



MEMBERS OF COUNCIL

HON. KIM REYNOLDS
GOVERNOR

HON. PAUL D. PATE
SECRETARY OF STATE

HON. ROB SAND
AUDITOR OF STATE

HON. ROBY SMITH
TREASURER OF STATE

HON. MIKE NAIG
SECRETARY OF AGRICULTURE

Executive Council of Iowa

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

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:

Department of Administrative Services.....\$2,309.55
On March 16, 2024, Vehicle #196 was damaged by a raccoon. Request was to cover repair costs.

This represents full and final payment, \$341.95 will be reverted and this allocation closed.

EXECUTIVE COUNCIL OF IOWA

Kristi Onstot

Kristi Onstot
Executive Secretary

cc: Adam Steen, Director, Department of Administrative Services
DAS Fleet Services, Risk
Matt Bender, Department of Management
Heather Hackbarth, Department of Management

AOS Claim # 3713
TOS Job # _____



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: Raccoon Damage to Vehicle #196 on March 16, 2024
Department of Administrative Services
Claim dated March 22, 2024
AOS Claim ID: 3713

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			\$ <u>2,309.55</u>
Executive Council Allocation			\$ 2,651.50
Less:			
Previous payments	\$	0.00	
This payment		<u>2,309.55</u>	
Total			\$ <u>2,309.55</u>
Remaining Executive Council allocation			\$ <u>341.95</u>

We recommend reimbursement be made in the amount of \$2,309.55. This represents full and final payment of the loss. The remaining allocation should be reverted to the State Treasury.

Sincerely,

Brian R. Brustkern, CPA
Deputy Auditor of State

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



Date: April 18, 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 #	3713
Vehicle / Event	#196/Animal
Event Date	March 16, 2024
Summary	Vehicle 196 struck a raccoon. (277364)
Amount Requested	\$2,309.55 - 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

Warrants

Edit

Cancel

* Required fields

Warrant Information

Fiscal Year 2024	Amount \$2,309.55	Warrant Number 86198108
Vendor Customer VS000002922	Line Number 1	Last Updated 04/16/2024 02:29 AM

Issue Information

Issued 04/10/2024 12:00 AM	Void No	Transaction ID RISK00524101001
Duplicate No	Transaction Line Number 1	Stop No
Line Amount \$407.00	Comments	

Redeemed Information

Redeemed 04/15/2024 12:00 AM	Batch Number 0992	Redeemed Bank 0022
Sequence Number 00004	Redeemed Fund 0665	Redeemed Department 005

COA

Fund 0665	Object 2715	Dept Object -
Sub Fund -	Sub Object -	Dept Revenue -
Department 005	Unit 5790	Sub Unit -
Object Class -	Revenue Source -	Sub Revenue Source -
Appropriation 0000	Revenue Source Class -	BSA -
Sub BSA -		

Show More

Warrants

Edit

Cancel

* Required fields

Warrant Information

Fiscal Year 2024	Amount \$2,309.55	Warrant Number 86198108
Vendor Customer VS000002922	Line Number 2	Last Updated 04/16/2024 02:29 AM

Issue Information

Issued 04/10/2024 12:00 AM	Void No	Transaction ID RISK00524101001
Duplicate No	Transaction Line Number 2	Stop No
Line Amount \$610.00	Comments	

Redeemed Information

Redeemed 04/15/2024 12:00 AM	Batch Number 0992	Redeemed Bank 0022
Sequence Number 00004	Redeemed Fund 0665	Redeemed Department 005

COA

Fund 0665	Object 2715	Dept Object -
Sub Fund -	Sub Object -	Dept Revenue -
Department 005	Unit 5790	Sub Unit -
Object Class -	Revenue Source -	Sub Revenue Source -
Appropriation 0000	Revenue Source Class -	BSA -
Sub BSA -		

Show More

Warrants

Edit

Cancel

* Required fields

Warrant Information

Fiscal Year 2024	Amount \$2,309.55	Warrant Number 86198108
Vendor Customer VS000002922	Line Number 3	Last Updated 04/16/2024 02:29 AM

