



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.....\$7,470.45
On December 20, 2023, Vehicle #196 was damaged by a deer. Request was to cover repair costs.

This represents full and final payment, \$1,382.80 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 # 3646
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: Deer Damage to Vehicle #196 on December 20, 2023
Department of Administrative Services
Claim dated December 22, 2023
AOS Claim ID: 3646

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:

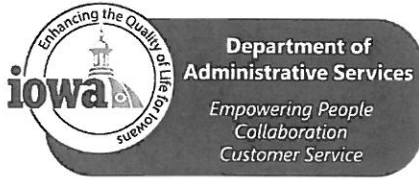
Documented request			<u>\$ 7,470.45</u>
Executive Council Allocation			\$ 8,853.25
Less:			
Previous payments	\$	0.00	
This payment		<u>7,470.45</u>	
Total			<u>\$ 7,470.45</u>
Remaining Executive Council allocation			<u>\$ 1,382.80</u>

We recommend reimbursement be made in the amount of \$7,470.45. 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



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

Date: January 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 #	3646
Vehicle / Event	#196/Animal
Event Date	December 20, 2023
Summary	Vehicle 196 struck a deer. (272038)
Amount Requested	\$7,470.45 - 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,

Mariah Fucaloro, Fleet Manager
DAS Fleet Services
mariah.fucaloro@iowa.gov
515-414-6582

Warrants

[Menu](#)

Fiscal Year	Warrant Number	Line Number	Line Amount	Issued	Redeemed	Vendor Customer
✓ 2024	86110177	1	\$1,149.50	01/08/2024	01/11/2024	VS000002922
2024	86110177	2	\$126.50	01/08/2024	01/11/2024	VS000002922
2024	86110177	3	\$2,040.00	01/08/2024	01/11/2024	VS000002922
2024	86110177	4	\$4,154.45	01/08/2024	01/11/2024	VS000002922

First Prev Next Last

Search

▼ Warrant Information

Fiscal Year :
Amount :
Warrant Number :
Vendor Customer :
Line Number :
Last Updated :

▼ Issue Information

Issued :
Void :
Document ID :
Duplicate :
Document Line Number :
Stop :
Line Amount :
Comments :

▼ Redeemed Information

Redeemed :
Batch Number :
Redeemed Bank :
Sequence Number :
Redeemed Fund :
Redeemed Department :

▼ Fund Accounting

Fund :
Object :
Dept Object :
Sub Fund :
Sub Object :
Dept Revenue :
Department :
Object Class :
Unit :
Revenue Source :
Sub Unit :
Sub Revenue Source :
Appropriation :
Revenue Source Class :
BSA :
Sub BSA :

▼ Detail Accounting

Location :
Reporting :
Major Program :
Sub Location :
Sub Reporting :
Program :
Activity :
Task :
Phase :
Sub Activity :
Sub Task :
Program Period :
Function :
Task Order :
Sub Function :

[Top](#)

All Makes Collision Center

Invoice

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

No: 2214
Scheduled In Date: 12/19/2023
Completed Date: 1/4/2024
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: 0272038-001
Policy No:
Date of Loss:
Deductible: 0.0000

Insurance Company

Ext:

Insured

Ext:

Adjuster

Type	Description	Qty	Each	Amount	Sales Tax%	Sales Tax	Total
RL	Refinish Labor	20.4	100.00	2,040.00	7.00%	0.00	2,040.00
ML	Mechanical Labor	2.3	55.00	126.50	7.00%	0.00	126.50
BL	Body Labor	20.9	55.00	1,149.50	7.00%	0.00	1,149.50
NP	NonTaxable Part			4,154.45	0.00%	0.00	4,154.45
ESTIMATE TOTALS				\$7,470.45		\$0.00	\$7,470.45

Type	Description	Qty	Each	Amount	Sales Tax%	Sales Tax	Total
RL	Refinish Labor	20.4	100.00	2,040.00	7.00%	0.00	2,040.00
ML	Mechanical Labor	2.3	55.00	126.50	7.00%	0.00	126.50
BL	Body Labor	20.9	55.00	1,149.50	7.00%	0.00	1,149.50
NP	NonTaxable Part			4,154.45	0.00%	0.00	4,154.45
INVOICE TOTALS				\$7,470.45		\$0.00	\$7,470.45

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 end/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.

