



**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 #1542 on November 15, 2025  
Department of Administrative Services  
Claim dated November 19, 2025  
AOS Claim ID: 4195

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 \$23,209.15; however, the estimate from the vendor includes sales tax of \$1,518.36. This amount will be deducted from the Department's request. Therefore, we recommend an Executive Council allocation in the amount of \$21,690.79, 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 19, 2025

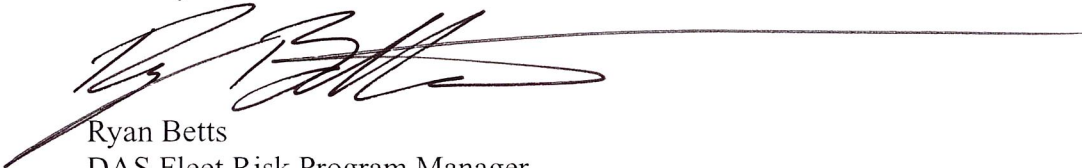
To: Tammy Hollingsworth, Auditor of State  
Victoria Newton, Treasurer of State  
Executive Council

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

Vehicle / Event	#1542 / Deer
Event Date	November 15, 2025
Summary	Vehicle 1542 - struck a deer (Claim # TL2607)
Amount Requested	<b>\$23,209.15 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 &lt;das.risk@iowa.gov&gt;

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**Fwd: Vehicle #1542**

1 message

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

Mon, Nov 17, 2025 at 7:41 AM

To: Tammy Hollingsworth &lt;Tammy.Hollingsworth@aos.iowa.gov&gt;, TOS ExecutiveCouncil &lt;executivecouncil@tos.iowa.gov&gt;

Please accept this email the initial 24 hour notification for an AON claim. Vehicle 1542 struck a deer on 11/15/2025. 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.**

----- Forwarded message -----

From: **Jones, Matthew** <[matthew.jones@iowa.gov](mailto:matthew.jones@iowa.gov)>

Date: Sat, Nov 15, 2025 at 7:16 AM

Subject: Fwd: Vehicle #1542

To: DAS Risk <[das.risk@iowa.gov](mailto:das.risk@iowa.gov)>, Mariah Fucaloro <[mariah.fucaloro@iowa.gov](mailto:mariah.fucaloro@iowa.gov)>

Having issues getting this message sent. Just trying to make sure it is initially reported.

**Matt Jones****Associate Warden Administration**

Iowa State Penitentiary

Iowa Department of Corrections

2111 330th Ave., Fort Madison, Iowa 52627

319-372-5432 x41826

[matthew.jones@iowa.gov](mailto:matthew.jones@iowa.gov)<https://doc.iowa.gov/>



----- Forwarded message -----

From: **Jones, Matthew** <[matthew.jones@iowa.gov](mailto:matthew.jones@iowa.gov)>

Date: Sat, Nov 15, 2025 at 6:28 AM

Subject: Vehicle #1542

To: DAS - Fleet Services <[DAS--FleetServices-DG@iowa.gov](mailto:DAS--FleetServices-DG@iowa.gov)>

Vehicle #1542 struck a deer early this morning and airbags were deployed. The vehicle was towed back to ISP. Incident statement below.

#### Incident Summary

On 11-15-2025 at approx. 2:00am Correctional Officer Dylan Lefler called ISP stating that he was involved in a traffic accident on Salem Road in Henry

County Iowa on his way back from a Iowa City watch. C/O Lefler stated that he had struck a deer and the air bags in the vehicle had deployed. C/O

Lefler stated that he is okay but the air bag did strike him in the mouth. C/O Lefler was advised to contact 911 and have an accident report filled out

and if he believes he needs medical attention to have EMS respond to check him out. C/O Lefler stated that he was fine. Shift Supervisor Captain

Kevin Londrie sent C/O Michael Anderson to pick up C/O Lefler and to take photos of the vehicle and the scene. C/O Anderson was also advised that if

C/O Lefler needed medical attention to take him to SEIRMC (Ft. Madison) for treatment. State Accident report was filed by the Henry County Sheriff's

Office Deputy Carlos Lopez. Vehicle #1542 was towed back to ISP by Breuer Towing and Recovery (Mount Pleasant Ia.) C/O Lefler

was seen by ISP medical staff. OD Matt Jones was notified by email. U/M Peterson was also advised of the incident. Photos will be down loaded in

ISP Share file. No Staff Injuries were reported.

