 2025

Kristi Onstot
Executive Council
L O C A L

Subject: Deer Damage to Vehicle #2346 on November 12, 2025
Department of Administrative Services
Claim dated November 13, 2025
AOS Claim ID: 4197

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 \$9,406.35, 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: Kyle Wear, Fleet Services CFO, Department of Administrative Services
Ryan Betts, Fleet Services Risk Program Manager, Department of Administrative Services
Heather Hackbarth, Department of Management



Department of
Administrative Services

KIM REYNOLDS, GOVERNOR
CHRIS COURNOYER, LT. GOVERNOR

ADAM STEEN, DIRECTOR

Date: November 13, 2025

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

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

Vehicle / Event	#2346 / Deer
Event Date	November 12, 2025
Summary	Vehicle 2346 - struck a deer (Claim # TL2606)
Amount Requested	\$9,406.35 TOTAL
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



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

2346 Deer Strike

1 message

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

Wed, Nov 12, 2025 at 12:15 PM

To: Tammy Hollingsworth <tammy.hollingsworth@aos.iowa.gov>, TOS ExecutiveCouncil <executivecouncil@tos.iowa.gov>

Please accept this email the initial 24 hour notification for an AON claim. Vehicle 2346 struck a deer on 11/12/2025. 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

515-281-8008 office

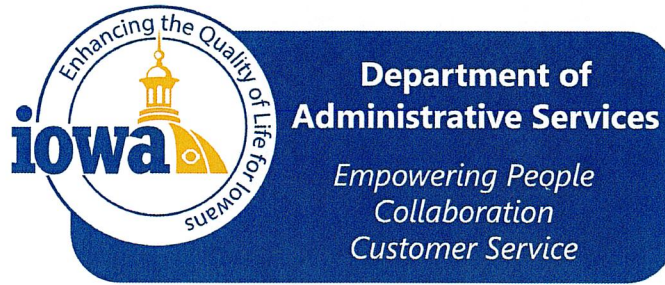
das.risk@iowa.gov

<https://das.iowa.gov>



Department of
Administrative Services

All accidents must be reported via email or phone to Fleet Services within 24 hours. All accident reports and estimates are due within 72 hours of an accident. Agencies have 60 days to complete repairs to vehicles once approval is given.



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 Iowa 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 DAS.Risk@iowa.gov), 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 ([per Iowa Code 29C.20](#)).
- 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 accident

Accident Date (Mo/Day/Year)	Time	No. of Vehicles
11/12/2025	11:35 AM	1
County	State	
Ida County	Iowa	

Vehicle 1 (State vehicle)

Driver's Name		Work Street Address	
Diane Kay Anderson		427 Sherman Ave	
Driver's License No./State		City, State, Zip	
342WW9832		Cherokee, IA 51012	
Date of Birth	Department	Work Phone	Home Phone
10/29/1967	Public Health	515-745-2163	712-261-0912
License Plate No.	VIN	Year, Make, Model	
2346	1C3CCCAB9GN191084	2016 Chrysler 200	
Estimate (\$) of Damage		Description of Damage	
		Deer ran into car. Windshield shattered, driver side fender dented, hood dented and scratched, driver door damaged (could not open) scratches on top of car, rearview mirror broken and interior lights by mirror broken. Shards of glass and glass dust all over interior	

Vehicle 2 (other vehicle) if more than two vehicles-use additional forms

Driver's Name		Street Address	
Driver's License No./State		City, State, Zip	
Date of Birth	Work Phone	Home Phone	License Plate No.
Description of Damage			

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

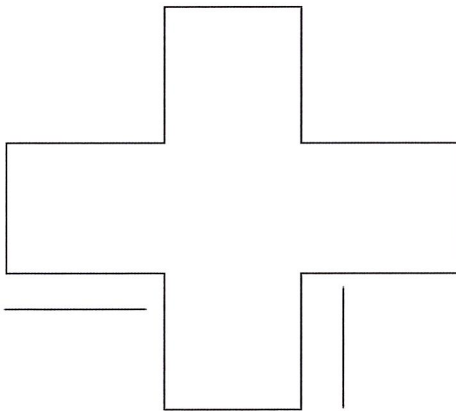
Name	Address/Phone
Name	Address/Phone

Accident Diagram

Complete diagram below, include a description of what happened.

