

MEMBERS OF COUNCIL

HON. KIM REYNOLDS GOVERNOR

HON. PAUL D. PATE SECRETARY OF STATE

HON. ROB SAND AUDITOR OF STATE

HON. ROBY SMITH TREASURER OF STATE

HON. MIKE NAIG SECRETARY OF AGRICULTURE Executive Council of Jowa

CAPITOL BUILDING DES MOINES, IOWA 50319 PHONE: 515 281-5368

June 3, 2024

Accounting Department Office of the Treasurer Lucas Building 321 E 12th Street Des Moines, IA, 50319

The Executive Council, in a meeting held on this date, approved payment of the following cost item:

This represents full and final payment, \$550.60 will be reverted and this allocation closed.

EXECUTIVE COUNCIL OF IOWA

Kristi Onstot

Executive Secretary

Kristi Onstot

cc: Adam Steen, Director, Department of Administrative Services DAS Fleet Services, Risk

Matt Bender, Department of Management

Heather Hackbarth, Department of Management

OFFICE OF AUDITOR OF STATE



STATE OF IOWA

Rob Sand Auditor of State

State Capitol Building Des Moines, Iowa 50319-0004

Telephone (515) 281-5834 Facsimile (515) 281-6518

May 13, 2024

Kristi Onstot Executive Council L O C A L

Subject: Deer Damage to Vehicle #642 on December 29, 2023

Department of Administrative Services

Claim dated January 2, 2024

AOS Claim ID: 3651

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

| Documented request | | | \$ 4,666.43 |
|--|--------|------------------|----------------|
| Executive Council Allocation | | | \$ 5,217.03 |
| Less: Previous payments This payment Total | \$ | 0.00 4,666.43 | \$ 4,666.43 |
| Remaining Executive Council allo | cation | | \$ 550.60 |

We recommend reimbursement be made in the amount of \$4,666.43. This represents <u>full</u> and <u>final</u> payment of the loss. The remaining allocation should be reverted to the State Treasury.

Sincerely,

Brian R. Brustkern, CPA Deputy Auditor of State

Phi R. B. S.

cc: Adam Steen, Director, Department of Administrative Services
Mariah Fucaloro, Fleet Services Manager, Department of Administrative Services





Date: February 15, 2024

To: Tammy Hollingsworth, Auditor of State

Victoria Newton, Treasurer of State

Executive Council

From: Karl Bubser, Fleet Administrator

DAS Fleet Services

Department of Administrative Services

Re: REIMBURSEMENT REQUEST - 29C20 Claim

| AOS Claim # | 3651 |
|---------------------|-------------------------------------|
| Vehicle / Event | #642/Animal |
| Event Date | December 29, 2023 |
| Summary | Vehicle 642 struck a deer. (272361) |
| Amount Requested | \$4,666.43 - TOTAL |

The Department of Administrative Services, Central Procurement Fleet Services Enterprise, has paid all vendors to date. We are seeking an allocation for those funds under 29C20 Contingency Fund – Disaster Aid. Please deposit into the following account: **0665-005-5790-0657**.

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

Thank you,

Karl Bubser, Fleet Administrator

DAS Fleet Services karl.bubser@iowa.gov

515-281-3162





Date: January 2, 2024

To: Tammy Hollingsworth, Auditor of State

Victoria Newton, Treasurer of State

Executive Council

From: Karl Bubser, Fleet Administrator

DAS Fleet Services

Department of Administrative Services

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

| Vehicle / Event | #642/Deer |
|--------------------------|---|
| Event Date | December 29, 2023 |
| Summary | Vehicle 642 hit a deer. (272361) |
| Amount Requested | \$5,217.03 - Estimate |
| Supporting Documentation | 29C20 Email Notification, Accident Report, Repair Estimate(s), Photos |

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

Thank-you,

Karl Bubser, Fleet Administrator

DAS Fleet Services Karl.Bubser@iowa.gov

515-281-3162

<u>Menu</u>

| | Fiscal Year | Warrant Number | Line Number | Line Amount | Issued | Redeemed | Vendor Customer | |
|---------------|-------------|----------------|-------------|-------------|------------|------------|-----------------|--|
| $\overline{}$ | 2024 | 86131879 | 1 | \$412.50 | 02/02/2024 | 02/07/2024 | VS000002922 | |
| | 2024 | 86131879 | 2 | \$1,250.00 | 02/02/2024 | 02/07/2024 | VS000002922 | |
| | 2024 | 86131879 | 3 | \$3,003.93 | 02/02/2024 | 02/07/2024 | VS000002922 | |

First Prev Next Last

| <u>Search</u> ₹ | | |
|---|---|--|
| ▼ <u>Warrant Information</u> Fiscal Year: 2024 Warrant Number: 86131879 Line Number: 1 | Amount : \$4,666.4 Vendor Customer : VS0000 Last Updated : 2/7/24 | |
| ▼Issue Information Issued: 02/02/2024 Document ID: RISK00524 Document Line Number: 1 Line Amount: \$412.50 Comments: | | |
| ▼Redeemed Information Redeemed: 02/07/2024 Redeemed Bank: 0022 Redeemed Fund: 0665 Redeemed Department: 005 | Batch Number : [Sequence Number : [| THE CONTRACT OF THE CONTRACT O |
| Fund Accounting Fund: 0665 Sub Fund: 005 Department: 005 Unit: 5790 Sub Unit: 0000 | Object: 2715 Sub Object: Object Class: Revenue Source: Sub Revenue Source: Revenue Source Class: BSA: Sub BSA: | Dept Object : Dept Revenue : |
| Detail Accounting Location: Sub Location: Activity: 2920 Sub Activity: Function: Sub Function: | Reporting : Sub Reporting : Task : Sub Task : Task Order : | Major Program : Program : Phase : Program Period : |

