



**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,

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



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	<b>\$9,406.35 TOTAL</b>
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](mailto:das.risk@iowa.gov)>

## 2346 Deer Strike

1 message

**Risk, DAS** <[das.risk@iowa.gov](mailto:das.risk@iowa.gov)>

Wed, Nov 12, 2025 at 12:15 PM

To: Tammy Hollingsworth <[tammy.hollingsworth@aos.iowa.gov](mailto:tammy.hollingsworth@aos.iowa.gov)>, TOS ExecutiveCouncil <[executivecouncil@tos.iowa.gov](mailto: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 12<sup>th</sup> St, Des Moines, IA 50319

515-281-8008 office

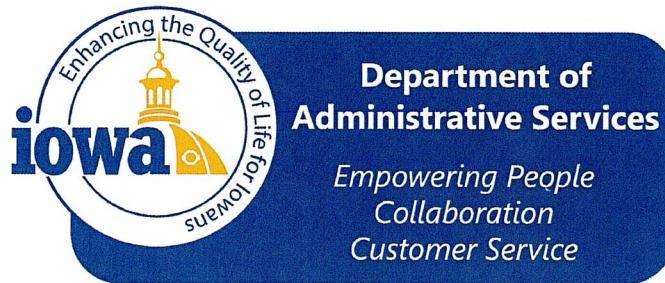
[das.risk@iowa.gov](mailto:das.risk@iowa.gov)

<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](mailto: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](mailto: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	
<p>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.</p> <div style="border: 1px solid black; width: 300px; height: 300px; margin-top: 10px;"></div>	
<p>Driving north on Highway 59 going approximatley 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.</p>	

## 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.**

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### 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 or <a href="mailto:DAS.Risk@iowa.gov">DAS.Risk@iowa.gov</a>	