Use the outline below to sketch the scene of your accident,
writing in street or highway names or numbers.

Use number 1 to indicate the State vehicle.



Driving north on Highway 59 going approximately 45-50mph accelerating to 55mph as had just turned on to highway. Deer jumped out of ravine running fast. I saw it when it came out of the ravine running across the road and started breaking, but deer hit driver side front fender, windshield, roof and then ran off. iPhone was in purse which was thrown to floor noted crash and called emergency services.

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 along with the accident report to DAS Fleet Service within 72 hours of the accident.

Complete the next section, tear at the dotted line and give to the other party involved.

State Vehicle Insurance Information

Driver's Name	
Driver's License No./State	
Vehicle Plate No.	
Vehicle year, make, model	
VIN	

The State of Iowa is self-insured.
If you have any questions regarding an accident, please contact
DAS Fleet Services at 515-281-3162 of DAS.Risk@iowa.gov

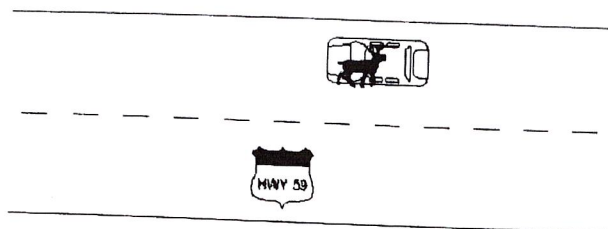
Date of Accident 11/12/2025		Time of Accident 11:43 Hrs.		County IDA - 47		Accident occurred within corporate limits of (city)		Form Number: 25-5999			
Literal Description US 59 N								Legal Intervention? <input type="checkbox"/> Private Property? <input type="checkbox"/>			
If accident occurred outside of city limits show general vicinity N NE E SE S SW W NW ○ ○ ○ ○ ○ ○ ○ ○ of nearest city								County: 47			
On Road, Street or Highway:								X Coordinate: 293967.625			
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.								Y Coordinate: 4692298			
Milepost Number _____ Definable intersection, bridge, or railroad crossing _____ Or _____								If Divided Highway, Provide Route (Cardinal) Travel Direction NB SB EB WB <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>			
ACCIDENT ENVIRONMENT				ROADWAY CHARACTERISTICS							
Location of First Harmful Event _____ Weather Conditions (up to two) _____				Major Contributing Circumstances Environment 06							
Manner of Crash/Collision 01				Roadway _____							
Light Conditions _____ Surface Conditions _____				Type of Roadway Junction/Feature _____							
First Harmful Event (Crash) 31				FRA No _____							
WORKZONE RELATED?		Yes <input type="radio"/> No <input checked="" type="radio"/>		Activity		Location		Type		Workers Present	
Name 001				Phone Number _____				DOB: _____			
Address: _____											
Transported to: _____				Alcohol Test Given _____ Test Results: _____				Drug Test Given _____ Result _____ Charged Yes No <input type="radio"/> <input type="radio"/>			
Name _____				Phone Number _____				DOB: _____			
Address: _____											
Transported to: _____				Alcohol Test Given _____ Test Results: _____				Drug Test Given _____ Result _____ Charged Yes No <input type="radio"/> <input type="radio"/>			
Transported by: _____											
If Property other than vehicles damaged explain		Object Damaged _____								Estimate of Damage _____	
Owner's Last Name _____		First Name _____		Middle Name _____		State _____ Zip Code _____		Phone Number _____		Was owner or tenant notified? 1 = Yes 2 = No 9 = Unknown	
Address _____		City _____								Estimate of Damage _____	
If Property other than vehicles damaged explain		Object Damaged _____								Estimate of Damage _____	
Owner's Last Name _____		First Name _____		Middle Name _____		State _____ Zip Code _____		Phone Number _____		Was owner or tenant notified? 1 = Yes 2 = No 9 = Unknown	
Address _____		City _____								Estimate of Damage _____	
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 11/12/2025		Incident Clearance Date 11/12/2025			
Signature of Officer DEPUTY ROB MCMILLEN				Badge Number 47-7		Time Officer Notified of Accident 11:43 Hrs.		Roadway Clearance Time 11:46 Hrs.		Incident Clearance Time 11:46 Hrs.	
Name of Agency IDA COUNTY SHERIFF'S OFFICE				Date of Report 11/12/2025		Time Officer Arrived At Scene 11:46 Hrs.		Total Roadway Clearance Time 000:03		Total Incident Clearance Time 000:03	
Report Reviewed By _____				Date of Review _____		Investigation made at scene? Y <input checked="" type="radio"/> N <input type="radio"/>		T.I. No. _____		Other Technical Investigating Agency _____	

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

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

Form Number: 25-5999

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NOT TO SCALE



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Unit 1 was North bound on HWY 59 when a buck deer ran out in front of them. Unit 1 could not stop in time and the deer struck the vehicle in the drivers side and windshield. The deer ran off and the driver was uninjured.