<u>Top</u>

All Makes Collision Center

524 23rd Ave Council Bluffs, IA 51501 Phone (712) 256-3195

Invoice

No: 2243

Scheduled In Date: 1/29/2024 Completed Date: 1/31/2024 Service Rep: Kortnie Getzschman

Page 1 PO No:

| Name | | Sei | rvice I | em | | | Insuranc | e Inform | ation |
|---------------------------------|---|---|-------------------------------|-------------------------|--|--|--------------------------|-------------------|----------------------------|
| state of i | owa | Lic VII Mi | ;: | Z5S38 Milea | ala 1LS 4 DR 9 Unit# K9114795 Col ge Out: | | Policy No Date of L | | 11 |
| Insuran | ce Company | Ins | ured | | | | Adjuste | | |
| Ext: | | | Ext: | | | | , | | |
| Туре | Description | Qty | Ea | ch | Amount Sa | iles Tax% | Sales | Гах | Total |
| RL | Refinish Labor | 12.2 | 100. | 00 | 1,220.00 | 7.00% | . 0 | .00 | 1,220.00 |
| BL | Body Labor | 8.0 | 55. | 00 | 440.00 | 7.00% | 0 | .00 | 440.00 |
| NP | NonTaxable Part | ` | | | 3,006.43 | 0.00% | 0 | .00 | 3,006.43 |
| ESTIMA | ATE TOTALS | | | \$ | 4,666.43 | | \$0. | 00 | \$4,666.43 |
| Туре | Description | Qty | E | ich | Amount S | ales Tax% | Sales | Tax | Tota |
| RL | Refinish Labor | 12.2 | 100 | .00 | 1,220.00 | 7.00% | C | .00 | 1,220.00 |
| BL | Body Labor | 8.0 | 55 | .00 | 440.00 | 7.00% | C | 0.00 | 440.00 |
| NP | NonTaxable Part | | | | 3,006.43 | 0.00% | C | .00 | 3,006.43 |
| INVOIC | E TOTALS | | | | 4,666.43 | | \$0 | .00 | \$4,666.43 |
| constitute an or shall be di | mechanic's lien is hereby acknowledged id appoint you and/or your employees as ue owing, payable and belonging to me, istruments related to or arising out of wo | s my true lawful atto or detained from m | omey for me ne, related to | e and in r o the veh | ny name, place, an iicle herein describ | d stead to ask, dem ed. This includes ful | and, collect, sign for a | nd receive all su | ch sums of money which are |
| Signati | ure: | • | | | | | Date: | | |
| | | ©C | opyright | Solera | inc. 2024. All | rights reserved | I | | : |



29C20

1 message

Risk, DAS <das.risk@iowa.gov>
To: TOS ExecutiveCouncil <executivecouncil@tos.iowa.gov>, Tammy Hollingsworth <Tammy.Hollingsworth@aos.iowa.gov>

Tue, Jan 2, 2024 at 11:52 AM

Please accept this email as initial 24 hr notification for AON, vehicle 642 struck a deer on 12/29/23. I will forward all information as soon as it is received.

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

Thank you,

DAS Risk

Central Procurement and Fleet Services Enterprise

lowa Department of Administrative Services

109 SE 13th St, Des Moines, IA 50319

515-281-3162 office

das.risk@iowa.gov

https://das.iowa.gov

Department of Administrative Services Form 4433003 (11-13)

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Law Enforcement Case Number: 2024000084