#### **Matt Jones**

#### **Associate Warden Administration**

Iowa State Penitentiary

Iowa Department of Corrections

2111 330th Ave., Fort Madison, Iowa 52627

319-372-5432 x41826

[matthew.jones@iowa.gov](mailto:matthew.jones@iowa.gov)

<https://doc.iowa.gov/>





## Vehicle Accident Report

### Time and location of accident

Accident Date (Mo/Day/Year)	Time	No. of Vehicles
11/15/2025	2:00 AM	1
County	State	
Henry	Iowa	

### Vehicle 1 (State vehicle)

Driver's Name		Work Street Address	
Dylan Leffler		2111 330th Avenue	
Driver's License No./State		City, State, Zip	
196AN9683 / Iowa		Fort Madison, Iowa 52627	
Date of Birth	Department	Work Phone	Home Phone
6/2/1998	IDOC - ISP	319-372-5432	319-316-3567
License Plate No.	VIN	Year, Make, Model	
1542	5XYK5CDFXRG223597	2024 Kia Sportage	
Estimate (\$) of Damage		Description of Damage	
		Passenger front, front end, passenger side and steering wheel air bag deployment.	

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

Driver's Name		Street Address	
NA			
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
NA	
Injured Persons (attach additional sheets if necessary)	
Vehicle No. 1/ Name and Address	Describe Injuries
Dylan Leffler; 913 Melrose Court, Burlington, IA 52601	Pain to back of head, lips burning (due to air bag), back pain.
Vehicle No. 2/ Name and Address	Describe Injuries
NA	
Witness	
Name	Address/Phone
NA	
Name	Address/Phone

Accident Diagram
<p><b>Complete diagram below, include a description of what happened.</b>          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>



## 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 of [DAS.Risk@iowa.gov](mailto:DAS.Risk@iowa.gov)

25-019388

LOCATION	Date of Accident 11/15/2025	Time of Accident 02:15 Hrs.	County HENRY - 44	Accident occurred within corporate limits of (city)				Legal Intervention? <input type="checkbox"/> Private Property? <input type="checkbox"/>													
	Literal Description SALEM RD							County: 44	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"/> of nearest city				X Coordinate: 622825													
	On Road, Street or Highway:			At Intersection with:				Y Coordinate: 4522469													
	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.							If Divided Highway, Provide Route (Cardinal) Travel Direction													
NOTES	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"/> 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"/>			NE	SB	EB	WB											
	Milepost Number			Definable intersection, Or bridge, or railroad crossing																	
	ACCIDENT ENVIRONMENT			ROADWAY CHARACTERISTICS																	
	Location of First Harmful Event			Weather Conditions (See Table 1)			Roadway														
	Manner of Crash/Collision 01			Light Conditions			Surface Conditions														
31	First Harmful Event (Crash)			WORKZONE RELATED? <input type="radio"/> Yes <input type="radio"/> No			Activity			Location			Type			Workers Present					
	Name 001			Phone Number			DOB:														
	Address:						Alcohol Test Given			Test Results			Drug Test Given			Result					
	Transported to:						Transported by:						Charged			Yes No					
	Name			Phone Number			DOB:														
NPORNOVP	If Property other than vehicles damaged explain			Object Damaged									Estimate of Damage								
	Owner's Last Name			First Name			Middle Name			Phone Number											
	Address			City			State			Zip Code			Was owner or tenant notified? 1 = Yes 2 = No 9 = Unknown								
	If Property other than vehicles damaged explain			Object Damaged									Estimate of Damage								
	Owner's Last Name			First Name			Middle Name			Phone Number											
WITNESSES	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 11/15/2025				Incident Clearance Date 11/15/2025											
Signature of Officer DEPUTY CARLOS LOPEZ				Badge Number 44-12		Time Officer Notified of Accident 02:15 Hrs.		Roadway Clearance Time 02:43 Hrs.		Incident Clearance Time 02:43 Hrs.											
Name of Agency HENRY COUNTY SHERIFF'S OFFICE				Date of Report 11/15/2025		Time Officer Arrived At Scene 02:43 Hrs.		Total Roadway Clearance Time 000:27		Total Incident Clearance Time 000:27											
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

