

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

May 5, 2025

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

The Executive Council, in a meeting held on today's date, approved Department of Administrative Services request for an emergency allocation in the amount of \$13,894.00, subject to an audit of actual invoices. On March 5, 2025, Vehicle #102 was damaged by blizzard conditions. Request was to cover repair costs.

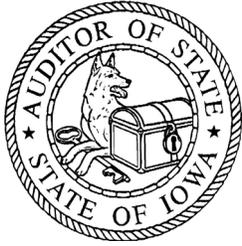
EXECUTIVE COUNCIL OF IOWA

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 # 4000
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

April 23, 2025

Kristi Onstot
Executive Council
L O C A L

Subject: Damage to Vehicle #102 Due to Blizzard Conditions on March 5, 2025
Department of Administrative Services
Claim dated March 10, 2025
AOS Claim ID: 4000

In accordance with Executive Council policy, we have examined the claim for 29C.20 funds for the above-mentioned damage. It is our conclusion that the above damage incurred by the Department of Administrative Services is covered by Chapter 29C.20 of the Code of Iowa. Therefore, we recommend an Executive Council allocation in the amount of \$13,894.00, 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: Adam Steen, Director, Department of Administrative Services
Mariah Fucaloro, Fleet Services Manager, Department of Administrative Services
Heather Hackbarth, Department of Management



Date: March 10, 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	#102 / Blizzard
Event Date	March 5, 2025
Summary	Vehicle 102 - damaged while working in Blizzard (Claim # TBD)
Amount Requested	\$13,894.00 - Estimate
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 Manager
ryan.betts1@iowa.gov
515-281-8008



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

Fwd: Trooper Hillyer Vehicle Damage

1 message

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

Thu, Mar 6, 2025 at 10:39 AM

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

Please accept this email as initial 24 hr notification for AON, vehicle 102 sustained major damage while assisting drivers during the blizzard on 3/5/2025. 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 12th St, Des Moines, IA 50319

515-281-3162 office

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: **Sinnwell Brian** <sinwell@dps.state.ia.us>

Date: Thu, Mar 6, 2025 at 9:52 AM

Subject: Trooper Hillyer Vehicle Damage

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

Good morning,

Attached is Trooper Hillyer's vehicle damage paperwork after being struck on Interstate 35 yesterday. Damage estimate to follow once completed.

Thanks

Brian

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

From: Sinnwell Brian <sinnwell@dps.state.ia.us>
To: "ods@dot.iowa.gov" <ods@dot.iowa.gov>
Cc:
Bcc:
Date: Wed, 5 Mar 2025 21:51:26 +0000
Subject: Line of Duty Crash Report

Good afternoon,

Attached is the line of duty crash report form for Trooper Bryan Hillyer, who was struck this morning while conducting traffic control on Interstate 35 in Franklin County.

Thanks

Brian

Sgt. Brian Sinnwell ★186★

Iowa State Patrol | District 8

Iowa Department of Public Safety

4425 S Washington Ave | Mason City, Iowa 50401

Office: 641-424-3625

Fax: 641-423-8381

sinnwell@dps.state.ia.us

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

<https://dpscareers.com/>



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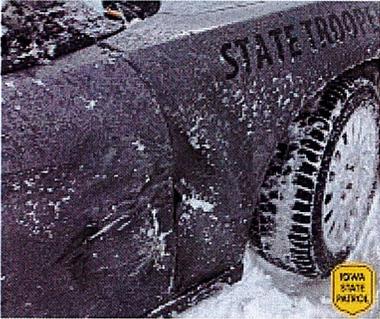
9 attachments