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

| | I | | of Accide | | unty | | | | | Accide | nt occu | rred wit | hin corpor | ate limits | of (city) | | | | | |
|------------|-----------------------------|----------|-----------|----------|-----------|----------|-------------|-------------------|----------|------------|----------|------------|---------------|------------------|-----------------------------|-------------------|------------------|--------------|---------------------|------------------------|
| 12/29 | | 18:00 | Hrs | s. PC | ATTA | VATTA | MIE - 78 | | | | | | | | | | - | | | |
| 1.1 | Driver's Name | e - Las | it . | | | | | | | First | | | | | | Middle | | | | |
| U N | KOTROUS | | | | | | | | | TYLER | | | | | | JOHN | 1 | | | |
| N I | Address | _ | | | | | | | , | City | 01VIE0 | | | | | | Zip | | | |
| Ť | 215 E 7TH S | 1 | Ind. | . 1 ! | . a. N | | 1 | CDI | I Cit | DES M | | | | | 1Citation (| IA Charna í | 50319 | | | |
| - | Date of Birth 07/16/1982 | | Driver's | | se nu | mber | | CDL | Cita | ation Cha | ige i | | | | Citation | onarge a | 2 | | | |
| 1 | Male Female | lStat | | Endo | ream | ante IR | estrictions | Yes N | lo Cit | ation Cha | rae 3 | | | | Citation | Charge | 4 | | | |
| | | IA | | Lindo | 136111 | 51113 | estrictions | \cap |) | audit Ona | ige o | | | | Oitation | onarge - | • | | | |
| | Alcohol Test | | | Results | : 1 | Drua Te | est Given: | Test R | | Re-exa | m: Ye | s No | TReason | for Re-Ex | am Reque | st: | | | | |
| | 1 | | 1 | | | 1 | | | | | C | • | | | • | | | | | |
| | Owner's Nam | e - Las | st | | 1 | | | 1 | | First | | | . | | | Middle | | | | |
| | STATE OF IC | AWC | | | | | | | | | | | | | | | | | | |
| | Address | | | | | | | | | City | | | | | | State | Zip | | | |
| | 215 E 7TH S | T | | | | | | | | DES M | OINES | | | | | IA | 50319 | | | |
| | License Plate | No. | State | ı | VIN: | | | | | Color | | | Year | Make | | Model | | Style | | |
| | JHF398 | _ | IA | 2024 | - | | K9114795 | | | GRY | | | 2019 | CHEV | | IMPAL | | 4DR | | |
| | Trailer Plate I | No. | State | Year | VIN: | | | | | Tow | Tow # | 1 | | Towed T | o | | | ost to Repai | ror Repla | ace |
| | | | . N | L | <u> </u> | | v | | | 1 | | Dhana | Number | Inguran | o Dollar N | unahar | \$5,000. | 00 | | |
| | Insurance Co | | / Name | | | | | | | Insurar | ice Co. | Priorie | Number | SELF IN | e Policy N | umber | | | | |
| | Initial Travel I | | on Meh | Act I | /eh (| Config. | Cargo Body | / Type | l\/eh | Defect Is | oint of | Initial Ir | nnact IMe | | ged Area | Extent o | f Daman | e Total | Occ. ii | n Veh |
| | initial Haver | Jirectic | JII VOIII | |)1 | | 01 Doug | утурс | 1 | DOICOI | OIIII OI | iiiiuui ii | iipaot iiii | oot Bama | god / llod | LXtorit 0 | . Damag | 01 | 000. 11 | |
| | Special Veh. | Func | Emerger | ncy Sta | tus E | Bus Use | Driver Cor | ndition | Vision | Obscure | d Con | tributing | Circums | tances Dr | iver (up to | two) Dr | iver Distr | actions | Speed | Limit |
| | | | _ | - | | | | | | | 88 | | | | | 02 | | | | |
| | Traffic Contro | ols | Horizont | al Align | ment | Vertic | al Alignmen | 10- | QUEN | <u>- 1</u> | t Event | Se | econd Eve | ent Third | Event | Fourth | Event | Most Ha | ımful l | Event |
| | | | | | | | | OF | EVEN | TS | | | | | | | | | | |
| _ | Carrier Name | /Lesse | ee | | | | | | | | | | | | | | | | | |
| C | Street Addres | | | | | | | | | City | | | | | | State | Zip Cod | lo. | | |
| M | Sileet Addres | 55 | | | | | | | | City | | | | | | Clate | Zip Coc | | | |
| М | Number of Ax | des | Gro | ss Veh | icle W | /eight R | ating | | | US DO | T Numl | ber | MC N | Number | | Underr | ide/Over | ride | | |
| Ε | | | | | | • | - | | | | | | | | | ŀ | | | | |
| R | Haz Mat Invo | lvemer | nt Haz | Mat P | lacaro | Placa | ard Number | Haz. | Mat Re | eleased | Haz N | Mat Clas | ss Haz | Mat Name |) | | | | | |
| C | | | | | | | | | | | | | | Distance and the | CONTRACTOR TO SERVICE | 620 | Available than I | HATELEN ALL | | Landario (Inc. |
| Å | Trailer Plate: | | Stat | te Ye | ar | VIN | | | | | | | | | Ę | _ | | | ᆫ | 2 |
| Ĺ | Trailer Plate: | | Stat | te Ye | \ <u></u> | VIN | | | | | | | | 5 | 7 | ueu. | | <u> </u> | odsu | 5 |
| | Trailer Flate. | | Stat | . ' • | aı | VIIN | | | | | | | | 튛 | grus Gru g | Airbag Deployment | ath | Ę | Source of Transport | 9 |
| | Converter Do | llv | Doll | y Plate | : | State | Plate Yea | r IVIN | | | | | | 9 | Injury Status Occupani P | ig D | specion | 9 | o Ge | िव स्थापनी ज |
| | | • | | | | | | | | | | | Şex | 7 | Injuny Geeti | Airba | Ejecti | | Sour | 96 |
| | | | | | | Phon | e Number: | (712) 3 | 396-314 | 10 | | | | | | | | | 01 | 016 |
| Р | DRIV | ER C | OF UNI | T 1 | | Trans | sported to: | | | | | | | Т | ransported | by: | | | | |
| E | | | | | | | | | | | | | | | | | | | | |
| R S | Name | | | | | | Ph | one Nu | ımber | | D | OB: | | | | | | | | |
| 0 | | | | | | | <u></u> | | | | | | | | | | | | | |
| Nι | Address | | | | | | | | | Transpo | rted to: | | | ا ا | ransported | by: | | | | |
| SŅ | Name | | | | | | I Ph | one Nu | mher | <u> </u> | in | OB: | | | 2003 | <u> </u> | | | | |
| | T and | | | | | | ["" | 0110 110 | | | ٦ | OD. | - 1 | | | | | | | |
| ΙU | Address | | | | | | | | | Transpo | rted to: | | ! | T | ransported | by: | 979048903 | BH 074 03 | · | PARTITION NO. |
| N N J I | | | | | | | | | | ' | | | • | | • | • | | | | i i |
| UT | Name | | | | | | Ph | one Nu | mber | | P | OB: | | | | | | \$ 1 | | |
| | | | | | | | | | | | | | | | | | | 100 | | |
| R E 1 | Address | | | | | | | | | Transpo | rted to: | | | T | ransported | by: | | | | |
| D | Name | | | | | | IDA | one Nu | mher | | Ιn | OB: | | 65 E 100 C | 100000 | 146 | | 31.00× | | |
| | Tallie | | | | | | | 0110 1 4 0 | | | ا | JD. | | | | | | | | |
| | Address | | | | | | | | | Transpo | rted to: | | | A PERSONNELS | ransported | by: | remedit | POOL OF SHIP | 3 | NAME OF TAXABLE PARTY. |
| | | | | | | | | | | | | | | | | | | | | |

| Form | 4433003 (| (11-13) |
|------|-----------|---------|
|------|-----------|---------|