CHEROKEE COLLISION CENTER

Your Complete Auto Repair Center
111 INDIAN STREET, CHEROKEE, IA 51012
Phone: (712) 225-3877
FAX: (712) 225-3878

Workfile ID: 32f34d76
Federal ID: 42-1468487
Resale Number: 1-18-006356

Preliminary Estimate

Customer: State Of Iowa

Written By: Terri Weaver

Insured: State Of Iowa
Type of Loss:
Point of Impact:

Policy #:
Date of Loss:

Claim #:
Days to Repair: 0

Owner:
State Of Iowa
Dept. of Administrative Services
Fleet & Mail Div 301 E. 7th St.
DesMoines, IA 50319-0250
(515) 418-5776 Cell
(515) 630-5238 Business

Inspection Location:
CHEROKEE COLLISION CENTER
111 INDIAN STREET
CHEROKEE, IA 51012
Repair Facility
(712) 225-3877 Business

Insurance Company:

VEHICLE

2016 CHRY 200 Limited FWD 4D SED 4-2.4L Gasoline Sequential MPI

VIN: 1C3CCAB9GN191084
License:
State: IA

Interior Color:
Exterior Color:
Production Date:

Mileage In:
Mileage Out:
Condition:

Vehicle Out:

Job #:

TRANSMISSION

Automatic Transmission

POWER

Power Steering
Power Brakes
Power Windows
Power Locks
Power Mirrors

DECOR

Dual Mirrors
Tinted Glass
Console/Storage
Overhead Console

CONVENIENCE

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

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

Aluminum/Alloy Wheels

PAINT

Clear Coat Paint
Metallic Paint

OTHER

Traction Control
Stability Control

Preliminary Estimate

Customer: State Of Iowa

2016 CHRY 200 Limited FWD 4D SED 4-2.4L Gasoline Sequential MPI

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1	PAINT IDENTIFICATION						
2	#	Repl Clean & Degrease Vehicle for Repairs Analysis		1	8.00	0.5	
3	#	Repl Buff for Color Match Reading		1	2.00	0.2	
4	#	Refn Color Mix, Match and Spray out card Exterior					1.0
5	#	Repl Wash and Prep Vehicle for Refinish/Booth		1	2.00	0.4	
6	#	Repl STAT gun application		1		0.5	
7	FRONT BUMPER & GRILLE						
8		R&I R&I bumper cover				1.7	
9		Repl LT Side retainer	68103181AC	1	23.55	Incl.	
10	FRONT LAMPS						
11	**	Repl A/M CAPA LT Headlamp assy w/o LED daytim light	68284784AA	1	602.00	0.4	
12		Aim headlamps				0.5	
13		R&I RT R&I headlamp assy				0.3	
14	HOOD						
15	*	Rpr Hood (ALU)				<u>5.0</u>	2.8
16		Add for Clear Coat					1.1
17	#	Rpr Feather Prime and Block (.2 per repair hour)					1.0
18	FENDER						
19	**	Repl A/M CAPA LT Fender (HSS)	68143657AA	1	327.00	2.5	1.8
20		Overlap Major Adj. Panel					-0.4
21		Add for Clear Coat					0.3
22		Add for Edging					0.5
23		Add for Clear Coat					0.1
24	*	Rpr RT Fender (HSS)				<u>0.5</u>	1.8
25		Overlap Major Adj. Panel					-0.4
26		Add for Clear Coat					0.3
27	#	Rpr Feather Prime and Block (.2 per repair hour)					0.2
28	ELECTRICAL						
29	#	Disconnect Battery		1		0.2 M	
30	#	Connect Battery		1		0.1 M	
31	#	Rpr Memory Function Reset				0.2	
32	WINDSHIELD						
33		Repl Windshield Chrysler, tinted w/o acoustic w/auto dim mirror	68145528AD	1	507.00	Incl.	
34	**	Repl A/M Glass Adhesive Kit / Windshield		1	28.00 T		
35	#	Glass Clean up		1		2.0	
36	RESTRAINT SYSTEMS						
37	#	Rpr Dis Arm Saftey Restraint System				0.4 M	