Sheet 3 of 3

Form 443003 (1-13)

Revised by the Department of Transportation, Office of Highway Safety, Bureau of Motor Vehicle Safety

Form Number: 25-018388

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E

Unit one was traveling eastbound in the 1800 Giff of Salem Road. A deer entered the roadway causing Unit one to strike the deer. No injuries reported.

25-018388

# REPORTING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Date of Accident 11/15/2025		Time of Accident 02:15 Hrs.		County HENRY - 44		Accident occurred within corporate limits of (city)																													
UNIT 1	Driver's Name - Last LEFLER					First DILLION					Middle SCOTT																								
	Address 4635 AVENUE J APT A3					City FORT MADISON					State IA		Zip 52627																						
	Date of Birth 06/02/1998		Driver's License Number 196AN9683			CDL		Citation Charge 1			Citation Charge 2																								
	Male <input checked="" type="radio"/> Female <input type="radio"/>		State IA	Class C	Endorsements		Restrictions		Yes No <input type="radio"/> <input checked="" type="radio"/>		Citation Charge 3			Citation Charge 4																					
	Alcohol Test Given 1		Test Results		Drug Test Given 1		Test Results		Re-exam. Yes No <input type="radio"/> <input checked="" type="radio"/>		Reason for Re-Exam Request:																								
	Owner's Name - Last STATE OF IOWA					First					Middle																								
	Address 109 SE 13TH ST					City DES MOINES					State IA		Zip 50319-1934																						
	License Plate No 1542		State IA	Year	VIN 5XYK5CDFXR223697		Color WH		Year 2024	Make KIA		Model SPT		Style UT																					
	Trailer Plate No.		State	Year	VIN		Tow 3	Tow # 25-00145		Towed To BREUER TOWING			Approx. Cost to Repair or Replace \$20,000.00																						
	Insurance Company Name					Insurance Co. Phone Number					Insurance Policy Number																								
Initial Travel Direction		Veh. Act.	Veh. Confg 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 31	Second Event	Third Event	Fourth Event	Most Harmful Event 31																							
COMMERCIAL	Carrier Name/Lessee																																		
	Street Address					City					State		Zip Code																						
	Number of Axles		Gross Vehicle Weight Rating					U.S. DOT Number			Tag Number		License/Overload																						
	Haz Mat Involvement		Haz Mat Placard		Placard Number		Plac. Mat Released		Haz Mat Class		Haz Mat Name																								
	Trailer Plate		State	Year	VIN		<table border="1"><tr><td>Exterior Paint</td><td>Body</td><td>Interior</td><td>Engine/Transmission</td><td>Exhaust System</td><td>Brakes</td><td>Steering</td><td>Wheels/Tires</td><td>Lighting</td><td>Other</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									Exterior Paint	Body	Interior	Engine/Transmission	Exhaust System	Brakes	Steering	Wheels/Tires	Lighting	Other										
	Exterior Paint	Body	Interior	Engine/Transmission	Exhaust System	Brakes										Steering	Wheels/Tires	Lighting	Other																
Trailer Plate		State	Year	VIN																															
Converter Dolly		Dolly Plate		State	Plate Year	VIN																													
PERSONNEL INJURED	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:																								
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	Name					Phone Number					DOB																								
	Address					Transported to:					Transported by:																								
	Name					Phone Number					DOB																								