102 #1.jpg
244K



102 #2.jpg
268K



102 #3.jpg
240K

 #102 Patrol Vehicle Crash (03-05-2025).docx
28K

 102 3-5-25 State Vehicle Damage Report Form.doc
96K

 102 Line of Duty - Filled In.pdf
684K

 102 Line of Duty - Filled In.pdf
1475K

 Line of Duty Crash Report.eml
2051K

 MARS_Unit_Report-2025005680.pdf
214K

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 #: 202505680

Date: <small>(Month/Day/Year)</small>	03-05-2025	Time: <small>(Time plus a.m./p.m.)</small>	10:30 a.m.
Vehicle Plate #:	102	Vehicle Mileage:	82,427
Vehicle Description: <small>(Yr/Make/Model/ & Vin#)</small>	2021 Dodge Charger 2C3CDXKG2MH644688		
Assigned To:	Trp. Hillyer	Badge #	102
Driven By:	Trp. Hillyer	Badge #	102
Driver's Lic #:	838AK4613	Damage:	\$15,000
Vehicle Towed: <small>(Yes / No)</small>	Yes	Towed By:	E and E towing
Towed To:	North Iowa Collision	Towing Cost:	\$
Seat Belt: <small>(Yes / No)</small>		Type of Vehicle: <small>(Marked/Semi /Unmarked)</small>	Marked
Injured/Injuries:	Scratch on wrist		
Occupants: <small>(Other than driver)</small>	None		

VEHICLE #2:

DL #:	UU080979	State:	OH
Vehicle Lic. #	QZXNJ8G	State:	TN
Driver's Name:	Abdirahman Dhunkaal		
Driver's Address:	3825 Victoria Manor Drive A Columbus, OH 43219		
Owner's Name:	Abdirahman Dhunkaal		
Owner's Address:	3825 Victoria Manor Drive A Columbus, OH 43219		

Owner's Phone:			
Insurance Info: (Carrier/Policy #/Phone)	Acord/CT876128001-3/(888)-785-4677		
Veh Description: (Yr/Make/Model & Vin#)	2021 Freightliner PT 126 Semi Vin# 3AKJHHDR7MSMD0397		
Damage:	\$2000	Seat Belt: (Yes / No)	Yes
Injured/Injuries:	None		
Occupants: (Other than driver)	1		
Occupant(s) Wearing Seat Belt: (Yes/No)	Yes		

OTHER INFORMATION:

Witnesses:	None
Accident Location: (Street/Hwy)	160 MM I35 SB
County:	Franklin
Weather/Road Conditions:	Blizzard Conditions, 100% covered
Narrative: Trooper Hillyer was conducting traffic control for an interstate closure and multiple vehicle crashes on the inside median shoulder of Interstate 35 with his emergency lights activated, when he was struck from behind by a semi.	
Property Damage other than Vehicles:	N/A
Cost:	\$N/A
Citations Issued To: (List Charge(s) and Statute Code(s))	Abdirahman Dhunkaal Unsafe Approach to Stationairy Vehicles 321.323A(4)A

Investigating Officer:	Trooper Vesely #356
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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)	Yes
Injured/Injuries:			
Occupants: (Other than driver)			
Occupant(s) Wearing Seat Belt: (Yes/No)	Yes		



MEMORANDUM

TO: Sergeant Sinnwell #186

FROM: Trp. Hillyer #102

DATE: 03-05-2025

SUBJECT: Patrol Vehicle Struck by Semi during Winter Storm / Blizzard Conditions

On 03-05-2025, I was in my patrol vehicle with all my emergency lights activated at the 159 mile marker exit. I was here directing traffic to the off ramp as there was a crash invitation happening further south. I was then struck by a Semi Trailer causing significant damage to my patrol vehicle.

The vehicle was towed away by E and E Towing to North Iowa Collision.

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Form Number: 2025005680

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

Form containing accident details: Date of Accident (03/05/2025), Driver's Name (DHUNKAAL), Address (3825 VICTORIA MANOR DR A), Citation Charge 1 (UNSAFE APPROACH FAIL TO SLOW DOW), Insurance Company (ACORD), Carrier Name (AWAD LOGISTICS INC), and Driver Information (DRIVER OF UNIT 1).