Preliminary Estimate

Customer: State Of Iowa

2016 CHRY 200 Limited FWD 4D SED 4-2.4L Gasoline Sequential MPI

38	#	Rpr	Re-Arm and Connect Saftey Restraint Systems			0.1	M
39	ROOF						
40		Repl	Roof panel w/o sunroof	68104595AB	1	769.00	17.5 3.0
41			Overlap Major Non-Adj. Panel				-0.2
42			Add for Clear Coat				0.6
43	**	Repl	A/M Adhiseive, Panel Bonding Kits / Tube		2	250.00	
44		R&I	R&I headliner				Incl.
45	FRONT DOOR						
46		Repl	LT Corner molding LX & Limited	5NJ511XFAB	1	76.95	Incl.
47		Repl	LT Upper hinge	68214361AC	1	53.20	0.3 0.3
48			Add for Clear Coat				0.1
49		Repl	LT Upper hinge pivot bolt	6511563AA	1	4.15	
50		Repl	LT Lower hinge	68214359AC	1	58.00	0.3 0.3
51			Add for Clear Coat				0.1
52		Repl	LT Lower hinge pivot bolt	6511563AA	1	4.15	
53		R&I	LT R&I door assy				1.2
54	*	Blnd	LT Door shell (HSS)				<u>1.0</u>
55		Repl	LT Front seal	68144953AC	1	53.60	0.3
56		R&I	LT Belt molding chrome				0.3
57		R&I	LT Handle, outside w/o chrome strip granite				0.4
58	*	Repl	LKQ LT Mirror assy w/o 1 touch window granite	1UY13TZZAF	1	99.75	<u>0.5</u> <u>0.6</u>
59	*		Add for Clear Coat				0.1
60		R&I	LT R&I trim panel				0.5
61	VEHICLE DIAGNOSTICS						
62	#	Rpr	Battery support during PRE/POST scans				0.2 M
63	*	Subl	Pre-repair scan		1	<u>120.00</u>	m
64	*	Subl	Post-repair scan		1	<u>120.00</u>	m
65	MISCELLANEOUS OPERATIONS						
66	#	Repl	Hazardous Waste Charge		1	5.00	T
67	#	Repl	Corrosion Protection		1	10.00	T 0.3
68	#	Repl	Car Cover for Repair		1	5.00	T 0.2
69	#	Repl	Car Cover For Primer		1	5.00	0.2
70	#		Car Cover for Refinish		1	10.00	0.3
71	#	Rpr	De Nib, Wet Sand and Buff/Polish (.5 per panel)				2.5
72	#	Repl	Wash Vehicle after De Nib/Wet Sand		1	2.00	T 0.2
73	#	Repl	Wash Vehicle after BUff/Polish		1	2.00	0.2
74	#	Repl	Final Wash, Detail and Vacuum of Vehicle		1	10.00	2.0
SUBTOTALS						3,157.35	40.4 18.5

Preliminary Estimate

Customer: State Of Iowa

2016 CHRY 200 Limited FWD 4D SED 4-2.4L Gasoline Sequential MPI

ESTIMATE TOTALS

Category	Basis			Rate	Cost \$
Parts					3,107.35
Body Labor	39.4 hrs	@		\$ 85.00 /hr	3,349.00
Paint Labor	18.5 hrs	@		\$ 150.00 /hr	2,775.00
Mechanical Labor	1.0 hrs	@		\$ 125.00 /hr	125.00
Miscellaneous					50.00
Subtotal					9,406.35
Grand Total					9,406.35
Deductible					0.00
CUSTOMER PAY					0.00
INSURANCE PAY					9,406.35

Cherokee Collision Center hereby provides a Limited Warranty on repairs preformed by this shop. This Limited Warrenty is valid only for as long as you own the vehicle stated herein, and is for the person to whom this Limited Warranty is granted and whose name appears herin and on the original work order. A three year Limited Warranty on paint against fading and peeling. A one year Limited Warranty on metalwork,excluding any rust repairs, and workmanship. All parts are OEM,original equiptment manufacturer, certified, so therefore have a Limited Warranty from the manufacturer.