**Abra - Jim Baier Fort Madison**

5701 Avenue O, Fort Madison, IA 52627  
Phone: (319) 372-8120

Workfile ID: 093dbecb  
Federal ID: 420982103  
State ID: 1-56-007451  
Federal EPA: NED9817236513  
State EPA: NED9817236513

**Preliminary Estimate****Customer: ISP**

Written By: Cruz Estrada

Insured: ISP  
Type of Loss:  
Point of Impact:

Policy #:  
Date of Loss:

Claim #:  
Days to Repair: 0

**Owner:**  
ISP

**Inspection Location:**  
Abra - Jim Baier Fort Madison  
5701 Avenue O  
Fort Madison, IA 52627  
Repair Facility  
(319) 372-8120 Business

**Insurance Company:**  
CUSTOMER PAY

**VEHICLE**

2024 KIA Sportage SX Prestige AWD 4D UTV 4-2.5L Gasoline Port/Direct Injection WHITE

VIN: 5XYK5CDFXRG223597	Interior Color: BLACK	Mileage In: 51,598	Vehicle Out:
License:	Exterior Color: WHITE	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  
Heated Mirrors  
Power Driver Seat  
Power Passenger Seat

**DECOR**

Dual Mirrors  
Privacy 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  
Rear Window Wiper  
Telescopic Wheel  
Heated Steering Wheel  
Climate Control  
Navigation System  
Backup Camera  
Parking Sensors  
Surround View Camera  
Remote Starter  
Intelligent Cruise

**RADIO**

AM Radio  
FM Radio

Stereo

Search/Seek  
Auxiliary Audio Connection  
Premium Radio  
Satellite Radio

**SAFETY**

Drivers Side Air Bag  
Passenger Air Bag  
Anti-Lock Brakes (4)  
4 Wheel Disc Brakes  
Traction Control  
Stability Control  
Front Side Impact Air Bags  
Head/Curtain Air Bags  
Rear Side Impact Air Bags  
Communications System  
Hands Free Device  
Xenon or L.E.D. Headlamps  
Blind Spot Detection  
Lane Departure Warning