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Form Number: 2025005680

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

Date of Accident 03/05/2025	Time of Accident 10:53 Hrs.	County FRANKLIN - 35	Accident occurred within corporate limits of (city)															
UNIT 2	Driver's Name - Last KLOSS					First JOHN					Middle THOMAS							
	Address 13507 FIR TREE LN					City CUMBERLAND					State MD		Zip 21502-0000					
	Date of Birth 07/04/1975		Driver's License Number MD10273710223			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 MD	Class A	Endorsements N	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 DBA DIAMOND M					First					Middle							
	Address 280 FM 1760					City MULESHOE					State TX		Zip 79347					
	License Plate No. R743147		State TX	Year 2026	VIN: 1XP5DB9X75D865293			Color CRM		Year 2005	Make PTRB	Model 379		Style SEMI TRACTOR				
	Trailer Plate No.		State	Year	VIN:			Tow 1	Tow #		Towed To		Approx. Cost to Repair or Replace \$1,000.00					
	Insurance Company Name STATE FARM					Insurance Co. Phone Number (806) 793-2855			Insurance Policy Number 3611362									
Initial Travel Direction 03		Veh. Act. 01	Veh. Config. 13	Cargo Body Type 02		Veh. Defect 01	Point of Initial Impact 98		Most Damaged Area 98		Extent of Damage 2		Total Occ. in Veh. 1					
Special Veh. Func. 01		Emergency Status 01		Bus Use	Driver Condition 01	Vision Obscured 14	Contributing Circumstances Driver (up to two) 88			Driver Distractions 02		Speed Limit 70						
Traffic Controls 98		Horizontal Alignment 01		Vertical Alignment 01		SEQUENCE OF EVENTS		First Event 06	Second Event 33	Third Event	Fourth Event	Most Harmful Event 33						
COMMERCIAL	Carrier Name/Lessee DBA DIAMOND M																	
	Street Address 280 FM 1760					City MULESHOE					State TX		Zip Code 79347					
	Number of Axles 5		Gross Vehicle Weight Rating 3 - 26,001 LBS OR MORE				US DOT Number 736291			MC Number		Underride/Override 1 - NONE						
	Haz Mat Involvement 02 - NO		Haz Mat Placard		Placard Number		Haz. Mat Released		Haz Mat Class		Haz Mat Name							
	Trailer Plate: 5151393		State ME	Year 2025	VIN 527SR532XPM033267			Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Ejection Path	Trapped/extricated	Source of Transport	Died at scene/enroute	
	Trailer Plate:		State	Year	VIN													
	Converter Dolly 2 - NO DOLLY USED		Dolly Plate:		State	Plate Year	VIN		5	03	03	2	01	1	01	01		
	DRIVER OF UNIT 2					Phone Number:		Transported to:									Transported by:	
						Transported to:											Transported by:	
	PERSONS INJURED	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

Form Number: 2025005680

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

Date of Accident 03/05/2025	Time of Accident 10:53 Hrs.	County FRANKLIN - 35	Accident occurred within corporate limits of (city)						
UNIT 3	Driver's Name - Last				First			Middle	
	Address				City			State	Zip
	Date of Birth		Driver's License Number		CDL	Citation Charge 1		Citation Charge 2	
	Male <input type="radio"/>	Female <input type="radio"/>	State	Class	Endorsements	Restrictions	Yes <input type="radio"/> No <input type="radio"/>	Citation Charge 3	
	Alcohol Test Given:		Test Results:		Drug Test Given:		Test Result:		Re-exam: Yes <input type="radio"/> No <input type="radio"/>
									Reason for Re-Exam Request:
Owner's Name - Last STATE OF IOWA/DPS				First			Middle		
Address 215 E 7TH ST				City DES MOINES			State IA	Zip 50319	
License Plate No. 102	State IA	Year 2025	VIN: 2C3CDXKG2MH644688		Color GRY	Year 2021	Make DODG	Model CHARGER	
Trailer Plate No.	State	Year	VIN:		Tow 3	Tow #	Towed To NORTH IOWA COLLISIO	Approx. Cost to Repair or Replace \$15,000.00	
Insurance Company Name STATE OF IOWA/DPS				Insurance Co. Phone Number (641) 424-3625		Insurance Policy Number			
Initial Travel Direction 03	Veh. Act. 12	Veh. Config. 01	Cargo Body Type 01	Veh. Defect 01	Point of Initial Impact 05	Most Damaged Area 05	Extent of Damage 4	Total Occ. in Veh. 1	
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 70	
Traffic Controls 98	Horizontal Alignment 01	Vertical Alignment 01	SEQUENCE OF EVENTS	First Event 33	Second Event	Third Event	Fourth Event	Most Harmful Event 33	
Carrier Name/Lessee									
Street Address				City			State	Zip Code	
Number of Axles		Gross Vehicle Weight Rating			US DOT Number		MC Number	Override/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					
DRIVER OF UNIT 3				Phone Number:	Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment
				Transported to:					
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:			