Issue Information

Issued 04/10/2024 12:00 AM	Void No	Transaction ID RISK00524101001
Duplicate No	Transaction Line Number 3	Stop No
Line Amount \$1,292.55	Comments	

Redeemed Information

Redeemed 04/15/2024 12:00 AM	Batch Number 0992	Redeemed Bank 0022
Sequence Number 00004	Redeemed Fund 0665	Redeemed Department 005

COA

Fund 0665	Object 2715	Dept Object -
Sub Fund -	Sub Object -	Dept Revenue -
Department 005	Unit 5790	Sub Unit -
Object Class -	Revenue Source -	Sub Revenue Source -
Appropriation 0000	Revenue Source Class -	BSA -
Sub BSA -		

Show More

All Makes Collision Center

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

Invoice

No: 2388

Scheduled In Date: 4/8/2024
 Completed Date: None
 Service Rep: Kortnie Getzschman
 Page 1
 PO No:

Name

state of iowa

Service Item

20 Dodge Charger Police 4 DR Sedan
 Lic: Unit#
 VIN: 2C3CDXKT2LH115057 Color:
 Mileage In: Mileage Out:
 Paint Code : _____

Insurance Information

Claim No: 277364-001
 Policy No:
 Date of Loss:
 Deductible: 0.0000

Insurance Company

Ext:

Insured

Ext:

Adjuster

Line No	Operation	Description	Part No	Type	Amount	Labor Type	Labor Units	Refinish Units
1	Remove/Replace	Cover,Front End	ECONOMY PART	NP	672.60	BL	3.6	
2	Refinish	Cover,Front End	Refinish					4.5
3	Remove/Install	Front End Cover O/H	R&I ASSEMBLY				incl.	incl.
4	Remove/Replace	Crsmbr,Rad Pnl Lower	5065240AH	NP	374.00	BL	3.0	
5	Remove/Replace	Skirt,Inner Fender LT	ECONOMY PART	NP	114.95	BL	0.6	
6	Remove/Replace	HAZARDOUS WASTE	AfterMarket	NP	6.00			
7	Remove/Replace	Splash Shield	New	NP	131.00			
8	Remove/Install	Push Bumper	Other			BL	3.0	

Type	Description	Qty	Each	Amount	Sales Tax%	Sales Tax	Total
RL	Refinish Labor	4.5	100.00	450.00	7.00%	0.00	450.00
BL	Body Labor	10.2	55.00	561.00	7.00%	0.00	561.00
NP	NonTaxable Part			1,298.55	0.00%	0.00	1,298.55
ESTIMATE TOTALS				\$2,309.55		\$0.00	\$2,309.55

Type	Description	Qty	Each	Amount	Sales Tax%	Sales Tax	Total
RL	Refinish Labor	4.5	100.00	450.00	7.00%	0.00	450.00
BL	Body Labor	10.2	55.00	561.00	7.00%	0.00	561.00
NP	NonTaxable Part			1,298.55	0.00%	0.00	1,298.55
INVOICE TOTALS				\$2,309.55		\$0.00	\$2,309.55

An express mechanic's lien is hereby acknowledged on the above vehicle to secure the amount of costs incurred by in collecting amounts owed for repairs on the above vehicle. I also hereby make, constitute and appoint you and/or your employees as my true lawful attorney for me and in my name, place, and stead to ask, demand, collect, sign for and receive all such sums of money which are or shall be due owing, payable and belonging to me, or detained from me, related to the vehicle herein described. This includes full power and authority to sign my name to all checks, drafts, and/or negotiable instruments related to or arising out of work done by you and/or your employees on the above mentioned vehicle.