Signature: _____

Date: _____



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

Date: December 22, 2023

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	December 20, 2023
Summary	Vehicle 196 stuck a deer. (272038)
Amount Requested	\$8,853.25 - 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
515-414-6582



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

29C20

1 message

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

Thu, Dec 21, 2023 at 8:53 AM

To: Tammy Hollingsworth <Tammy.Hollingsworth@aos.iowa.gov>, TOS ExecutiveCouncil <executivecouncil@tos.iowa.gov>, "Guill, Bryan [DPS]" <guill@dps.state.ia.us>

Please accept this email as initial 24 hr notification for AON, vehicle 196 struck a deer on 12/20/23. 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

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>



Department of
Administrative Services

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 #: 202303236

Date: (Month/Day/Year)	12/20/23	Time: (Time plus a.m./p.m.)	7:56 pm
Vehicle Plate #:	196	Vehicle Mileage:	115,130
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:	\$8,853.25
Vehicle Towed: (Yes / No)		Towed By:	
Towed To:		Towing Cost:	\$
Seat Belt: (Yes / No)	Yes	Type of Vehicle: (Marked/Semi /Unmarked)	Marked
Injured/Injuries:	N/A		
Occupants: (Other than driver)			

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)	South of Hardin Ave on Hwy 183		
County:	Harrison		
Weather/Road Conditions:	Normal/Dry		
** Please Include narrative of events here**			
Trooper Long was traveling northbound on Highway 183 when a deer came out onto the roadway and struck the front right portion of his vehicle. This caused moderate damage, but the vehicle was drivable.			
Property Damage other than Vehicles:	None		
Cost:	\$		
Citations Issued To: (List Charge(s) and Statute Code(s))			

Investigating Officer:	Sgt. Brent Meadows #68
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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: 2023032363

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

Date of Accident 12/20/2023	Time of Accident 18:57 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 EAST			City DENISON			State IA	Zip 51442							
	Date of Birth 02/25/1991	Driver's License Number 990BB4623		CDL Yes <input type="radio"/> No <input checked="" type="radio"/>	Citation Charge 1		Citation Charge 2								
	Male <input checked="" type="radio"/> Female <input type="radio"/>	State IA	Class C	Endorsements	Restrictions	Citation Charge 3		Citation Charge 4							
	Alcohol Test Given: 1	Test Results:	Drug Test Given: 1	Test Result:	Re-exam: Yes <input type="radio"/> No <input checked="" type="radio"/>	Reason for Re-Exam Request:									
	Owner's Name - Last STATE OF IOWA - DPS			First			Middle								
	Address 3710 HIGHWAY 30 EAST			City DENISON			State IA	Zip 51442							
	License Plate No. 196	State IA	Year 2024	VIN: 2C3CDXKT2LH115057	Color GRY	Year 2020	Make DODG	Model CHARGER POLI	Style 4D						
	Trailer Plate No.	State	Year	VIN:	Tow 1	Tow #	Towed To	Approx. Cost to Repair or Replace \$15,000.00							
	Insurance Company Name STATE OF IOWA SELF - INSURED				Insurance Co. Phone Number (515) 725-2243		Insurance Policy Number SELF - INSURED								
Initial Travel Direction 01	Veh. Act. 01	Veh. Config. 01	Cargo Body Type 01	Veh. Defect 01	Point of Initial Impact 01	Most Damaged Area 01	Extent of Damage 3	Total Occ. in Veh. 01							
Special Veh. Func. 02	Emergency Status 02	Bus Use	Driver Condition 01	Vision Obscured 01	Contributing Circumstances Driver (up to two) 88		Driver Distractions 02	Speed Limit 55							
Traffic Controls 01	Horizontal Alignment 01	Vertical Alignment 01	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			US DOT Number		MC Number	Underride/Override 1 - NONE							
	Haz Mat Involvement	Haz Mat Placard	Placard Number	Haz. Mat Released	Haz Mat Class	Haz Mat Name									
	Trailer Plate:	State	Year	VIN											
	Trailer Plate:	State	Year	VIN											
	Converter Dolly	Dolly Plate:	State	Plate Year	VIN										
PERSONS INJURED	DRIVER OF UNIT 1			Phone Number: (712) 263-4621		Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Ejection Path	Trapped/Extricated	Source of Transport	Died at scene/enroute
				Transported to: N/A		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:
2023032363