**ROOF**

Electric Glass Sunroof  
Skyview Roof

**SEATS**

Bucket Seats  
Leather Seats  
Heated Seats  
Ventilated Seats

**WHEELS**

Aluminum/Alloy Wheels

**PAINT**

Clear Coat Paint

**OTHER**

Fog Lamps  
Rear Spoiler  
Signal Integrated Mirrors

**TRUCK**

Power Trunk/Liftgate

## Preliminary Estimate

### Customer: ISP

2024 KIA Sportage SX Prestige AWD 4D UTV 4-2.5L Gasoline Port/Direct Injection WHITE

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1	<b>FRONT BUMPER &amp; GRILLE</b>						
2		O/H bumper assy		0	0.00	2.8	0.0
3	** <>	Repl A/M CAPA Bumper cover w/front park aid	86510DW010	1	840.00	Incl.	2.2
4		Add for Clear Coat		0	0.00	0.0	0.9
5		Add for park sensor		0	0.00 m	0.4	0.0
6	**	Repl A/M CAPA Lower grille w/fog lamp	86531DW050	1	338.00	Incl.	1.9
7		Overlap Major Non-Adj. Panel		0	0.00	0.0	-0.2
8		Add for Clear Coat		0	0.00	0.0	0.3
9	**	Repl A/M CAPA Energy absorber	86521DW000	1	113.00	Incl.	0.0
10	**	Repl A/M CAPA Valance w/fog lamp	86512DW010	1	334.00	Incl.	1.4
11		Add for fog lamps		0	0.00	0.3	0.0
12	**	Repl A/M CAPA RT Trim molding silver	86596DW000	1	206.67	Incl.	0.0
13	**	Repl A/M CAPA LT Trim molding silver	86595DW000	1	206.67	Incl.	0.0
14		Repl RT Bumper cover front bracket	865A8DW000	1	15.45	0.1	0.0
15		Repl LT Bumper cover front bracket	865A7DW000	1	15.45	0.1	0.0
16	**	Repl A/M CAPA Grille gloss black, w/adaptive cruise w/surround view	863A0DW030	1	465.00	Incl.	0.0
17		Add for front camera		0	0.00 m	0.1	0.0
18		Repl Harness	91890DW130	1	438.09	Incl.	0.0
19		Repl Distance sensor	99110P1000	1	583.47 m	0.3	0.0
20		Repl Temp sensor	969853X000	1	32.99 m	0.1	0.0
21		Repl Park sensor white pearl	99310P1400GWP	1	118.40 m	Incl.	0.2
22		Add for Clear Coat		0	0.00	0.0	0.1
23		Repl Park sensor white pearl	99310P1400GWP	1	118.40 m	Incl.	0.2
24		Add for Clear Coat		0	0.00	0.0	0.1
25		Repl Park sensor white pearl	99310P1400GWP	1	118.40 m	Incl.	0.2
26		Add for Clear Coat		0	0.00	0.0	0.1
27		Repl RT Inner reinf	86556R2000	1	15.09	0.0	0.0
28		Repl LT Inner reinf	86555R2000	1	16.07	0.0	0.0
29		Repl Bracket	86525DW000	1	23.54	0.0	0.0
30	<b>FRONT PANELS</b>						
31		Repl Upper shutter	86950DW000	1	527.97 m	0.5	0.0
32		Repl Lower shutter w/adaptive cruise	86960DW300	1	521.69 m	0.4	0.0
33	<b>FRONT LAMPS</b>						
34	*	Repl LKQ RT Headlamp assy w/o X-Line +25%	92102P1181	1	931.35	<u>0.3</u>	0.0
35	*	Repl LKQ LT Headlamp assy w/o X-Line +25%	92101P1181	1	931.35	<u>0.3</u>	0.0
36		Repl RT Fog lamp assy w/o X-Line	92202P1000	1	418.84	0.3	0.0
37		Aim fog lamps		0	0.00	0.3	0.0
38		Repl LT Fog lamp assy w/o X-Line	92201P1000	1	413.02	0.3	0.0