**Department of
Administrative Services**
*Empowering People
Collaboration
Customer Service*

Governor Kim Reynolds
Lt. Governor Adam Gregg
Adam Steen, Director

Date: March 22, 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	#196/Animal
Event Date	March 16, 2024
Summary	Vehicle 196 stuck a raccoon. (277364)
Amount Requested	\$2,651.50 - 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



AOS # 3713

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

Fwd: 3-16-24 Trooper Long #196 Raccoon damage

1 message

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

Mon, Mar 18, 2024 at 11:05 AM

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

Please accept this email as initial 24 hr notification for AON, vehicle 196 struck a raccoon on 3/16/2024. 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,

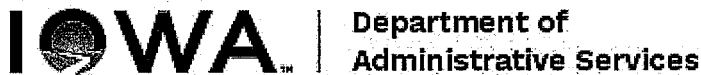
DAS Risk

Central Procurement and Fleet Services Enterprise

Iowa Department of Administrative Services

109 SE 13th St, Des Moines, IA 50319

515-281-3162 office

das.risk@iowa.gov<https://das.iowa.gov>

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

From: **Cunningham Michael** <mcunning@dps.state.ia.us>

Date: Sat, Mar 16, 2024 at 5:13 PM

Subject: 3-16-24 Trooper Long #196 Raccoon damage

To: vehicledamage <vehicledamage@dps.state.ia.us>, DAS Risk <DAS.Risk@iowa.gov>

Cc: Borelli Rob <borelli@dps.state.ia.us>, Meadows Brent <meadows@dps.state.ia.us>, Leffler Kevin <leffler@dps.state.ia.us>, Luke Tracy <tluke@dps.state.ia.us>

On March 16, 2024, at 1:15 AM Trooper Adrian Long #196 was enroute to assist Pott. County with a pursuit. He was heading southbound on Waverly Ave north of 335 St and had a raccoon run out in front of his patrol car and he struck it. His patrol car sustained damage to the lower front-end plastic of the car. All the required paperwork will be forthcoming once the estimate has been completed. He will head down to All Makes in Council Bluffs on Monday for the estimate.

Thanks,

Mike

Sergeant Mike Cunningham *36*

Iowa State Patrol District 4

Iowa Department of Public Safety

3710 Hwy 30 East | Denison, Iowa 51442

Office: 712-263-4621

Fax: 712-263-2325

mcunning@dps.state.ia.us

<https://dps.iowa.gov>

<https://dpscareers.com>



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State Vehicle Damage Report

Attach this completed form to an email along with the items identified below and send to: vehicledamage@dps.state.ia.us ; das.risk@iowa.gov

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

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

STATE VEHICLE: (Mark if Act of Nature) CASE #: 2024006755

Date: (Month/Day/Year)	03/16/24	Time: (Time plus a.m./p.m.)	01:15 am
Vehicle Plate #:	196	Vehicle Mileage:	122,450
Vehicle Description: (Yr/Make/Model/ & Vin#)	2020 Dodge Charger 2C3CDXKT2LH115057		
Assigned To:	Trooper Long	Badge #	196
Driven By:	Trooper Long	Badge #	196
Driver's Lic #:	990BB4623	Damage:	\$2651.50
Vehicle Towed: (Yes / No)		Towed By:	
Towed To:		Towing Cost:	\$
Seat Belt: (Yes / No)	Yes	Type of Vehicle: (Marked/Semi /Unmarked)	Marked
Injured/Injuries:	None		
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: (Yr/Make/Model & Vin#)			
Damage:	\$	Seat Belt: (Yes / No)	
Injured/Injuries:			
Occupants: (Other than driver)			
Occupant(s) Wearing Seat Belt:	(Yes/No)		

OTHER INFORMATION:

Witnesses:			
Accident Location: (Street/Hwy)	North of Pott. Co/ Harrison Co line on Waverly Ave		
County:	Harrison		
Weather/Road Conditions:	Normal/Dry		
Narrative: On March 16, 2024, at 1:15 AM Trooper Adrian Long #196 was enroute to assist Pott. County with a pursuit. He was heading southbound on Waverly Ave north of 335 St and had a raccoon run out in front of his patrol car and he struck it. His patrol car sustained damage to the lower front-end plastic of the car.			
Property Damage other than Vehicles:	None		
Cost:	\$		
Citations Issued To: (List Charge(s) and Statute Code(s))	None		