COMMERCIAL PERSONNEL UNIT 3

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

Form Number: 2025005680

LOCATIONS: Date of Accident 03/05/2025, Time of Accident 10:53 Hrs., County FRANKLIN - 35, Accident occurred within corporate limits of (city) Legal Intervention? Private Property? Literal Description I 35 S / 160MM SB, X Coordinate: 462979.562, Y Coordinate: 4725393.5

ACCIDENT ENVIRONMENT: Location of First Harmful Event 02, Weather Conditions (up to two) 07,08, Manner of Crash/Collision 03, Light Conditions 1, ROADWAY CHARACTERISTICS: Major Contributing Circumstances Environment 02, Roadway 02, Type of Roadway Junction/Feature 01

First Harmful Event (Crash) 33, WORKZONE RELATED? Yes No, 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

NONMOTORISTS: Name 001, Phone Number, DOB, Address, Alcohol Test Given, Test Results, Drug Test Given, Result, Charged Yes No, Transported to, Transported by

NP: 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

WITNESSES: Last Name, First Name, Address, City, State, Zip Code, Phone Number (5 rows)

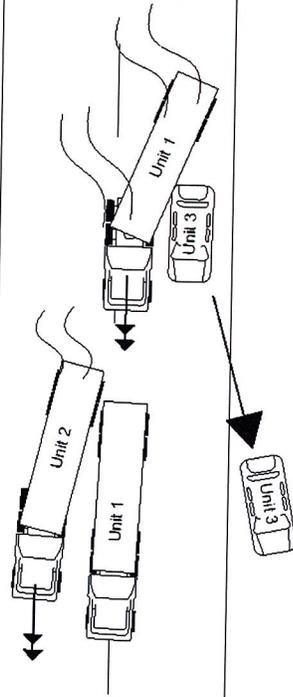
Is This a Secondary Crash? Y N, Type of Primary Incident, Roadway Clearance Date 03/05/2025, Incident Clearance Date 03/05/2025, Signature of Officer TROOPER N VESELY, Badge Number 356, Time Officer Notified of Accident 11:07 Hrs., Roadway Clearance Time 11:07 Hrs., Incident Clearance Time 12:45 Hrs., Name of Agency IOWA STATE PATROL - DIST 08, Date of Report 03/05/2025, Time Officer Arrived At Scene 11:07 Hrs., Total Roadway Clearance Time 000:00, Total Incident Clearance Time 001:38, Report Reviewed By B LEWIS, Date of Review 03/05/2025, Investigation made at scene? Y N, T.I. No., Other Technical Investigating Agency

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

Form Number: 2025005680

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Unit 3 was parked on the inside shoulder of the south bound lane on I35 at the 160 mile marker directing traffic off to the exit. Unit 3 had his emergency lights and directional light bar activated. Unit 1 was south bound on I35 and came upon Unit 3 at which time Unit 1 attempted to steer around Unit 3. Unit 1 started to jackknife and his trailer made contact with Unit 3. Unit 3 came to rest in the median and Unit 1 stopped in the traveled portion of the south bound lane. After Unit 1 stopped, Unit 2 approached from the north, heading south bound, and had to steer hard right to avoid Unit 1. As Unit 2 went around the right side of Unit 1, the front tire of Unit 2's trailer made contact with the rear of Unit 1's trailer.

**Karl Chevrolet Collision Center
Ankeny**

Workfile ID: 39cd3cd6
PartsShare: 8rx5yn
Federal ID: 42-1092272

Your Dealer for Life
1101 Southeast Oralabor Road, Ankeny, IA 50021
Phone: (515) 299-4337
FAX: (515) 964-2293

Estimate

RO Number:

Customer:	Insurance:	Adjuster:	Estimator:	Joe Singleton
SOI 102		Phone:	Create Date:	3/10/2025
		Claim:		
		Loss Date:		
		Deductible:		