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

Customer: State Of Iowa

2016 CHRY 200 Limited FWD 4D SED 4-2.4L Gasoline Sequential MPI

Estimate based on MOTOR CRASH ESTIMATING GUIDE and potentially other third party sources of data. Unless otherwise noted, (a) all items are derived from the Guide DR3PR15, CCC Data Date 11/10/2025, and potentially other third party sources of data; and (b) the parts presented are OEM-parts. OEM parts are manufactured by or for the vehicle's Original Equipment Manufacturer (OEM) according to OEM's specifications for U.S. distribution. OEM parts are available at OE/Vehicle dealerships or the specified supplier. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships with discounted pricing. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor data provided by third party sources of data may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. The symbol (<>) indicates the refinishing operation WILL NOT be performed as a separate procedure from the other panels in the estimate. Non-Original Equipment Manufacturer aftermarket parts are described as Non OEM, A/M or NAGS. Used parts are described as LKQ, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries.

Some 2024 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The CCC ONE estimator has a list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

The following is a list of additional abbreviations or symbols that may be used to describe work to be done or parts to be repaired or replaced:

SYMBOLS FOLLOWING PART PRICE:

m=MOTOR Mechanical component. s=MOTOR Structural component. T=Miscellaneous Taxed charge category. X=Miscellaneous Non-Taxed charge category.

SYMBOLS FOLLOWING LABOR:

D=Diagnostic labor category. E=Electrical labor category. F=Frame labor category. G=Glass labor category. M=Mechanical labor category. S=Structural labor category. (numbers) 1 through 4=User Defined Labor Categories.

OTHER SYMBOLS AND ABBREVIATIONS:

Adj.=Adjacent. Algn.=Align. ALU=Aluminum. A/M=Aftermarket part. Blnd=Blend. BOR=Boron steel. CAPA=Certified Automotive Parts Association. CFC=Carbon Fiber. D&R=Disconnect and Reconnect. HSS=High Strength Steel. HYD=Hydroformed Steel. Incl.=Included. LKQ=Like Kind and Quality. LT=Left. MAG=Magnesium. Non-Adj.=Non Adjacent. NSF=NSF International Certified Part. O/H=Overhaul. Qty=Quantity. Refn=Refinish. Repl=Replace. R&I=Remove and Install. R&R=Remove and Replace. Rpr=Repair. RT=Right. SAS=Sandwiched Steel. Sect=Section. STS=Stainless Steel. Subl=Sublet. UHS=Ultra High Strength Steel. N=Note(s) associated with the estimate line.

CCC ONE Estimating - A product of CCC Intelligent Solutions Inc.

The following is a list of abbreviations that may be used in CCC ONE Estimating that are not part of the MOTOR CRASH ESTIMATING GUIDE:

BAR=Bureau of Automotive Repair. EPA=Environmental Protection Agency. NHTSA= National Highway Transportation and Safety Administration. PDR=Paintless Dent Repair. VIN=Vehicle Identification Number.

Preliminary Estimate

Customer: State Of Iowa

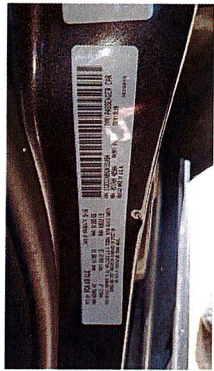
2016 CHRY 200 Limited FWD 4D SED 4-2.4L Gasoline Sequential MPI

PARTS SUPPLIER LIST

Line	Supplier	Description	Price
11	Keystone, Inc 8206 J STREET OMAHA NE 68127 (402) 553-0230	#CH2502260C A/M CAPA LT Headlamp assy w/o LED daytim light Quote: 3219450850 Expires: 12/28/25	\$ 602.00
19	Keystone, Inc 8206 J STREET OMAHA NE 68127 (402) 553-0230	#CH1240283PP A/M CAPA LT Fender (HSS) Quote: 3219385655 Expires: 12/28/25	\$ 327.00
58	PAM's Auto Inc - RCY 7505 RIDGEWOOD ROAD St Cloud MN 56303 (320) 363-0000	#HH0716 LKQ LT Mirror assy w/o 1 touch window granite LT SIDE MIRROR-LEFT,WHT,PWR,HEAT,S#HH0716 Quote: 16337752648 Expires: 12/13/25	\$ 75.00