Investigating Officer:	Sgt Mike Cunningham #36
------------------------	-------------------------

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

DL #:		State:	
Vehicle Lic. #		State:	
Driver's Name:			

Driver's Address:			
Owner's Name:			
Owner's Address:			
Owner's Phone:			
Insurance Info: (Carrier/Policy #/Phone)			
Veh Description: (Yr/Make/Model & Vin#)			
Damage:	\$	Seat Belt: (Yes / No)	
Injured/Injuries:			
Occupants: (Other than driver)			
Occupant(s) Wearing Seat Belt: (Yes/No)			

**INVESTIGATING OFFICER'S REPORT
OF MOTOR VEHICLE ACCIDENT**

Law Enforcement Case Number:

2024006755

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

Date of Accident 03/16/2024		Time of Accident 01:15 Hrs.		County HARRISON - 43		Accident occurred within corporate limits of (city)										
UNIT 1	Driver's Name - Last LONG					First ADRIAN					Middle MICHAEL					
	Address 3710 HIGHWAY 30 E					City DENISON					State Zip IA 51442					
	Date of Birth 02/25/1991		Driver's License Number 990BB4623			CDL	Citation Charge 1			Citation Charge 2						
	Male <input checked="" type="radio"/>	Female <input type="radio"/>	State IA	Class C	Endorsements		Restrictions		Yes <input type="radio"/> No <input checked="" type="radio"/>	Citation Charge 3						
	Alcohol Test Given: 1		Test Results:		Drug Test Given: 1		Test Result:		Re-exam: Yes <input type="radio"/> No <input 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 Zip IA 50319					
	License Plate No. 196		State IA	Year 2024	VIN:		Color GRY		Year 2020	Make DODG	Model CHARGER	Style 4D				
	Trailer Plate No.		State	Year	VIN:		Tow 1	Tow #	Towed To		Approx. Cost to Repair or Replace \$2,655.00					
	Insurance Company Name STATE OF IOWA					Insurance Co. Phone Number			Insurance Policy Number SELF INSURED							
Initial Travel Direction		Veh. Act.	Veh. Config. 01	Cargo Body Type 01		Veh. Defect	Point of Initial Impact		Most Damaged Area	Extent of Damage	Total Occ. in Veh. 1					
Special Veh. Func		Emergency Status		Bus Use	Driver Condition		Vision Obscured		Contributing Circumstances Driver (up to two) 88		Driver Distractions 02	Speed Limit				
Traffic Controls		Horizontal Alignment		Vertical Alignment		SEQUENCE OF EVENTS	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event					
COMMERCIAL	Carrier Name/Lessee															
	Street Address					City					State	Zip Code				
	Number of Axles		Gross Vehicle Weight Rating				US DOT Number		MC Number		Underride/Override					
	Haz Mat Involvement		Haz Mat Placard	Placard Number	Haz. Mat Released		Haz Mat Class	Haz Mat Name								
	Trailer Plate:		State	Year	VIN		Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Ejection Path	Ejection/Explosive	Source of Transport	Direct/Indirect
	Trailer Plate:		State	Year	VIN											
Converter Dolly		Dolly Plate:		State	Plate Year	VIN										
PERSONS INJURED	DRIVER OF UNIT 1					Phone Number: (712) 263-4621					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:						

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

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

Law Enforcement Case Number:

2024006755

L O C A T I O N	Date of Accident 03/16/2024	Time of Accident 01:15 Hrs.	County HARRISON - 43	Accident occurred within corporate limits of (city)	Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>
	Literal Description WAVERLY AVE N 335TH ST SB				County: 43	Route:
	If accident occurred outside of city limits show general vicinity N NE E SE S SW W NW ○ ○ ○ ○ ○ ○ ○ ○ of nearest city				X Coordinate: 287554.718	
	On Road, Street or Highway:			At Intersection with:	Y Coordinate: 4600138	
	Note: Unless accident occurred at an intersection which is completely described above, use the space below to give the exact location from a milepost or definable intersection, bridge, or railroad crossing, using two distances and directions if necessary of				If Divided Highway, Provide Route (Cardinal) Travel Direction	
N NE E SE S SW W NW ○ ○ ○ ○ ○ ○ ○ ○ and N NE E SE S SW W NW ○ ○ ○ ○ ○ ○ ○ ○				NB	SB	
Milepost Number				Definable intersection, bridge, or railroad crossing	EB	WB