INVE

| Sheet | 2 | of | - 3 |
|-------|---|----|-----|

| | 140000 (11-10) | | | | 11 | | | | LE ACCID | | . I | | Law E | nforcem | | ase Nu | mber | : |
|------------|--|--------------------|------------------|----------------------------------|-------------------------|--------------|-------------------|-------------|-----------------------|-----------|------------------------------|------------------------------------|-----------------|-------------------------|------------------|------------------|-------------|----------|
| MAI | L REPORTS TO: Iowa | Departmen | nt of Transp | ortation, Offic | e of Driv | er Services, | P.O. Box 92 | 204, Des | Moines, Iowa | 50306-9 | 204 | | 20240 | 00084 | | | | |
| L | Date of Accident 12/29/2023 | Time of A 18:00 | Accident Hrs. | County POTTAWA | TTAM | E - 78 | | Accide | nt occurred w | vithin co | orporate limits of | (city) | Legal Interv | ention? | | Private Prope | | |
| 0 | Literal Description | | | | | | | - | | | | | Count | y: | | Route | | |
| C | HWY 6 & HUNT A | VE | | | | | | | A 13.4 | | | | 78 | | | | | — |
| A T | If accident occurre city limits show ge | | | | $\bigcap_{i=1}^{N} I_i$ | | | ~ ~ | \sim | | | | 1 | rdinate: 7.343 | | | | |
| i | On Road, Street of | | | | <u>U</u> | JAt | Intersectio | n with: | O of near | est city | | | | rdinate: | | | | _ |
| O N | | | | | | | | | | | | | 45736 | | | - 1111 | | |
| IA | Note: Unless accid | | efinable i | ntersection, | bridge, | or railroad | | | | | | | | ded High | | | Rou | te |
| | | O C | | SWO | ω O C |) and | | | O O | Ö Č | | O O | (Card | inal) Trav | | EB | WB | |
| | Milepost Number | Or | | le intersection or railroad c | | | | | | | | | | |) | O | | , |
| | ACCII | DENT EN | VIRONME | ENT | | F | ROADWAY | / CHAF | RACTERISTI | cs | | | | | | | | |
| Locati | ion of First Harmful Ev | ent | Weather | Conditions (u | p to two | Major Co | ontributing C | ircumsta | ances Environm | nent | | | 3 | | | 80 | | |
| Mann | er of Crash/Collision | | | | | Roadway | у | | | _ | · | e | | rash) | ١, | | port | ē |
| Light (| Conditions | | Surface | Conditions | | Type of F | Roadway Ju | nction/F | eature | | ut Siruck by Unit No | ijjun, Stafus Non-Motorist Type | ō | Action (prior to crash) | Safety Equipment | | of Transpor | igu. |
| Eirot | Harmful Event (Cra | oh) luig | | Yes No | IAC | FRA No. | cation | Туре | Workers | Droco | t by (| Start | | n (pric | Į, | | . Jo eo | |
| 31 | * | | RKZONE ATED? | | $\sum_{i=1}^{\infty}$ | livity LO | Cation | турс | | | Struc | Non-ioN | e e | Actio | S. C. | 100 | Source | E. |
| N | Name 001 | | | | | Pho | one Numbe | er | . D | OB: | | | | | | | | |
| O N M | Address: | | | | | _ | | | Alcohol Test | t Given | Test Results: | Drug T | est Giv | en Res | uit | Charged | Yes | No |
| O T | Transported to: | | - | | | | | | Transported | by: | | <u> </u> | | | I. | | | |
| O R | Name | | | | | Pho | one Numbe | er | <u> </u> | OB: | | | | | | | | |
| I | Address: | | | | | > | | • | Alcohol Test | t Given | Test Results: | Drug T | est Giv | en Res | ult | Charged | Yes | No. |
| S | Tananania di ta | | | | | | | | Transported | l born | | | | | | | <u> </u> | <u>0</u> |
| S | Transported to: | | | | | | | | Transported | i by. | | | | | | | | |
| | If Property other th vehicles damaged | | Object D | amaged | | | | | N. | | | | | Į. | Estim | ate of D | amag | je |
| N O V P | Owner's Last Nam | е | | | | First Name | • | | | Middle | e Name | | Pho | ne Num | ber | | | |
| E E H R | Address | | | | | City | | | | State | Zip Code | | | s owner Yes 2 = | | | | |
| ΙT | If Property other the vehicles damaged | an explais | Object D | amaged | | | | | | .1 | | | <u> </u> | | | ate of D | | je |
| U | Owner's Last Nam | | L | | | First Name |) | | | Middle | e Name | | Pho | ne Num | ber | | | |
| L D A M | Address | | | | | City | | | - | State | Zip Code | | Wa | s owner | or ter | nant noti | fied? | |
| RG | | | , | | | | | | | 0:: | | 104-1- | 1 = | Yes 2 = | No 9 | = Unkn | own | |
| w | Last Name | | First Nan | ne | Addr | ess | | | • | City | | State | Zip Co | ode | Pho | ne Num | ber | |
| l T | Last Name | | First Nan | ne | Addr | ess | | | | City | | State | Zip Co | de | Pho | ne Num | ber | |
| N E | Last Name | | First Nan | ne | Addr | ess | | | | City | | State | Zip Co | de | Pho | ne Num | ber | |
| S | Last Name | | First Nan | ne | Addr | ess | | | | City | 144 | State | Zip Co | de | Pho | ne Num | ber | |
| | Last Name | | First Nar | me | Addr | ess | | | | City | | State | Zip Co | de | Pho | ne Num | ber | |
| Is Th Y | is a Secondary Cra | sh? | Type of I | Primary Incid | dent | | | | | | loadway Clearan 2/29/2023 | ce Date | | Incident 12/29/2 | | rance D | ate | |
| Signa | ature of Officer | | | | | Number | 1 | icer No | tified of Accid | dent R | loadway Clearan | |) | Incident | | | | |
| | OPER J BARDSLE e of Agency | Y | | | 037 Date o | f Report | 09:15 Time Off | icer Arı | Hrs. rived At Scen | | 8:00 otal Roadway Cl | Hrs. | Time | 18:00 Total In | ciden | | Hrs. | Γime |
| | A STATE PATROL | - DIST 03 | , | | 01/02/ | | 09:15 | . 50. 7 111 | Hrs. | - 1 | 00:00 | | | 000:00 | | | | |
| Repo | ort Reviewed By | | _ | - | Date o | f Review | Investiga | | ade at scene | ? T | .l. No. | Othe | er Tech | nical Inv | estig | ating Ag | ency | |