INVESTIGATING OFFICER'S REPORT  
OF MOTOR VEHICLE ACCIDENT

Sheet 2 of 3

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

<b>L</b> Date of Accident <b>O</b> Time of Accident <b>C</b> County <b>A</b> Accident occurred within corporate limits of (city) <b>T</b> 11/12/2025 <b>I</b> 11:43 <b>Hrs.</b> <b>O</b> IDA - 47							<b>Form Number:</b> <b>25-5999</b>		
<b>C</b> Literal Description <b>A</b> <b>US 59 N</b> <b>T</b> If accident occurred outside of <b>I</b> city limits show general vicinity <b>O</b> <b>N</b> <b>E</b> <b>NE</b> <b>SE</b> <b>S</b> <b>SW</b> <b>W</b> <b>NW</b> <b>I</b> On Road, Street or Highway: <b>O</b> <b>N</b> <b>E</b> <b>NE</b> <b>SE</b> <b>S</b> <b>SW</b> <b>W</b> <b>NW</b> <b>A</b> of nearest city <b>O</b> At Intersection with: <b>N</b> <b>NE</b> <b>E</b> <b>SE</b> <b>S</b> <b>SW</b> <b>W</b> <b>NW</b>									
<b>Note:</b> 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. <b>Milepost Number</b> <b>Definable intersection, bridge, or railroad crossing</b>							<b>If Divided Highway, Provide Route (Cardinal) Travel Direction</b> <b>NB</b> <b>SB</b> <b>EB</b> <b>WB</b>		
<b>ACCIDENT ENVIRONMENT</b> <b>Location of First Harmful Event</b> <b>Weather Conditions (up to two)</b> <b>Manner of Crash/Collision</b> <b>01</b> <b>Roadway</b> <b>Light Conditions</b> <b>Surface Conditions</b> <b>Type of Roadway Junction/Feature</b> <b>FRA No</b>							<b>ROADWAY CHARACTERISTICS</b> <b>Major Contributing Circumstances Environment</b> <b>06</b> <b>Struck by Unit No</b> <b>Injury Status</b> <b>Non Motorist Type</b> <b>Action (prior to crash)</b> <b>Location</b> <b>Safety Equipment</b> <b>Contributing Circumstances</b> <b>Sources of Transport</b> <b>Crash Counterpart</b>		
<b>First Harmful Event (Crash)</b> <b>31</b>		<b>WORKZONE RELATED?</b> <b>Yes</b> <b>No</b>	<b>Activity</b>	<b>Location</b>	<b>Type</b>	<b>Workers Present</b>	<b>Sex</b> <b>Struck by Unit No</b> <b>Injury Status</b> <b>Non Motorist Type</b> <b>Action (prior to crash)</b> <b>Location</b> <b>Safety Equipment</b> <b>Contributing Circumstances</b> <b>Sources of Transport</b> <b>Crash Counterpart</b>		
<b>N</b> <b>NO</b> <b>NAME</b> <b>M</b> <b>Address:</b> <b>C</b> <b>Transported to:</b> <b>T</b> <b>Name</b> <b>R</b> <b>Address:</b> <b>I</b> <b>Transported to:</b> <b>S</b> <b>Name</b> <b>T</b> <b>Address:</b> <b>S</b> <b>Transported to:</b>		<b>Phone Number</b>		<b>DOB:</b>		<b>Alcohol Test Given</b> <b>Test Results:</b> <b>Drug Test Given</b> <b>Result</b> <b>Charged</b> <b>Yes No</b>			
<b>P</b> <b>OR</b> <b>If Property other than vehicles damaged explain</b> <b>O</b> <b>NO</b> <b>Owner's Last Name</b> <b>V</b> <b>EE</b> <b>Address</b> <b>E</b> <b>HR</b> <b>City</b> <b>H</b> <b>IT</b> <b>CY</b> <b>U</b> <b>If Property other than vehicles damaged explain</b> <b>L</b> <b>D</b> <b>AM</b> <b>LD</b> <b>AM</b> <b>RG</b> <b>Owner's Last Name</b> <b>W</b> <b>IT</b> <b>NE</b> <b>SS</b> <b>Address</b> <b>I</b> <b>Address</b> <b>S</b> <b>Address</b> <b>S</b> <b>Address</b>		<b>Object Damaged</b>		<b>DOB:</b>		<b>Alcohol Test Given</b> <b>Test Results:</b> <b>Drug Test Given</b> <b>Result</b> <b>Charged</b> <b>Yes No</b>			
<b>W</b> <b>RD</b> <b>Address</b>		<b>Object Damaged</b>		<b>DOB:</b>		<b>Alcohol Test Given</b> <b>Test Results:</b> <b>Drug Test Given</b> <b>Result</b> <b>Charged</b> <b>Yes No</b>			
<b>W</b> <b>IT</b> <b>NE</b> <b>SS</b> <b>Address</b>		<b>Object Damaged</b>		<b>DOB:</b>		<b>Alcohol Test Given</b> <b>Test Results:</b> <b>Drug Test Given</b> <b>Result</b> <b>Charged</b> <b>Yes No</b>			
<b>W</b> <b>IT</b> <b>NE</b> <b>SS</b> <b>Address</b>		<b>Object Damaged</b>		<b>DOB:</b>		<b>Alcohol Test Given</b> <b>Test Results:</b> <b>Drug Test Given</b> <b>Result</b> <b>Charged</b> <b>Yes No</b>			
<b>W</b> <b>IT</b> <b>NE</b> <b>SS</b> <b>Address</b>		<b>Object Damaged</b>		<b>DOB:</b>		<b>Alcohol Test Given</b> <b>Test Results:</b> <b>Drug Test Given</b> <b>Result</b> <b>Charged</b> <b>Yes No</b>			
<b>Is This a Secondary Crash?</b> <b>Y</b> <b>N</b>		<b>Type of Primary Incident</b>				<b>Roadway Clearance Date</b> <b>11/12/2025</b>		<b>Incident Clearance Date</b> <b>11/12/2025</b>	
<b>Signature of Officer</b> <b>DEPUTY ROB MCMILLEN</b>			<b>Badge Number</b> <b>47-7</b>	<b>Time Officer Notified of Accident</b> <b>11:43</b> <b>Hrs.</b>	<b>Roadway Clearance Time</b> <b>11:46</b> <b>Hrs.</b>		<b>Incident Clearance Time</b> <b>11:46</b> <b>Hrs.</b>		
<b>Name of Agency</b> <b>IDA COUNTY SHERIFF'S OFFICE</b>			<b>Date of Report</b> <b>11/12/2025</b>	<b>Time Officer Arrived At Scene</b> <b>11:46</b> <b>Hrs.</b>	<b>Total Roadway Clearance Time</b> <b>000:03</b>		<b>Total Incident Clearance Time</b> <b>000:03</b>		
<b>Report Reviewed By</b>			<b>Date of Review</b>	<b>Investigation made at scene?</b> <b>Y</b> <b>N</b>	<b>T.I. No.</b>		<b>Other Technical Investigating Agency</b>		

INVESTIGATING OFFICER'S REPORT  
OF MOTOR VEHICLE ACCIDENT

Form 4433003 (11-13)

Sheet 3 of 3

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

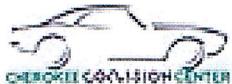
Form Number: 25-5999



NOT TO SCALE



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:  
Federal ID:  
Resale Number:

32f34d76  
42-1468487  
1-18-006356

## Preliminary Estimate

### Customer: State Of Iowa

Written By: Terri Weaver

Insured: State Of Iowa Policy #: Claim #:  
Type of Loss: Date of Loss: Days to Repair: 0  
Point of Impact:

Owner:	Inspection Location:	Insurance Company:
State Of Iowa	CHEROKEE COLLISION CENTER	
Dept. of Administrative Services	111 INDIAN STREET	
Fleet & Mail Div 301 E. 7th St.	CHEROKEE, IA 51012	
DesMoines, IA 50319-0250	Repair Facility	
(515) 418-5776 Cell	(712) 225-3877 Business	
(515) 630-5238 Business		

## VEHICLE

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

VIN: 1C3CCCAB9GN191084	Interior Color:	Mileage In:	Vehicle Out:
License:	Exterior Color:	Mileage Out:	
State: IA	Production Date:	Condition:	Job #:

TRANSMISSION	CONVENIENCE	AM Radio	SEATS
Automatic Transmission	Air Conditioning	FM Radio	Cloth Seats
POWER	Intermittent Wipers	Stereo	Bucket Seats
Power Steering	Tilt Wheel	Search/Seek	Reclining/Lounge Seats
Power Brakes	Cruise Control	Auxiliary Audio Connection	
Power Windows	Rear Defogger		SAFETY
Power Locks	Keyless Entry	Drivers Side Air Bag	Aluminum/Alloy Wheels
Power Mirrors	Alarm	Passenger Air Bag	
DECOR	Message Center	Anti-Lock Brakes (4)	PAINT
Dual Mirrors	Steering Wheel Touch Controls	4 Wheel Disc Brakes	Clear Coat Paint
Tinted Glass	Telescopic Wheel	Front Side Impact Air Bags	Metallic Paint
Console/Storage	Backup Camera	Head/Curtain Air Bags	OTHER
Overhead Console	RADIO	Hands Free Device	Traction 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		<b>PAINT IDENTIFICATION</b>					
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		<b>FRONT BUMPER &amp; GRILLE</b>					
8		R&I R&I bumper cover				1.7	
9		Repl LT Side retainer	68103181AC	1	23.55	Incl.	
10		<b>FRONT LAMPS</b>					
11	**	Repl A/M CAPA LT Headlamp assy w/o LED daytime light	68284784AA	1	602.00	0.4	
12		Aim headlamps				0.5	
13		R&I RT R&I headlamp assy				0.3	
14		<b>HOOD</b>					
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		<b>FENDER</b>					
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		<b>ELECTRICAL</b>					
29	#	Disconnect Battery		1		0.2	M
30	#	Connect Battery		1		0.1	M
31	#	Rpr Memory Funstion Reset				0.2	
32		<b>WINDSHIELD</b>					
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		<b>RESTRAINT SYSTEMS</b>					
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
<b>39 ROOF</b>						
40		Repl	Roof panel w/o sunroof	68104595AB	1	769.00
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.
<b>45 FRONT DOOR</b>						
46		Repl	LT Corner molding LX & Limited	5NJ511XFAB	1	76.95
47		Repl	LT Upper hinge	68214361AC	1	53.20
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
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
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
59	*		Add for Clear Coat			0.1
60		R&I	LT R&I trim panel			0.5
<b>61 VEHICLE DIAGNOSTICS</b>						
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
<b>65 MISCELLANEOUS OPERATIONS</b>						
66	#	Repl	Hazardous Waste Charge		1	5.00 T
67	#	Repl	Corrosion Protection		1	10.00 T
68	#	Repl	Car Cover for Repair		1	5.00 T
69	#	Repl	Car Cover For Primer		1	5.00
70	#		Car Cover for Refinish		1	10.00
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
73	#	Repl	Wash Vehicle after Buff/Polish		1	2.00
74	#	Repl	Final Wash, Detail and Vacuum of Vehicle		1	10.00
<b>SUBTOTALS</b>				<b>3,157.35</b>	<b>40.4</b>	<b>18.5</b>

# 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
<b>Grand Total</b>			<b>9,406.35</b>
Deductible			0.00
<b>CUSTOMER PAY</b>			<b>0.00</b>
<b>INSURANCE PAY</b>			<b>9,406.35</b>

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 refinish 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. Align.=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 daytime 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

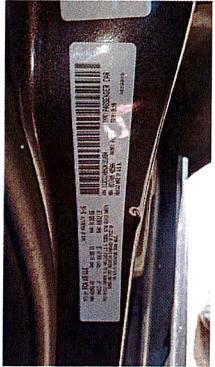
# CHEROKEE COLLISION CENTER

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:	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:



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Comments:



11/13/2025

Comments:



11/13/2025

Comments:



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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: 1C3CCCAB9GN191084	Condition:



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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: 1C3CCCAB9GN191084	Condition:



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Make:	CHRY	Body Style:	State:	IA	Mileage In:
Model:	200 Limited FWD	Engine:	4-2.4L Gasoline S...	VIN: 1C3CCCAB9GN191084	Condition:



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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: 1C3CCCAB9GN191084	Condition:



11/13/2025

Comments:



11/13/2025

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11/13/2025

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11/13/2025 E01

Comments:



11/13/2025 E01

Comments:

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## Image Report

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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:	1C3CCCAB9GN191084 Condition:



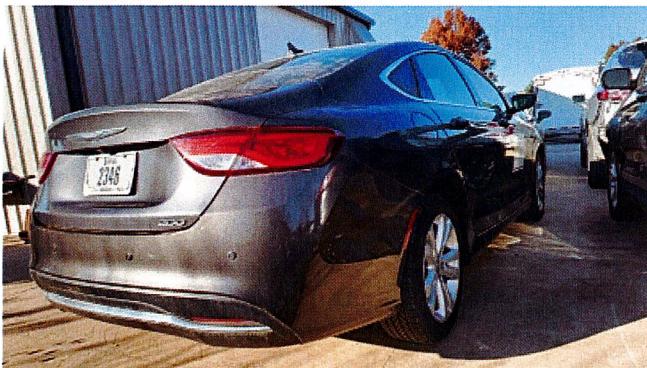
11/13/2025 E01

Comments:



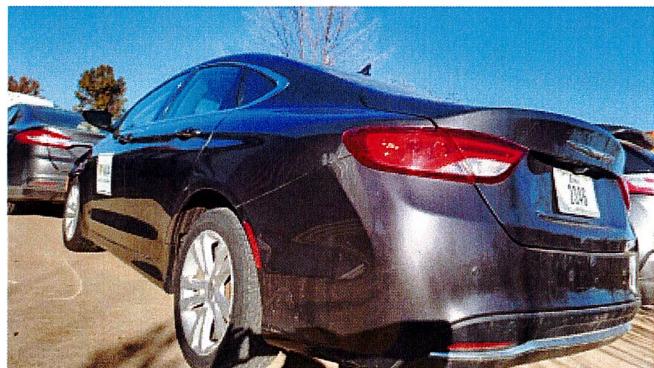
11/13/2025 E01

Comments:



11/13/2025 E01

Comments:



11/13/2025 E01

Comments:

INVESTIGATING OFFICER'S REPORT  
OF MOTOR VEHICLE ACCIDENT

Sheet 1 of 3

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)												
Driver's Name - Last <b>U ANDERSON</b>				First <b>DIANE</b>	Middle <b>KAY</b>											
Address <b>1 427 SHERMAN AVE</b>				City <b>CHEROKEE</b>	State <b>IA</b>	Zip <b>51012-0000</b>										
Date of Birth 10/29/1967		Driver's License Number 342WW9832			CDL Yes	Citation Charge 1										
Male Female <input checked="" type="radio"/> <input type="radio"/>		State <b>IA</b>	Class <b>C</b>	Endorsements <input type="radio"/> <input type="radio"/>	Restrictions <input type="radio"/>	Citation Charge 2										
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 <b>STATE OF IOWA</b>				First			Middle									
Address <b>510 E 12TH ST</b>				City <b>DES MOINES</b>			State <b>IA</b>	Zip <b>50319-9018</b>								
License Plate No. 2346		State <b>IA</b>	Year 2026	VIN: 1C3CCCAB9GN191084	Color <b>GRY</b>	Year 2020	Make <b>CHRY</b>	Model 200	Style <b>4D</b>							
Trailer Plate No.		State	Year	VIN:	Tow 3	Tow # 25-69	Towed To <b>CHEROKEE</b>	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									
Initial Travel Direction		Veh. Act. 01	Veh. Config. 01	Cargo Body Type	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		Speed Limit							
Traffic Controls		Horizontal Alignment		Vertical Alignment	SEQUENCE OF EVENTS	First Event 31	Second Event	Third Event	Fourth Event	Most Harmful Event 31						
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	Sex	Seated Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Ejection Path	Vehicle Location	Source of Transport	Driver/Passenger
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:								
Name				Phone Number		DOB:										
Address				Transported to:				Transported by:								