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

First Harmful Event (Crash) 31	WORKZONE RELATED? <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Activity	Location	Type	Workers Present	Sex	Struck by Unit No.	Injury Status	Non-Motorist Type	Location (prior to impact)	Action (prior to crash)	Condition	Safety Equipment	Contributing Circumstances	Source of Transport	Diagnose Injuries
--	--	--	----------	----------	------	-----------------	-----	--------------------	---------------	-------------------	----------------------------	-------------------------	-----------	------------------	----------------------------	---------------------	-------------------

N O N M O T O R I S T S	Name 001	Phone Number	DOB:	Sex	Struck by Unit No.	Injury Status	Non-Motorist Type	Location (prior to impact)	Action (prior to crash)	Condition	Safety Equipment	Contributing Circumstances	Source of Transport	Diagnose Injuries
	Address:	Alcohol Test Given	Test Results:	Drug Test Given	Result	Charged	Yes	No						
	Transported to:	Transported by:												
	Name	Phone Number	DOB:	Sex	Struck by Unit No.	Injury Status	Non-Motorist Type	Location (prior to impact)	Action (prior to crash)	Condition	Safety Equipment	Contributing Circumstances	Source of Transport	Diagnose Injuries
Address:	Alcohol Test Given	Test Results:	Drug Test Given	Result	Charged	Yes	No							
Transported to:	Transported by:													

N P R O P E R T Y	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								

C Y C L E S	If Property other than vehicles damaged explain	Object Damaged											Estimate of Damage
	Owner's Last Name	First Name	Middle Name	Phone Number									
	Address	City	State	Zip Code	Was owner or tenant notified? 1 = Yes 2 = No 9 = Unknown								

W I T N E S S	Last Name	First Name	Address	City	State	Zip Code	Phone Number
	Last Name	First Name	Address	City	State	Zip Code	Phone Number
	Last Name	First Name	Address	City	State	Zip Code	Phone Number
	Last Name	First Name	Address	City	State	Zip Code	Phone Number
	Last Name	First Name	Address	City	State	Zip Code	Phone Number

Is This a Secondary Crash? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Type of Primary Incident	Roadway Clearance Date 03/16/2024	Incident Clearance Date 03/16/2024
Signature of Officer SERGEANT M CUNNINGHAM	Badge Number 036	Time Officer Notified of Accident 01:15 Hrs.	Roadway Clearance Time 01:15 Hrs.
Name of Agency IOWA STATE PATROL - DIST 04	Date of Report 03/16/2024	Time Officer Arrived At Scene 01:15 Hrs.	Total Roadway Clearance Time 000:00
Report Reviewed By R BORELLI	Date of Review 03/19/2024	Investigation made at scene? Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	T.I. No.
		Other Technical Investigating Agency	

INVESTIGATING OFFICER'S REPORT
OF MOTOR VEHICLE ACCIDENT

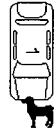
Form 4433003 (11-13)

Law Enforcement Case Number:

2024006755

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

D
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Waverly Ave N 335th St

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Unit one was southbound on Waverly Ave when a raccoon ran out in front of the vehicle. Unit one hit the raccoon and received damage to the front bumper of the vehicle.