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Sheet 3 of 3

Form 4433003 (11-13)

Law Enforcement Case Number: 2024000084

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

| | - | | | | | | | | | |
|----------------------------|---------------------------------|------------------------------------|---|---------------------------|-----------------------|-----------------|---------------------|-------------------|-----------------------|-------|
|) | | | | | | | | | | |
| I A | | | | | | | | | | |
| G | | | | | | | | | | |
| R | | | | | | | | | | |
| A M | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | m (-1) - 12 | | |
| | | | | | | | 7.7 | | | |
| | | | | | | | | | | |
| | | | HWY 6 | | | | | | | |
| | | | 111110 | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | Ψ | |
| | | | | | | | | | • | |
| | | | | | | | | | | |
| | | | | | | • | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | Vehicle was to | raveling EB on | Hwy 6. Vehicle #1 ca | ame into contact w | th a deer in the roa | dway. Vehicle # | 1 came to rest on t | he shoulder. Driv | er #1 did not need me | dical |
| N | Vehicle was to treatment. Ve | raveling EB on chicle was drive | Hwy 6. Vehicle #1 ca en away from the scer | ame into contact w ne. | th a deer in the roa | dway. Vehicle # | 1 came to rest on t | he shoulder. Driv | er #1 did not need me | dical |
| N A | Vehicle was treatment. Ve | raveling EB on hicle was drive | Hwy 6. Vehicle #1 ca en away from the scer | ame into contact w ne. | ith a deer in the roa | dway. Vehicle # | 1 came to rest on t | he shoulder. Driv | er #1 did not need me | dical |
| A R | Vehicle was to treatment. Ve | raveling EB on Phicle was drive | Hwy 6. Vehicle #1 ca en away from the scer | ame into contact w ne. | ith a deer in the roa | dway. Vehicle # | 1 came to rest on t | he shoulder. Driv | er #1 did not need me | dical |
| A R R A | Vehicle was treatment. Ve | raveling EB on whicle was drive | Hwy 6. Vehicle #1 ca en away from the scer | ame into contact w ne. | ith a deer in the roa | dway. Vehicle # | 1 came to rest on t | he shoulder. Driv | er #1 did not need me | dical |
| A R R A T | Vehicle was treatment. Ve | raveling EB on thicle was drive | Hwy 6. Vehicle #1 ca en away from the scer | ame into contact w ne. | ith a deer in the roa | | 1 came to rest on t | he shoulder. Driv | er#1 did not need me | dical |
| A R A T I V | Vehicle was treatment. Ve | raveling E8 on chicle was drivi | Hwy 6. Vehicle #1 ca en away from the scer | ame into contact w ne. | ith a deer in the roa | | 1 came to rest on (| he shoulder. Driv | er#1 did not need me | dical |
| A R R A T I | Vehicle was treatment. Ve | aveling E8 on thicle was drivi | Hwy 6. Vehicle #1 ca en away from the scer | ame into contact w ne. | ith a deer in the roa | | 1 came to rest on t | he shoulder. Driv | er #1 did not need me | dical |
| A R A T I V | Vehicle was to treatment. Ve | raveling EB on thicle was drivi | Hwy 6. Vehicle #1 ca en away from the scer | ame into contact w ne. | ith a deer in the roa | | 1 came to rest on (| he shoulder. Driv | er#1 did not need me | dical |
| A R A T I V | Vehicle was the treatment. Ve | aveling EB on | Hwy 6. Vehicle #1 ca en away from the scer | ame into contact w ne. | ith a deer in the roa | | 1 came to rest on (| he shoulder. Driv | er #1 did not need me | dical |
| A R A T I V | Vehicle was treatment. Ve | aveling E8 on thicle was drivi | | ame into contact w ne. | ith a deer in the roa | | 1 came to rest on (| he shoulder. Driv | er#1 did not need me | dical |
| A R A T I V | Vehicle was the treatment. Ve | raveling EB on | | ame into contact w ne. | ith a deer in the roa | | 1 came to rest on (| he shoulder. Driv | er#1 did not need me | dical |
| A R A T I V | Vehicle was treatment. Ve | aveling E8 on thicle was drivi | | ame into contact w ne. | ith a deer in the roa | | 1 came to rest on (| he shoulder. Driv | er #1 did not need me | dical |
| A R A T I V | Vehicle was treatment. Ve | aveling E8 on | | ame into contact w ne. | ith a deer in the roa | | 1 came to rest on (| he shoulder. Driv | er#1 did not need me | dical |
| A R A T I V | Vehicle was the treatment. Ve | | | ame into contact w ne. | ith a deer in the roa | | 1 came to rest on t | he shoulder. Driv | er #1 did not need me | dical |
| A R A T I V | | | | ame into contact w ne. | ith a deer in the roa | | 1 came to rest on (| | | |
| A R A T I V | | | | | | | 1 came to rest on (| | er#1 did not need me | |
| A R A T I V | | | | | ith a deer in the roa | | 1 came to rest on (| | | |
| A R A T I V | | | | | | | 1 came to rest on (| | | |