Image Report

Owner:	State Of Iowa	Insurance:	Estimator:	Terri Weaver	Vehicle Out:	
RO Number:		Claim Number:				
Year:	2016	Color:	License Plate:		Production Date:	
Make:	CHRY	Body Style:	4D SED	State:	IA	Mileage In:
Model:	200 Limited FWD	Engine:	4-2.4L Gasoline S...	VIN:	1C3CCAB9GN191084	Condition:



11/13/2025
Comments:



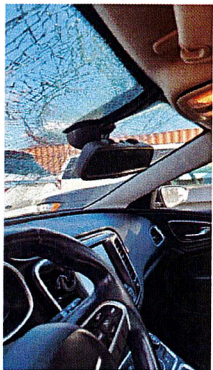
11/13/2025
Comments:



11/13/2025
Comments:



11/13/2025
Comments:



11/13/2025
Comments:



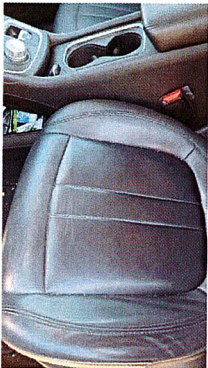
11/13/2025
Comments:

Image Report

Owner:	State Of Iowa	Insurance:	Estimator:	Terri Weaver	Vehicle Out:	
RO Number:		Claim Number:				
Year:	2016	Color:	License Plate:		Production Date:	
Make:	CHRY	Body Style:	4D SED	State:	IA	Mileage In:
Model:	200 Limited FWD	Engine:	4-2.4L Gasoline S...	VIN:	1C3CCCAB9GN191084	Condition:



11/13/2025
Comments:



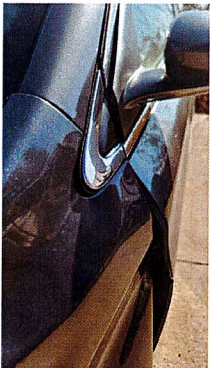
11/13/2025
Comments:



11/13/2025
Comments:



11/13/2025
Comments:



11/13/2025
Comments:



11/13/2025
Comments:

Image Report

Owner:	State Of Iowa	Insurance:	Estimator:	Terri Weaver	Vehicle Out:
RO Number:		Claim Number:			
Year:	2016	Color:	License Plate:		Production Date:
Make:	CHRY	Body Style:	State:	IA	Mileage In:
Model:	200 Limited FWD	Engine:	4-2.4L Gasoline S...	VIN:	1C3CCAB9GN191084
					Condition:



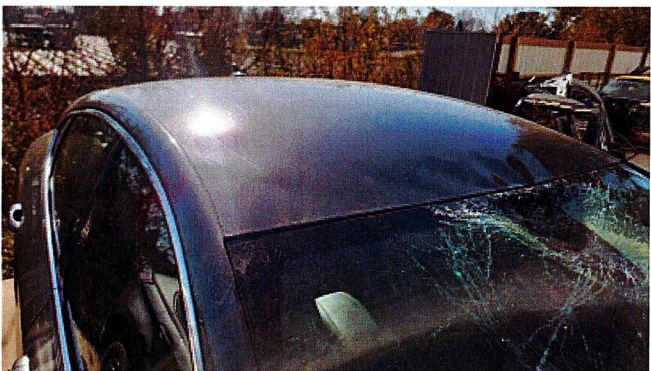
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Comments:



11/13/2025
Comments:



11/13/2025
Comments:



11/13/2025
Comments:



11/13/2025
Comments:

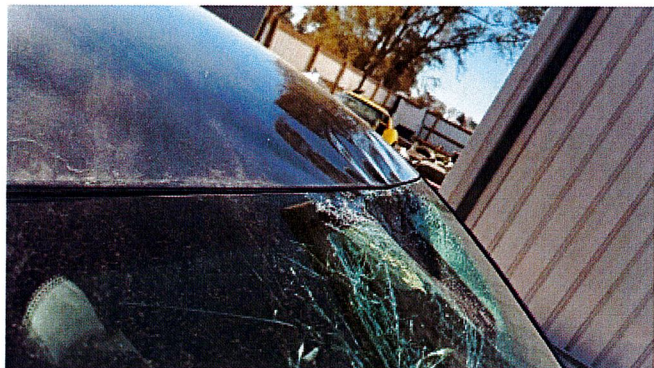


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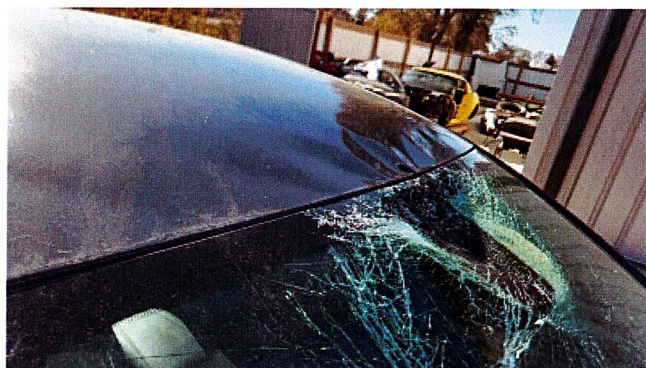
CHEROKEE COLLISION CENTER
111 INDIAN STREET, CHEROKEE, IA 51012
Phone: (712) 225-3877, Fax: (712) 225-3878

Image Report

Owner:	State Of Iowa	Insurance:	Estimator:	Terri Weaver	Vehicle Out:	
RO Number:		Claim Number:				
Year:	2016	Color:	License Plate:		Production Date:	
Make:	CHRY	Body Style:	4D SED	State:	IA	Mileage In:
Model:	200 Limited FWD	Engine:	4-2.4L Gasoline S...	VIN:	1C3CCAB9GN191084	Condition:



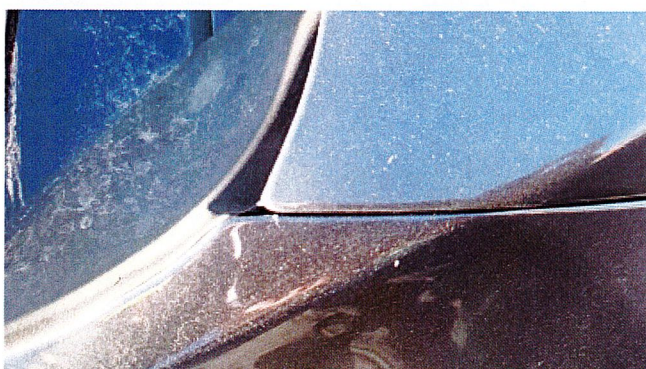
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Comments:



11/13/2025
Comments:



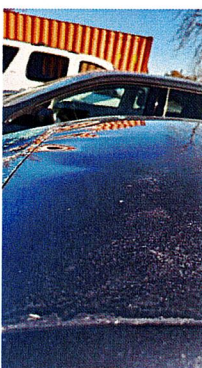
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Comments:



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Image Report

Owner:	State Of Iowa	Insurance:	Estimator:	Terri Weaver	Vehicle Out:	
RO Number:		Claim Number:				
Year:	2016	Color:	License Plate:		Production Date:	
Make:	CHRY	Body Style:	4D SED	State:	IA	Mileage In:
Model:	200 Limited FWD	Engine:	4-2.4L Gasoline S...	VIN:	1C3CCAB9GN191084	Condition:



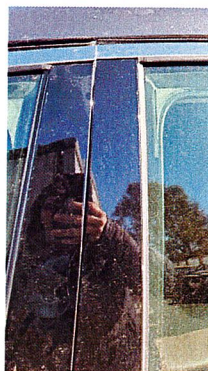
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Comments:



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Comments:



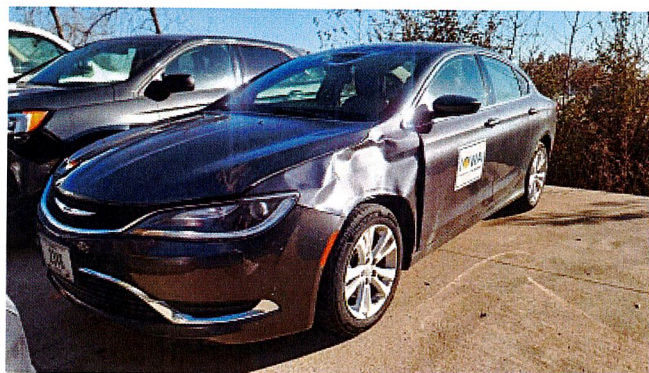
11/13/2025
Comments:



11/13/2025
Comments:



11/13/2025 E01
Comments:



11/13/2025 E01
Comments:

Image Report

Owner:	State Of Iowa	Insurance:		Estimator:	Terri Weaver	Vehicle Out:
RO Number:		Claim Number:				
Year:	2016	Color:		License Plate:		Production Date:
Make:	CHRY	Body Style:	4D SED	State:	IA	Mileage In:
Model:	200 Limited FWD	Engine:	4-2.4L Gasoline S...	VIN:	1C3CCAB9GN191084	Condition:



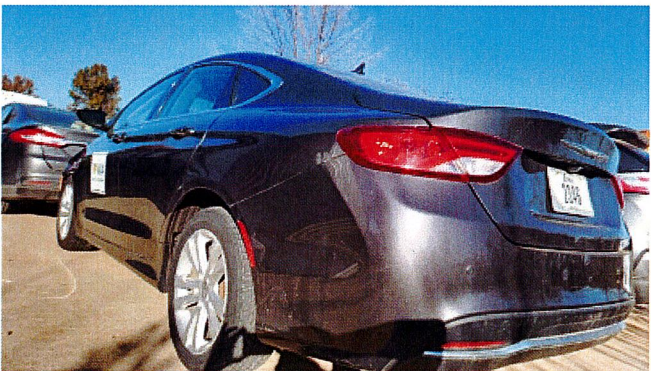
11/13/2025 E01
Comments:



11/13/2025 E01
Comments:



11/13/2025 E01
Comments:



11/13/2025 E01
Comments:

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Form Number:
25-5999

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

Date of Accident 11/12/2025		Time of Accident 11:43 Hrs.		County IDA - 47		Accident occurred within corporate limits of (city)																		
UNIT 1	Driver's Name - Last ANDERSON					First DIANE					Middle KAY													
	Address 427 SHERMAN AVE										City CHEROKEE					State IA Zip 51012-0000								
	Date of Birth 10/29/1967			Driver's License Number 342WW9832			CDL Yes No		Citation Charge 1					Citation Charge 2										
	Male <input type="radio"/> Female <input checked="" type="radio"/>		State IA		Class C		Endorsements		Restrictions		Citation Charge 3					Citation Charge 4								
	Alcohol Test Given: 1			Test Results:			Drug Test Given: 1			Test Result:			Re-exam: Yes <input type="radio"/> No <input checked="" type="radio"/>			Reason for Re-Exam Request:								
	Owner's Name - Last STATE OF IOWA										First					Middle								
	Address 510 E 12TH ST										City DES MOINES					State IA Zip 50319-9013								
	License Plate No. 2346		State IA		Year 2026		VIN: 1C3CCAB9GN191084			Color GRY		Year 2020		Make CHRY		Model 200		Style 4D						
	Trailer Plate No.		State		Year		VIN:			Tow 3		Tow # 25-69		Towed To CHEROKEE		Approx. Cost to Repair or Replace \$3,000.00								
	Insurance Company Name SELF INSURED										Insurance Co. Phone Number										Insurance Policy Number			
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. 1								
Special Veh. Func.		Emergency Status		Bus Use		Driver Condition		Vision Obscured		Contributing Circumstances Driver (up to two) 88		Driver Distractions 02		Speed Limit										
Traffic Controls		Horizontal Alignment		Vertical Alignment		SEQUENCE OF EVENTS		First Event 31		Second Event		Third Event		Fourth Event		Most Harmful Event 31								
COMMERCIAL	Carrier Name/Lessee																							
	Street Address										City								State		Zip Code			
	Number of Axes		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															
	Sex		Seating Position		Injury Status		Occupant Protection		Airbag Deployment		Ejection		Ejection Path		Rollover Protection		Source of Transport		Driver's Seatbelt/Route					
	<div>DRIVER OF UNIT 1</div> <div>Phone Number:</div> <div>Transported to:</div> <div>Transported by:</div>																							
	PERSONS INVOLVED	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:																		
Name		Phone Number				DOB:																		
Address		Transported to:				Transported by:																		