## Preliminary Estimate

### Customer: ISP

2024 KIA Sportage SX Prestige AWD 4D UTV 4-2.5L Gasoline Port/Direct Injection WHITE

39	<b>RADIATOR SUPPORT</b>						
40	**	Repl	A/M CAPA Radiator support w/o hybrid	64101DW000	1	916.18	5.5 0.0
41			Add for intercooler		0	0.00 m	0.5 0.0
42		Repl	Air guide upper	29135DW600	1	196.15	0.3 0.0
43		Repl	Air guide lower	29150DW600	1	114.34	0.3 0.0
44		Repl	Sight shield w/o X-Line	86390DW000	1	144.42	0.2 0.0
45	<b>COOLING</b>						
46		Repl	Radiator	25310CW700	1	402.02 m	Incl. 0.0
47	<b>AIR CONDITIONER &amp; HEATER</b>						
48	**	Repl	A/M Condenser	97606N7600	1	126.00 m	Incl. 0.0
49			AC Service evacuate & recharge		0	0.00 m	1.7 0.0
50			AC Service refrigerant recovery		0	0.00 m	0.4 0.0
51	<b>HOOD</b>						
52	**	Repl	A/M CAPA Hood (HSS)	66400DW000	1	1,613.00	1.1 3.0
53			Overlap Major Non-Adj. Panel		0	0.00	0.0 -0.2
54			Add for Clear Coat		0	0.00	0.0 0.6
55			Add for Underside(Complete)		0	0.00	0.0 1.5
56			Add for Clear Coat		0	0.00	0.0 0.3
57		Repl	Nameplate	86300P1000	1	61.67	0.2 0.0
58	<b>FENDER</b>						
59	*	Blnd	RT Fender (HSS)		0	0.00	0.0 1.0
60	*	Blnd	LT Fender (HSS)		0	0.00	0.0 1.0
61	**	Repl	A/M CAPA RT Fender liner	86812DW000	1	316.00	0.3 0.0
62		R&I	LT Fender liner		0	0.00	0.3 0.0
63		Repl	RT Wheel opng mldg gloss black	87712P1300	1	270.95	0.3 0.8
64			Overlap Minor Panel		0	0.00	0.0 -0.2
65			Add for Clear Coat		0	0.00	0.0 0.1
66	<b>ENGINE / TRANSAXLE</b>						
67		Repl	Shield	28213P1000	1	17.74	0.0 0.0
68		Repl	Air duct	28210N9210	1	43.09 m	0.2 0.0
69	<b>CONSOLE</b>						
70		R&I	R&I console assy		0	0.00	0.6 0.0
71	<b>RESTRAINT SYSTEMS</b>						
72		Repl	Driver air bag black	80100P1600WK	1	1,039.17 m	Incl. 0.0
73			Air bag system diagnosis		0	0.00 m	0.5 0.0
74		Repl	RT Head air bag US built	80420DW000	1	949.97 m	0.8 0.0
75		Repl	Diag unit w/sens US built	95910DW320	1	688.60 m	0.4 0.0
76		Repl	Clockspring	SEE FOOTNOTE	1	0.00	0.0 0.0
77		Repl	RT Ft impact sensor	95920M6000	1	50.79 m	0.2 0.0
78		Repl	LT Ft impact sensor	95920M6000	1	50.79 m	0.2 0.0
79		Repl	RT Belt & retractor US Built black	88820DW500WK	1	502.02	0.5 0.0
80		Repl	LT Belt & retractor US Built black	88810DW500WK	1	388.39	0.5 0.0
81		Repl	RT Height adjuster	88890G3100	1	43.79	0.1 0.0
82		Repl	LT Height adjuster	88890G3100	1	43.79	0.1 0.0
83		Repl	RT Belt tensioner US Built	NOT USED	1	0.00	0.0 0.0

## Preliminary Estimate

### Customer: ISP

2024 KIA Sportage SX Prestige AWD 4D UTV 4-2.5L Gasoline Port/Direct Injection WHITE

84	Repl	LT Belt tensioner US Built	88850DW500	1	245.49 m	0.4	0.0
85	<b>SEATS &amp; TRACKS</b>						
86	Repl	RT Seat back assy black	88400DW161G35	1	1,975.02	1.0	0.0
87	R&I	RT R&I front seat		0	0.00	0.5	0.0
88	R&I	LT R&I front seat		0	0.00	0.5	0.0
89	#	Hazardous waste removal		1	5.00	0.0	0.0
90	#	Repl Cover Car		1	5.00	0.0	0.0
91	#	Repl Corrosion Protection		1	5.00	0.0	0.0
92	#	Repl Flex Additive/Adhesion Promoter		1	8.50 T	0.0	0.0
<b>SUBTOTALS</b>					<b>17,965.79</b>	<b>24.2</b>	<b>15.3</b>

### ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			17,957.29
Body Labor	24.2 hrs @	\$ 73.00 /hr	1,766.60
Paint Labor	15.3 hrs @	\$ 73.00 /hr	1,116.90
Paint Supplies	15.3 hrs @	\$ 55.00 /hr	841.50
Miscellaneous			8.50
Subtotal			21,690.79
Sales Tax	\$ 21,690.79 @	7.0000 %	1,518.36
<b>Grand Total</b>			<b>23,209.15</b>
Deductible			0.00
<b>CUSTOMER PAY</b>			<b>0.00</b>
<b>INSURANCE PAY</b>			<b>23,209.15</b>

THE ABOVE IS AN ESTIMATE BASED ON OUR INSPECTION AND DOES NOT COVER ANY ADDITIONAL PARTS OR LABOR WHICH MAY BE REQUIRED AFTER THE WORK HAS BEEN OPENED UP. THERE IS A LIMITED LIFETIME GUARANTEE ON WORKMANSHIP AND REFINISHING.

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.