State Vehicle Damage Report

Attach this completed form to an email along with the items identified below and send to: DPS - Vehicle Damage; DAS - Risk

- > One Repair Estimate from Approved State Bid Shop
- > DOT MARS Report (if reportable)
- > Memo from the Driver of the State Vehicle
- > 3-4 photos of the vehicle damage

***Sworn Officers only: Complete a Line of Duty Form #432037 and send to DOT if 10-50 was reportable!!!

 STATE VEHICLE: (Mark if Act of Nature) CASE #: 2024000084

 Date:
 12/29/2023
 Time:
 6:00 p.r

| Date: | 12/2 | 9/2023 | Time: | 6:00 p.m. | | | | | |
|--|------|-------------------------------|--|------------|--|--|--|--|--|
| (Month/Day/Year) | | | (Time plus a.m./p.m.) | | | | | | |
| Vehicle Plate #: | JHF | 398 | Vehicle Mileage: | 96650 | | | | | |
| Vehicle Description: (Yr/Make/Model/ & Vin#) | I . | 9 Chevrolet Im 1Z5S38K9114 | • | | | | | | |
| Assigned To: | Tyle | r Kotrous | Badge # | I-190 | | | | | |
| Driven By: | Tyle | r Kotrous | Badge # | I-190 | | | | | |
| Driver's Lic#: | 140 | CC5336 | Damage: | \$5,217.03 | | | | | |
| Vehicle Towed: (Yes / No) | No | | Towed By: | N/A | | | | | |
| Towed To: | N/A | | Towing Cost: | \$N/A | | | | | |
| Seat Belt: (Yes / No) | Yes | | Type of Vehicle: (Marked/Semi /Unmarked) | Unmarked | | | | | |
| Injured/Injuries: | | None | | 100 | | | | | |
| Occupants: (Other than driver) | | None | | | | | | | |

VEHICLE #2:

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

| Insurance Info: (Carrier/Policy #/Phone) | | | | | * |
|---|----------------|--------------|----------|--|--|
| Veh Description: | | | | | 3-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1- |
| (Yr/Make/Model & Vin#) | | | | | |
| (1777 Carried of Grants) | | | | | |
| Damage: | \$ | | Seat | Belt: | No |
| Bamage. | • | | (Yes / I | | |
| Injured/Injuries: | | | | | |
| Occupants: | | | | | |
| (Other than driver) | | | | V | |
| Occupant(s) Weari | ng Seat B | elt: (Yes/No | <u>)</u> | Yes | |
| | | | | | |
| | | | | | |
| | | | | | |
| OTHER INFORMA | TION: | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| Witnesses: | | N/A | | | |
| Accident Location: | | ∣ Iowa Hig | jhway i | 6, near H | lunt Avenue |
| (Street/Hwy) | | D '' | | | |
| County: | Pottawattamie | | | | |
| Weather/Road Con | | 35 degre | | | |
| Narrative: On 12/2 | | | - | | |
| | | | | | d on Iowa Highway 6 |
| near Hunt Avenue, | when I st | ruck a dee | er with | the front | driver's side of my |
| car. When I arrived | d at my de | stination (| (home) |), I exami | ned my car for |
| damage and saw th | ne driver's | side hoo | d, fend | er, and fr | ont bumper had |
| damage. | | | · | | • |
| | | | | | |
| On 01/02/2024, I st | opped at | All Makes | Collis | ion in Co | uncil Bluffs for an |
| estimate. Kortnie | | | | | |
| \$5,217.03. | 50(200) | an provide | | With an o | |
| Ψ0,217.00. | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Danie anti- Danie an | -4141 | Mana | | | - 107-77 |
| Property Damage of | otner than | None | | | |
| Vehicles: | | | | | |
| Cost: | 1 | \$0 | | | |
| Citations Issued To | | * | | | |
| (List Charge(s) and Statute | e Code(s)) | | | ar and the back to the area | |
| 1 11 11 11 11 | | | | | And the same of th |
| Investigating Office | er: | | | | |

VEHICLE #3: (If needed) (For more vehicles, please make extra copies of this portion)

| DL #: | | State: | |
|---|-----------------------|--------------------------|-----|
| Vehicle Lic. # | | State: | |
| Driver's Name: | | | |
| Driver's Address: | | | |
| Owner's Name: | | | |
| Owner's Address: | | | |
| Owner's Phone: | | | |
| Insurance Info: (Carrier/Policy #/Phone) | | | |
| Veh Description: (Yr/Make/Model & Vin#) | | , | |
| Damage: | \$ | Seat Belt: (Yes / No) | Yes |
| Injured/Injuries: | | | |
| Occupants: (Other than driver) | | | |
| Occupant(s) Weari | ng Seat Belt: (Yes/No | Yes | |



Department of Public Safety

Stephan K. Bayens Commissioner

To whom it may concern:

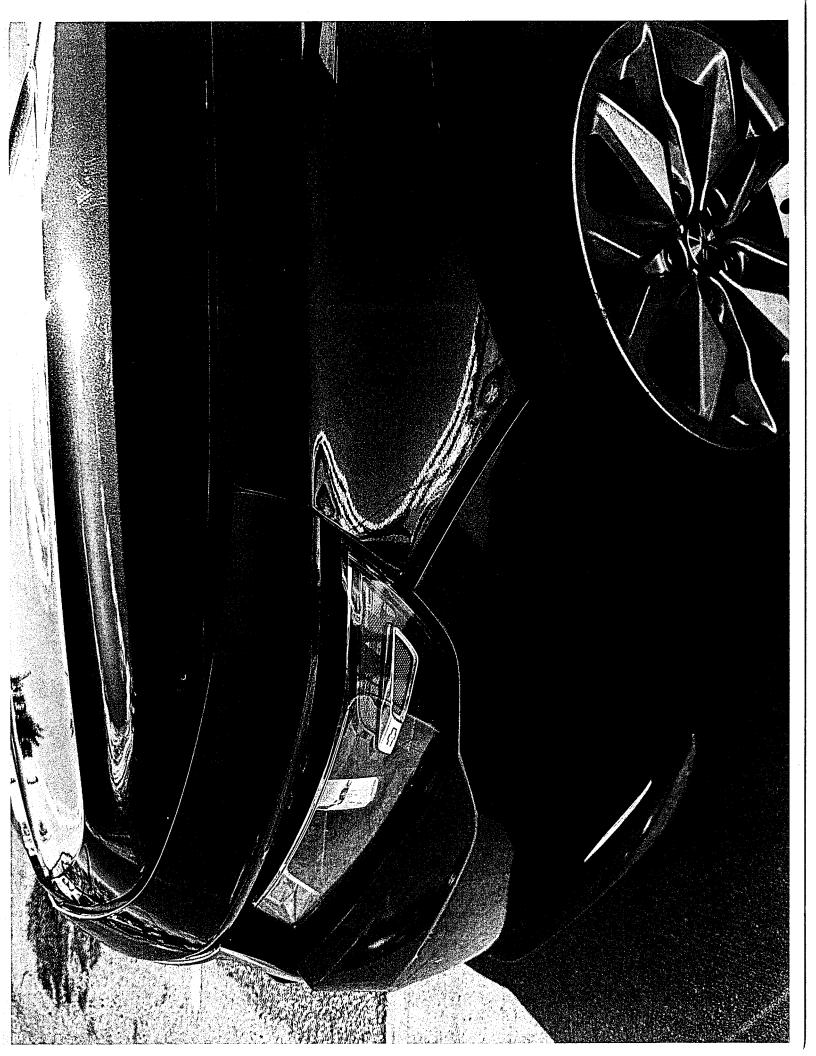
On 12/29/2023, at approximately 1800 hours I was driving my state vehicle (2019 Chevrolet Impala #642) eastbound on Iowa Highway 6 near Hunt Avenue, when I struck a deer with the front driver's side of my car. When I arrived at my destination (home), I examined my car for damage and saw the driver's side hood, fender, and front bumper had damage. On 01/02/2024, I stopped at All Makes Collision in Council Bluffs for an estimate. Kortnie Getzschman provided me with an estimate totaling \$5,217.03.

Attached is the State Vehicle Damage Report, repair estimate from All Makes Collision, the DOT MARS Report, and photos of the damage.

Special Agent Tyler Kotrous I-190 Iowa Department of Public Safety Division of Criminal Investigation Special Enforcement Operations Bureau 2200 River Road Council Bluffs, IA 51501

C: <u>402-657-4106</u> O: <u>712-396-3140</u> F: 712-396-3143

EM: kotrous@dps.state.ia.us



All Makes Collision Center 524 23rd Ave Council Bluffs, IA 51501 Phone: (712) 256-3195

*** PRELIMINARY ESTIMATE ***

01/02/2024 08:56 AM

Owner

Owner: state of iowa

Control Information

File #: 642

Accounting #:

Inspection

Inspection Date: 01/02/2024 08:57 AM

Inspection Type:

Appraiser Name: Kortnie Getzschman

Appraiser License #:

Repairer

Repairer: ALL MAKES COLLISION

Address: 524 23rd ave

Contact: KARL GETZSCHMAN

Work/Day: (712)256-3195 Cell: (712)355-0860

City State Zip: COUNCIL BLUFFS, IA 51501

Email: KARL.AAAUTO@LIVE.COM

Work/Day:

Target Complete Date/Time:

Days To Repair: 6

Vehicle

OEM Part Price Quote ID: ****

2019 Chevrolet Impala 1LS 4 DR Sedan 6cyl Gasoline 3.6 6-Speed Automatic

Lic Expire:

Veh Insp#:

Condition:

Ext. Refinish: Two-Stage

VIN: 2G11Z5S38K9114795

Mileage Type: Actual

Code: U4183A

Int. Refinish: Two-Stage

Options

18 Inch Alloy Wheels
60/40 Bench Seat
Anti-Lock Brakes
Auxiliary Audio Input
Climate Control For A/C
Daytime Running Lights
Elect. Stability Control
Electronic Compass
Floor Mats
High Definition Radio
In-Vehicle WiFi
Keyless Entry System

1st Row LCD Monitor(s) AM/FM Stereo Armrest(s)

Carpeting
Compact Spare Tire
Driver Information Sys

Electric Parking Brake
Emergency S.O.S. System
Halogen Headlights
IPOD Control
Intermittent Wipers
Keyless Ignition System
Lighted Entry System