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

*** PRELIMINARY ESTIMATE ***

03/18/2024 02:08 PM

Owner

Owner: state of iowa

Control Information

File # : 196 3/18

Accounting # :

Inspection

Inspection Date: 03/18/2024 02:08 PM

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: 5

Vehicle

2020 Dodge Charger Police 4 DR Sedan
8cyl Gasoline 5.7 HEMI
5 Speed Automatic

Lic Expire:
Veh Insp# :
Condition:
Ext. Refinish: Two-Stage

VIN: 2C3CDXKT2LH115057
Mileage Type: Actual
Code: N3093F
Int. Refinish: Two-Stage

Options

1st Row LCD Monitor(s)
AM/FM Radio
Auto Adjust Suspension
Black Grille
Chrome Trim
Daytime Running Lights
Dual Exhaust System
Electric Steering
Full Size Spare Tire
Heated W/S Wiper Washers
Keyless Entry System
Laminated Glass
Overhead Console
Power Door Locks

2nd Row Head Airbags
Analog Gauges
Automatic Power Locks
Bucket Seats
Color-Keyed Bumper(s)
Driver Knee Airbag
Dual Zone Auto A/C
Electronic Compass
Halogen Headlights
Heavy Duty Suspension
Keyless Ignition System
Leather Steering Wheel
Paddle Shifter
Power Drivers Seat

4-Wheel Drive
Anti-Lock Brakes
Auxiliary Audio Input
Cargo Lamp
Cruise Control
Dual Airbags
Elect. Stability Control
Fuel Door Release
Head Airbags
Intermittent Wipers
LED Brakelights
Lighted Entry System
Power Brakes
Power Mirrors

Power Steering	Power Windows	Pwr Accessory Outlet(s)
Rain-Sensing W/S Wipers	Rear View Camera	Rear Window Defroster
Reverse Sensing System	Roll Over Prot. System	Side Airbags
Stability Cntrl Suspensn	Steel Wheels	Strg Wheel Radio Control
Tachometer	Temperature Gauge(s)	Tilt & Telescopic Steer
Tinted Glass	Tire Pressure Monitor	Traction Control System
Trip Computer	Trunk/Cargo Organizer	Velour/Cloth Seats
Wireless Audio Streaming	Wireless Phone Connect	

Damages

Line	Op	Guide	MC	Description	MFR.Part No.	Price	ADJ%	B%	Hours	R
Front Bumper										
1	E	47		Cover,Front End	68267765AC	\$937.00			2.7	SM
2	L	47	13	Cover,Front End	Refinish				5.5	RF
					4.1 Surface					
					0.6 Two-stage setup					
					0.8 Two-stage					
Radiator Support										
3	E	92		Crsmbr,Rad Pnl Lower	5065240AH	\$374.00			2.6	SM
Front Body Interior Sheetmetal										
4	E	138	01	Skirt,Inner Fender LT	68205937AH	\$159.00			0.6	SM
5	E	30		Shield,Engine Lower	4806075AB	\$131.00			0.2	ME
Manual Entries										
6	I			rand i push bumper	Repair				3.0*	SM*
6				Items						
				MC	Message					
				01	CALL DEALER FOR EXACT PART # / PRICE					
				13	INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE					

Estimate Total & Entries

OEM Parts		\$1,601.00	
Parts & Material Total			\$1,601.00
Labor	Rate	Replace Hrs	Repair Hrs
			Total Hrs
Sheet Metal (SM)	\$55.00	5.9	3.0
Mech/Elec (ME)	\$55.00	0.2	0.2
Frame (FR)	\$50.00		
Refinish (RF)	\$100.00	5.5	5.5
Labor Total			14.6 Hours
Gross Total			\$1,050.50
Net Total			\$2,651.50

Alternate Parts Y/04/00/00/04/04 Cumulative 04/00/00/04/04 Zip Code: 51501 Default Rate Name Default

Audatex Estimating 8.2.054 ES 03/18/2024 02:12 PM REL 8.2.054 DT 01/01/2024

State Disclosure: Not Selected

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1.4 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 Srpls
UE = Replace OE Surplus	ET = Partial Replace Labor	EP = Replace PXN
EU = Replace Recycled	TE = Partial Replace Price	PM = Replace PXN Reman/Reblt
UM = Replace Reman/Rebuilt	L = Refinish	PC = Replace PXN Reconditioned
UC = Replace Reconditioned	TT = Two-Tone	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



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