## Preliminary Estimate

### Customer: ISP

2024 KIA Sportage SX Prestige AWD 4D UTV 4-2.5L Gasoline Port/Direct Injection WHITE

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 ARY2305, CCC Data Date 11/14/2025, 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. 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: ISP

2024 KIA Sportage SX Prestige AWD 4D UTV 4-2.5L Gasoline Port/Direct Injection WHITE

### PARTS SUPPLIER LIST

Line	Supplier	Description	Price
3	Pam's Auto 7505 Ridgewood Road St. Cloud MN 56303	#1263034-52627 A/M CAPA Bumper cover w/front park aid Quote: 181869920 Expires: 11/25/25	\$ 840.00
6	National Autobody Parts Warehouse 2000 E Main Street Grand Prairie TX 75050 (800) 214-7222	#KI1036187C A/M CAPA Lower grille w/fog lamp Quote: 16571052197 Expires: 11/25/25	\$ 338.00
9	Keystone, Inc 110 THUNDERBIRD LANE EAST PEORIA IL 61611 (309) 698-0700	#KI1070178C A/M CAPA Energy absorber Quote: 3226114743 Expires: 01/02/26	\$ 113.00
10	Keystone, Inc 110 THUNDERBIRD LANE EAST PEORIA IL 61611 (309) 698-0700	#KI1015126C A/M CAPA Valance w/fog lamp Quote: 3226117022 Expires: 01/02/26	\$ 334.00
12	Meyer Distributing 560 E. 25th St. Jasper IN 47546 (800) 345-9487	#SHEKISPOR23-250MQ-2 A/M CAPA RT Trim molding silver Quote: 16569153313 Expires: 11/25/25	\$ 206.67
13	Meyer Distributing 560 E. 25th St. Jasper IN 47546 (800) 345-9487	#SHEKISPOR23-250MQ-1 A/M CAPA LT Trim molding silver Quote: 16567954444 Expires: 11/25/25	\$ 206.67
16	Keystone, Inc 110 THUNDERBIRD LANE EAST PEORIA IL 61611 (309) 698-0700	#KI1200269C A/M CAPA Grille gloss black, w/adaptive cruise w/surround view Quote: 3226124439 Expires: 01/02/26	\$ 465.00
34	Bam Bam Auto Parts 303 Water Street Wadsworth OH 44281 (833) 903-2227	#BH251022 LKQ RT Headlamp assy w/o X-Line +25% RH, IQ, 95, 92102P1191 Quote: CCC-357389967 Expires: 11/28/25	\$ 745.08
35	Bam Bam Auto Parts 303 Water Street Wadsworth OH 44281 (833) 903-2227	#BH251022 LKQ LT Headlamp assy w/o X-Line +25% LH, 1RC, 92, 92101P1191 Quote: CCC-357390392	\$ 745.08



## Preliminary Estimate

### Customer: ISP

2024 KIA Sportage SX Prestige AWD 4D UTV 4-2.5L Gasoline Port/Direct Injection WHITE

Expires: 11/28/25

40	Go-Parts 6485 SHILOH RD B #400 ALPHARETTA GA 30005 (770) 965-6400	#KI1225197C A/M CAPA Radiator support w/o hybrid Quote: 333q-29276380-4648 Expires: 11/25/25	\$ 916.18
48	1-800-Radiator & A/C 6315 RAILROAD AVE OMAHA NE 68107 (402) 731-9910	#300571BD A/M Condenser Quote: 50396981 Expires: 12/02/25	\$ 126.00
52	Keystone, Inc 110 THUNDERBIRD LANE EAST PEORIA IL 61611 (309) 698-0700	#KI1230154C A/M CAPA Hood (HSS) Quote: 3226141680 Expires: 01/02/26	\$ 1,613.00
61	National Autobody Parts Warehouse 2000 E Main Street Grand Prairie TX 75050 (800) 214-7222	#KI1249173C A/M CAPA RT Fender liner Quote: 16564854399 Expires: 11/25/25	\$ 316.00