2nd Row Head Airbags Air Conditioning

Auto Headlamp Control Center Console Cruise Control

Dual Airbags Electric Steering Engine Stop/Start Head Airbags

Illuminated Visor Mirror Keyless Access System

Knee Air Bags Navigation System

Laminated Glass 01/02/2024 08:59 AM

Page 1 of 3

| Claim #: | , | | 01/02/2024 |
|--------------------------|--------------------------|--------------------------|------------|
| OnStar System | Overhead Console | Power Brakes | |
| Power Door Locks | Power Drivers Seat | Power Mirrors | |
| Power Steering | Power Windows | Privacy Glass | |
| Pwr Accessory Outlet(s) | Pwr Driver Lumbar Supp | Rear Center Arm Rest | |
| Rear Side Airbags | Rear View Camera | Rear Window Defroster | |
| Rem Trunk-L/Gate Release | Side Airbags | SiriusXM Satellite Radio | |
| Split Folding Rear Seat | Stability Cntrl Suspensn | Strg Wheel Radio Control | |
| Tachometer | Theft Deterrent System | Tilt & Telescopic Steer | |
| Tinted Glass | Tire Pressure Monitor | Traction Control System | |
| Trip Computer | USB Audio Input(s) | Vehicle Tracking Service | |
| Velour/Cloth Seats | Wireless Audio Streaming | Wireless Phone Connect | |

| Damages | | | | ***** | | | | ı | | |
|---|------------|--------|-------------------------------|----------------|------------|------------------------------------|--------------------------|------------|-------|----|
| Line Op | Guide | МС | Description | • | MFR.Par | t No. | Price | ADJ% B% | Hours | R |
| Front Bumpe | <u>er</u> | | | | | | | | | |
| 1 E | 6 | | Cover, Front Bu | | 2299003 | 4 GM Part | \$845.53 | | 3.3 | SM |
| 2 L | 6 | 13 | Cover,Front Bu | mper | 0.6 T | urface wo-stage set wo-stage | ир | | 4.4 | RF |
| 3 E | 1106 | | Grille,Frt Bump | er Lwr | | 1 GM Part | \$466.02 | | INC | SM |
| ront End Pa | anel And | l Lan | <u>ips</u> | | | | | | | |
| 4 OE | 28 | * | Grille Assembly | 1 | Replace | PXN OE Srpl | s \$389.00 | | INC | SM |
| 5 E | 41 | 01 | Headlamp Assy | y,Halogen L | T 8457323 | 84573235 GM Part | | | 0.3 | SM |
| ront Body | | dshi | | | | | | | | |
| 6 OE | 83 | • | Panel, Hood | | | PXN OE Srpl | s \$1,029.00 | • | 0.9 | SM |
| 7 L | 83 | ٠ | Panel,Hood | | 1.2 E | urface idge wo-stage | | | 5.0 | RF |
| 8 1 | 103 | | Fender, Front L | Τ . | Repair | • | | | 2.0* | SM |
| 9 L | 103 | | Fender,Front L | Т | | urface | | | 2.2 | RF |
| 9 | Items | | | | 0.4 1 | wo-stage | | 2 | | |
| | | | MC (| Message | | | | | | |
| | | | | | | ACT PART # / FIRST PANEL | PRICE TWO-STAGE ALL | OWANCE | | |
| Estimate T | otal & E | ntries | 3 | | | | | | | |
| DEM Parts Other Parts Parts & Mate | erial Tota | al | | | | | \$2,281.53 \$1,418.00 | \$3,699.53 | | |
| _abor | | | Rate | Replace Hrs | Repair Hrs | Total Hrs | | | | |
| | | | | | | | | | | |
| Sheet Metal Mech/Elec (I Frame (FR) | | | \$55.00 \$55.00 \$50.00 | 4.5 | 2.0 | 6.5 | \$357.50 | | | |

 Labor Total
 18.1 Hours
 \$1,517.50

 Gross Total
 \$5,217.03

 Net Total
 \$5,217.03

Alternate Parts Y/05/02/00/03/03 Cumulative 05/02/00/03/03 Zip Code: 51501 Default OEM Part Prices DT 01/02/2024 08:57 AM EstimateID 1171463345623015424 QuoteID **** Rate Name Default

Audatex Estimating 8.2.054 ES 01/02/2024 08:59 AM REL 8.2.054 DT 11/01/2023 State Disclosure: Not Selected © 2024 Audatex North America, Inc.

2.4 HRS WERE ADDED TO THIS ESTIMATE BASED ON AUDATEX'S TWO-STAGE REFINISH FORMULA.

Op Codes

= User-Entered Value * = Labor Matches System Assigned Rates E = Replace OEM NG = Replace NAGS EC = Replace Economy OE = Replace PXN OE Srpis UE = Replace OE Surplus ET = Partial Replace Labor EP = Replace PXN EU = Replace Recycled TE = Partial Replace Price PM= Replace PXN Reman/Rebit UM= Replace Reman/Rebuilt L = Refinish PC = Replace PXN Reconditioned TT = Two-Tone UC = Replace Reconditioned SB = Sublet Repair N = Additional Labor BR = Blend Refinish I = Repair IT = Partial Repair CG= Chipguard RI = R & I Assembly P = Check AA = Appearance Allowance RP = Related Prior Damage



This report contains proprietary information of Audatex and may not be disclosed to any third party (other than the insured, claimant and others on a need to know basis in order to effectuate the claims process) without Audatex's prior written consent.

© 2024 Audatex North America, Inc. AUDATEX is a trademark owned by Audatex North America, Inc. All rights reserved.