L O C A T I O N	Date of Accident 12/20/2023	Time of Accident 18:57 Hrs.	County HARRISON - 43	Accident occurred within corporate limits of (city)	Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>
	Literal Description IA 183 N SOUTH OF HARDIN AVE				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: 253919.234	
	On Road, Street or Highway:		At Intersection with:		Y Coordinate: 4628387.5	
	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 N NE E SE S SW W NW and N NE E SE S SW W NW ○ ○ ○ ○ ○ ○ ○ ○ and ○ ○ ○ ○ ○ ○ ○ ○				If Divided Highway, Provide Route (Cardinal) Travel Direction NB SB EB WB ○ ○ ○ ○	
Milepost Number		Definable intersection, bridge, or railroad crossing				

ACCIDENT ENVIRONMENT				ROADWAY CHARACTERISTICS			
Location of First Harmful Event	01	Weather Conditions (up to two)		Major Contributing Circumstances Environment	06		
Manner of Crash/Collision	01		01	Roadway	01		
Light Conditions	5	Surface Conditions	01	Type of Roadway Junction/Feature	01		
FRA No.							

First Harmful Event (Crash)	WORKZONE RELATED?	Yes <input type="radio"/>	No <input checked="" type="radio"/>	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	Died at scene/enroute	
31																			

N O N M O T O R I S T S	Name 001	Phone Number	DOB:																
	Address:	Alcohol Test Given		Test Results:		Drug Test Given		Result	Charged	Yes	No								
	Transported to:	Transported by:																	
	Name	Phone Number	DOB:																
	Address:	Alcohol Test Given		Test Results:		Drug Test Given		Result	Charged	Yes	No								
	Transported to:	Transported by:																	

N P O R T A B L E P R O P E R 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														
	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="radio"/> N <input checked="" type="radio"/>	Type of Primary Incident	Roadway Clearance Date 12/20/2023	Incident Clearance Date 12/20/2023
Signature of Officer TROOPER J CUNNINGHAM	Badge Number 073	Time Officer Notified of Accident 18:57 Hrs.	Roadway Clearance Time 18:57 Hrs.
Name of Agency IOWA STATE PATROL - DIST 04	Date of Report 12/20/2023	Time Officer Arrived At Scene 18:57 Hrs.	Total Roadway Clearance Time 000:00
Report Reviewed By B MEADOWS	Date of Review 12/21/2023	Investigation made at scene? Y <input type="radio"/> N <input checked="" type="radio"/>	T.I. No.
Other Technical Investigating Agency			

INVESTIGATING OFFICER'S REPORT
OF MOTOR VEHICLE ACCIDENT

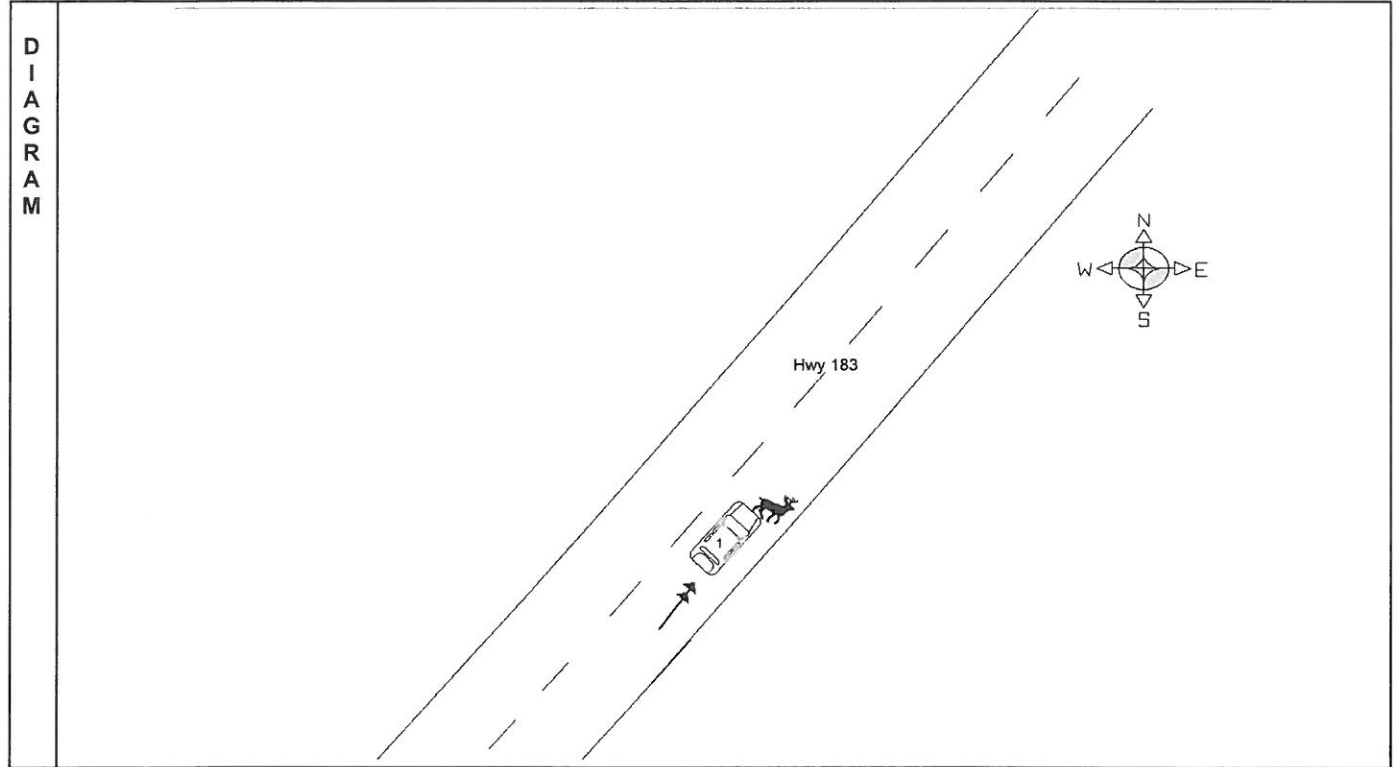
Form 4433003 (11-13)

Law Enforcement Case Number:

2023032363

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

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Unit 1 was an official law enforcement vehicle responding to a call for service. Unit 1 was responding in emergency status when a deer ran out in front of Unit 1.



MEMORANDUM

TO: Sgt. Meadows #68
FROM: Trp. Long #196
DATE: 14:45
SUBJECT: Car Deer Accident

On December 20, 2023, I was on my way to assist Harrison County with a disturbance in Pisgah. I was running with emergency lights and sirens activated on highway 183 north bound near Hardin Rd. A deer entered the roadway and I struck it with my front right corner of my patrol car. I advised Storm Lake to start a call and the location of the incident. Reference case number 2023032363



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

*** PRELIMINARY ESTIMATE ***

12/21/2023 11:58 AM

Owner

Owner: state of iowa

Control Information

File # : 196 DEER

Accounting # :

Inspection

Inspection Date: 12/21/2023 12:01 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
Work/Day:

City State Zip: COUNCIL BLUFFS, IA 51501
Email: KARL.AAAUTO@LIVE.COM

Target Complete Date/Time:

Days To Repair: 16

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	1426		Duct,Air Intake RT	68228404AD	\$150.00		INC	SM
2	E	11	01	Panel,Frt Bmpr License	68238771AC	\$38.20		0.2	SM
3	E	80		Grille,Lower	68214782AB	\$139.00		INC	SM
4	E	47		Cover,Front End	68267765AC	\$924.00		1.5	SM
5	L	47	13	Cover,Front End	Refinish			5.5	RF
					4.1 Surface				
					0.6 Two-stage setup				
					0.8 Two-stage				
6	E	29		Absorber,Header Panel	68214783AA	\$127.00		0.2	SM
7	E	55		Reinf,Front End Panel	68100209AF	\$434.00		2.2	SM
				Ultra High Strength Steel					
8	L	55		Reinf,Front End Panel	Refinish			1.0	RF
					0.8 Surface				
					0.2 Two-stage				
9	E	109		Filler,Front Panel RT	68226548AA	\$55.95		INC	SM
Front End Panel And Lamps									
10	E	39	01	Grille Assembly	5PP33DX8AB	\$459.00		INC	SM
11	E	50		Headlamp Assy,Halogen RT	68541682AA	\$1,080.00		INC	SM
12	E	107		Lamp,Side Marker RT	68214404AA	\$49.45		INC	SM
Radiator Support									
13	E	96		Crsmbr,Rad Panel Upr	68200478AC	\$405.00		2.6	SM
14	L	96		Crsmbr,Rad Panel Upr	Refinish			1.4	RF
					1.2 Surface				
					0.2 Two-stage				
15	E	586		Cover,Rad Supt Panel	68226530AF	\$229.00		INC	SM
16	E	72	01	Baffle,Radiator Panel RT	68202656AB	\$27.35		0.2	SM
Cooling And Air Conditioning									
17	E	69		Mount,Radiator LT	4596474AD	\$32.15		0.1	SM
18	E	70		Mount,Radiator RT	4596474AD	\$32.15		0.1	SM
19	N	970		Refrigerant Rcvry Setu	Additional Labor			INC	ME
20	N	977		A/C Evacuate & Recharg	Additional Labor			INC	ME
21	N	968		A/C Evac Rechrq & Rcvr	Additional Labor			1.8	ME
22	EP	731		Condenser,A/C	Replace PXN	\$231.00		0.5	ME
Front Body And Windshield									
23	I	83		Panel,Hood	Repair			5.5*	SM
				Aluminum					
24	L	83		Panel,Hood	Refinish			3.7	RF
					3.1 Surface				
					0.6 Two-stage				
25	E	104		Fender,Front RT	68213060AC	\$418.00		2.4	SM
26	L	104		Fender,Front RT	Refinish			3.1	RF

2.1 Surface
0.5 Edge
0.5 Two-stage

Front Body Interior Sheetmetal

27	I	135	07	Reinf,Inner Fender RT	Repair		4.5*	SM
28	L	135		Reinf,Inner Fender RT	Refinish		0.8	RF
					0.7 Surface			
					0.1 Two-stage			
29	E	139	01	Skirt,Inner Fender RT	68205936AH	\$158.00	INC	SM
30	E	30		Shield,Engine Lower	4806075AB	\$129.00	INC	ME

Front Doors

31	I	208		Door Shell,Front RT	Repair		8.5*	SM
32	L	208		Door Shell,Front RT	Refinish		2.6	RF
					2.2 Surface			
					0.4 Two-stage			
33	RI	131		W/Strip,Belt Outer RT	R & I Assembly		0.2	SM
34	RI	230		Mirror,Outer R/C RT	R & I Assembly		0.8	SM
35	RI	228		Handle,Front Door Otr RT	R & I Assembly		0.2	SM

Manual Entries

36	E			push numper	Replace OEM		3.5*	SM*
		36		Items				

MC Message

01	CALL DEALER FOR EXACT PART # / PRICE
07	STRUCTURAL PART AS IDENTIFIED BY I-CAR
13	INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE

Estimate Total & Entries

OEM Parts	\$4,887.25	
Other Parts	\$231.00	
Parts & Material Total		\$5,118.25

Labor	Rate	Replace Hrs	Repair Hrs	Total Hrs	
Sheet Metal (SM)	\$55.00	14.2	18.5	32.7	\$1,798.50
Mech/Elec (ME)	\$55.00	0.5	1.8	2.3	\$126.50
Frame (FR)	\$50.00				
Refinish (RF)	\$100.00	18.1		18.1	\$1,810.00

Labor Total		53.1 Hours		\$3,735.00
Gross Total				\$8,853.25
Net Total				\$8,853.25

Alternate Parts Y/19/01/00/18/18 Cumulative 19/01/00/18/18 Zip Code: 51501 Default
Rate Name Default

Audatex Estimating 8.2.054 ES 12/21/2023 12:07 PM REL 8.2.054 DT 11/01/2023
State Disclosure: Not Selected
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3.4 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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