2021 DODG Charger Police AWD (Fleet) 4D SED 6-3.6L Gasoline Sequential MPI

VIN: 2C3CDXKG2MH644688	Interior Color:	Mileage In:	Vehicle Out:
License:	Exterior Color:	Mileage Out:	
State: IA	Production Date:	Condition:	Job #:

Line	Ver	Operation	Description	Qty	Extended Price \$	Part Type	Labor	Type	Paint
1	E01		FRONT BUMPER & GRILLE						
2	E01	Remove/Install	R&I bumper cover				1.9	Body	
3	E01		FRONT LAMPS						
4	E01	Remove/Install	RT Headlamp assy halogen				0.4	Body	
5	E01		FENDER						
6	E01	Remove/Replace	RT Fender w/o wide body	1	458.00	OEM	1.6	Body	2.0
7	E01		Add for Clear Coat						0.8
8	E01		Add for Edging						0.5
9	E01		Add for Clear Coat						0.1
10	E01		PILLARS, ROCKER & FLOOR						
11	E01	Remove/Replace	RT Aperture panel w/o wide body	1	1,015.00	OEM	19.5	Body	4.4
12	E01		Overlap Major Adj. Panel						(0.4)
13	E01		Add for Clear Coat						0.8
14	E01	Remove/Replace	RT Aperture reinf (HSS)	1	1,800.00	OEM	9.5	Body	2.0
15	E01		FRONT DOOR						
16	E01	Remove/Replace	RT Door shell (HSS)	1	1,475.00	OEM	5.7	Body	3.1
17	E01		Overlap Major Adj. Panel						(0.4)
18	E01		Add for Clear Coat						0.5
19	E01		QUARTER PANEL						
20	E01	Remove/Replace	RT Quarter panel w/o wide body	1	1,435.00	OEM	17.5	Body	3.4
21	E01		Overlap Major Adj. Panel						(0.4)
22	E01		Add for Clear Coat						0.6
23	E01	Remove/Replace	RT Reinf assy	1	727.00	OEM			1.5
24	E01		Overlap Major Non-Adj. Panel						(0.2)
25	E01		TRUNK LID						

T = Taxable Item, RPD = Related Prior Damage, AA = Appearance Allowance, UPD = Unrelated Prior Damage, PDR = Paintless Dent Repair, A/M = Aftermarket, Rechr = Rechromed, Reman = Remanufactured, OEM = New Original Equipment Manufacturer, Recor = Re-cored, RECOND = Reconditioned, LKQ = Like Kind Quality or Used, Diag = Diagnostic, Elec = Electrical, Mech = Mechanical, Ref = Refinish, Struc = Structural

Estimate

RO Number:

2021 DODG Charger Police AWD (Fleet) 4D SED 6-3.6L Gasoline Sequential MPI

26	E01	Remove/Replace	Trunk lid all	1	1,135.00	OEM	2.0	Body	2.3
27	E01		Overlap Major Adj. Panel						(0.4)
28	E01		Add for Clear Coat						0.4
29	E01		Add for Underside(Complete)						1.2
30	E01		Add for Clear Coat						0.2
31	E01		REAR LAMPS						
32	E01	Remove/Replace	RT Tail lamp assy	1	630.00	OEM	0.0	Body	
33	E01	Remove/Replace	Backup lamp	1	1,310.00	OEM	0.0	Body	
34	E01		REAR BUMPER						
35	E01	Remove/Install	R&I bumper cover				0.0	Body	

Estimate Totals	Discount \$	Markup \$	Rate \$	Total Hours	Total \$
Parts	(1,997.00)				7,988.00
Labor, Body			60.00	58.1	3,486.00
Labor, Refinish			110.00	22.0	2,420.00
Subtotal					13,894.00
Sales Tax					0.00
Grand Total					13,894.00
Net Total					13,894.00

Estimate Version	Total \$
Original	13,894.00

Insurance Total \$:	13,894.00
Received from Insurance \$:	0.00
Balance due from Insurance \$:	13,894.00
Customer Total \$:	0.00
Received from Customer \$:	0.00
Balance due from Customer \$:	0.00

T = Taxable Item, RPD = Related Prior Damage, AA = Appearance Allowance, UPD = Unrelated Prior Damage, PDR = Paintless Dent Repair, A/M = Aftermarket, Rechr = Rechromed, Reman = Remanufactured, OEM = New Original Equipment Manufacturer, Recor = Re-cored, RECOND = Reconditioned, LKQ = Like Kind Quality or Used, Diag = Diagnostic, Elec = Electrical, Mech = Mechanical, Ref = Refinish, Struc = Structural

Karl Chevrolet Collision Center Ankeny

1101 Southeast Oralabor Road, Ankeny, IA 50021

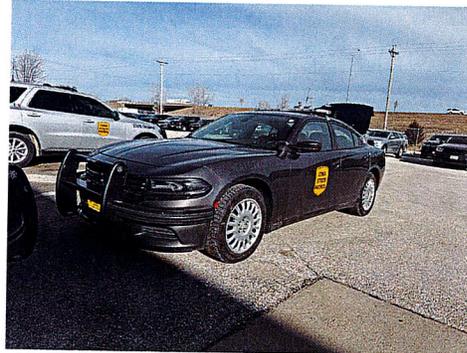
Phone: (515) 299-4337, Fax: (515) 964-2293

Image Report

Owner:	SOI 102	Insurance:	Estimator:	Joe Singleton	Vehicle Out:
RO Number:		Claim Number:			
Year:	2021	Color:	License Plate:		Production Date:
Make:	DODG	Body Style:	State:	IA	Mileage In:
Model:	Charger Police AW...	Engine:	VIN:	2C3CDXKG2MH644688	Condition:



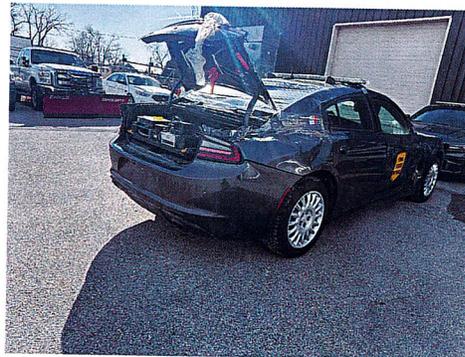
3/10/2025
Comments:



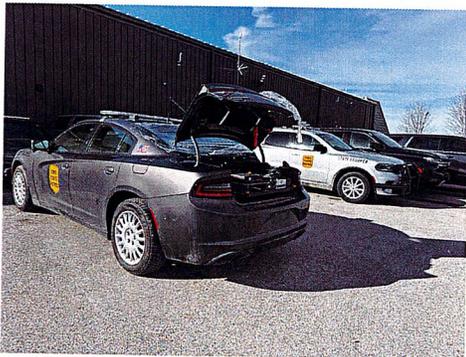
3/10/2025
Comments:



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Comments:



3/10/2025
Comments:



3/10/2025
Comments:

Karl Chevrolet Collision Center Ankeny

1101 Southeast Oralabor Road, Ankeny, IA 50021

Phone: (515) 299-4337, Fax: (515) 964-2293

Image Report

Owner:	SOI 102	Insurance:	Estimator:	Joe Singleton	Vehicle Out:
RO Number:		Claim Number:			
Year:	2021	Color:	License Plate:		Production Date:
Make:	DODG	Body Style:	State:	IA	Mileage In:
Model:	Charger Police AW...	Engine:	VIN:	2C3CDXKG2MH644688	Condition:



3/10/2025
Comments:



3/10/2025
Comments:



3/10/2025
Comments:



3/10/2025
Comments:



3/10/2025
Comments:



3/10/2025
Comments:

Karl Chevrolet Collision Center Ankeny

1101 Southeast Oralabor Road, Ankeny, IA 50021

Phone: (515) 299-4337, Fax: (515) 964-2293

Image Report

Owner:	SOI 102	Insurance:	Estimator:	Joe Singleton	Vehicle Out:	
RO Number:		Claim Number:				
Year:	2021	Color:	License Plate:		Production Date:	
Make:	DODG	Body Style:	State:	IA	Mileage In:	
Model:	Charger Police AW...	Engine:	6-3.6L Gasoline S...	VIN:	2C3CDXKG2MH644688	Condition:



3/10/2025
Comments:



3/10/2025
Comments:



3/10/2025
Comments:



3/10/2025
Comments:



3/10/2025
Comments: