

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  
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 dark 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



Department of  
Administrative Services

KIM REYNOLDS, GOVERNOR  
CHRIS COURNOYER, LT. GOVERNOR

ADAM STEEN, DIRECTOR

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 &lt;das.risk@iowa.gov&gt;

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**Fwd: Trooper Hillyer Vehicle Damage**

1 message

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

Thu, Mar 6, 2025 at 10:39 AM

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

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 12<sup>th</sup> St, Des Moines, IA 50319

515-281-3162 office

[das.risk@iowa.gov](mailto:das.risk@iowa.gov)<https://das.iowa.gov>**Department of  
Administrative Services**

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

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

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

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

Subject: Trooper Hillyer Vehicle Damage

To: vehicledamage &lt;vehicledamage@dps.state.ia.us&gt;, DAS - RISK (DAS.Risk@iowa.gov) &lt;DAS.Risk@iowa.gov&gt;

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](mailto:sinnwell@dps.state.ia.us)

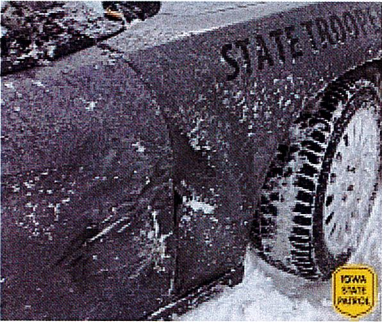
<https://dps.iowa.gov/>

<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/ &amp; 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 Stationary 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

Date of Accident <b>03/05/2025</b>	Time of Accident <b>10:53</b> Hrs.	County <b>FRANKLIN - 35</b>	Accident occurred within corporate limits of (city)	
Driver's Name - Last <b>DHUNKAAL</b>			First <b>ABDIRAHMAN</b>	Middle
Address <b>3825 VICTORIA MANOR DR A</b>			City <b>COLUMBUS</b>	State <b>OH</b>
Date of Birth <b>08/20/1996</b>	Driver's License Number <b>UU080979</b>	CDL Yes <input type="radio"/> No <input checked="" type="radio"/>	Citation Charge 1 <b>UNSAFE APPROACH FAIL TO SLOW DOW</b>	Citation Charge 2
Male <input checked="" type="radio"/> Female <input type="radio"/>	State <b>OH</b>	Class <b>A</b>	Endorsements <b>T</b>	Restrictions <b>E</b>
Alcohol Test Given: <b>1</b>	Test Results:	Drug Test Given: <b>1</b>	Test Result:	Re-exam: Yes <input type="radio"/> No <input checked="" type="radio"/>
Owner's Name - Last <b>DHUNKAAL</b>			First <b>ABDIRAHMAN</b>	Middle
Address <b>3825 VICTORIA MANOR DR A</b>			City <b>COLUMBUS</b>	State <b>OH</b>
License Plate No. <b>QZXNJ8G</b>	State <b>TN</b>	Year <b>2025</b>	VIN: <b>3AKJHHR7MSMD0397</b>	Color <b>BLU</b>
Trailer Plate No.	State	Year	VIN:	Year <b>2021</b>
Insurance Company Name <b>ACORD</b>			Insurance Co. Phone Number <b>(888) 785-4677</b>	Insurance Policy Number <b>CT876128001-3</b>
Initial Travel Direction <b>03</b>	Veh. Act. <b>01</b>	Veh. Config. <b>13</b>	Cargo Body Type <b>02</b>	Veh. Defect <b>01</b>
Special Veh. Func. <b>01</b>	Emergency Status <b>01</b>	Bus Use	Driver Condition <b>01</b>	Vision Obscured <b>14</b>
Traffic Controls <b>10</b>	Horizontal Alignment <b>01</b>	Vertical Alignment <b>01</b>	SEQUENCE OF EVENTS	Point of Initial Impact <b>98</b>
Carrier Name/Lessee <b>AWAD LOGISTICS INC</b>			Most Damaged Area <b>98</b>	Extent of Damage <b>2</b>
Street Address <b>3260 VALLEY LN S</b>			City <b>COLUMBUS</b>	State <b>OH</b>
Number of Axles <b>5</b>			Gross Vehicle Weight Rating <b>3 - 26,001 LBS OR MORE</b>	Zip Code <b>43231</b>
Haz Mat Involvement <b>02 - NO</b>			Haz Mat Placard	Placard Number
Trailer Plate: <b>23108AC</b>			State <b>WA</b>	Year <b>2025</b>
Trailer Plate:			State	Year
Converter Dolly <b>2 - NO DOLLY USED</b>			Dolly Plate:	State
Phone Number:			Transported to:	
Name			Phone Number	DOB:
Address			Transported to:	
Name			Phone Number	DOB:
Address			Transported to:	
Name			Phone Number	DOB:
Address			Transported to:	
Name			Phone Number	DOB:
Address			Transported to:	



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 <b>03/05/2025</b>	Time of Accident <b>10:53</b> Hrs.	County <b>FRANKLIN - 35</b>	Accident occurred within corporate limits of (city)															
<b>UNIT 2</b>	Driver's Name - Last <b>KLOSS</b>				First <b>JOHN</b>				Middle <b>THOMAS</b>									
	Address <b>13507 FIR TREE LN</b>				City <b>CUMBERLAND</b>				State <b>MD</b>		Zip <b>21502-0000</b>							
	Date of Birth <b>07/04/1975</b>		Driver's License Number <b>MD10273710223</b>		CDL Yes No <input checked="" type="radio"/> <input type="radio"/>		Citation Charge 1			Citation Charge 2								
	Male <input checked="" type="radio"/> Female <input type="radio"/>	State <b>MD</b>	Class <b>A</b>	Endorsements <b>N</b>	Restrictions		Citation Charge 3			Citation Charge 4								
	Alcohol Test Given: <b>1</b>		Test Results:		Drug Test Given: <b>1</b>		Test Result:		Re-exam: Yes No <input type="radio"/> <input checked="" type="radio"/>		Reason for Re-Exam Request:							
	Owner's Name - Last <b>DBA DIAMOND M</b>				First				Middle									
	Address <b>280 FM 1760</b>				City <b>MULESHOE</b>				State <b>TX</b>		Zip <b>79347</b>							
	License Plate No. <b>R743147</b>		State <b>TX</b>	Year <b>2026</b>	VIN: <b>1XP5DB9X75D865293</b>		Color <b>CRM</b>		Year <b>2005</b>	Make <b>PTRB</b>		Model <b>379</b>	Style <b>SEMI TRACTOR</b>					
	Trailer Plate No.		State	Year	VIN:		Tow <b>1</b>	Tow #		Towed To		Approx. Cost to Repair or Replace <b>\$1,000.00</b>						
	Insurance Company Name <b>STATE FARM</b>				Insurance Co. Phone Number <b>(806) 793-2855</b>				Insurance Policy Number <b>3611362</b>									
Initial Travel Direction <b>03</b>		Veh. Act. <b>01</b>	Veh. Config. <b>13</b>	Cargo Body Type <b>02</b>		Veh. Defect <b>01</b>	Point of Initial Impact <b>98</b>		Most Damaged Area <b>98</b>		Extent of Damage <b>2</b>	Total Occ. in Veh. <b>1</b>						
Special Veh. Func. <b>01</b>		Emergency Status <b>01</b>		Bus Use	Driver Condition <b>01</b>	Vision Obscured <b>14</b>		Contributing Circumstances Driver (up to two) <b>88</b>			Driver Distractions <b>02</b>	Speed Limit <b>70</b>						
Traffic Controls <b>98</b>		Horizontal Alignment <b>01</b>		Vertical Alignment <b>01</b>		SEQUENCE OF EVENTS		First Event <b>06</b>	Second Event <b>33</b>	Third Event	Fourth Event	Most Harmful Event <b>33</b>						
<b>COMMERCIAL</b>	Carrier Name/Lessee <b>DBA DIAMOND M</b>																	
	Street Address <b>280 FM 1760</b>				City <b>MULESHOE</b>				State <b>TX</b>		Zip Code <b>79347</b>							
	Number of Axles <b>5</b>		Gross Vehicle Weight Rating <b>3 - 26,001 LBS OR MORE</b>				US DOT Number <b>736291</b>		MC Number		Underride/Override <b>1 - NONE</b>							
	Haz Mat Involvement <b>02 - NO</b>		Haz Mat Placard		Placard Number	Haz. Mat Released		Haz Mat Class		Haz Mat Name								
	Trailer Plate: <b>5151393</b>		State <b>ME</b>	Year <b>2025</b>	VIN <b>527SR532XPM033267</b>				Sex <input checked="" type="radio"/> <input type="radio"/>	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Ejection Path	Trapped/extracted	Source of Transport	Died at scene/enroute
	Trailer Plate:		State	Year	VIN													
	Converter Dolly <b>2 - NO DOLLY USED</b>		Dolly Plate:		State	Plate Year	VIN											
<b>PERSONS INVOLVED</b>	DRIVER OF UNIT 2				Phone Number:				5 03 03 2 01 1 01 01									
	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**

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 <b>03/05/2025</b>		Time of Accident <b>10:53</b> Hrs.		County <b>FRANKLIN - 35</b>		Accident occurred within corporate limits of (city)										
<b>UNIT 3</b>	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	Female	State	Class	Endorsements	Restrictions	Yes	No	Citation Charge 3				Citation Charge 4			
	<input type="radio"/>	<input type="radio"/>					<input type="radio"/>	<input type="radio"/>								
Alcohol Test Given:		Test Results:		Drug Test Given:		Test Result:		Re-exam: Yes		No		Reason for Re-Exam Request:				
<b>COMMERCIAL</b>	Owner's Name - Last <b>STATE OF IOWA/DPS</b>					First					Middle					
	Address <b>215 E 7TH ST</b>					City <b>DES MOINES</b>					State <b>IA</b>		Zip <b>50319</b>			
	License Plate No. <b>102</b>		State <b>IA</b>	Year <b>2025</b>	VIN: <b>2C3CDXKG2MH644688</b>			Color <b>GRY</b>		Year <b>2021</b>	Make <b>DODG</b>		Model <b>CHARGER</b>	Style <b>4D</b>		
	Trailer Plate No.		State	Year	VIN:			Tow <b>3</b>	Tow #		Towed To <b>NORTH IOWA COLLISIO</b>		Approx. Cost to Repair or Replace <b>\$15,000.00</b>			
	Insurance Company Name <b>STATE OF IOWA/DPS</b>					Insurance Co. Phone Number <b>(641) 424-3625</b>			Insurance Policy Number							
	Initial Travel Direction <b>03</b>		Veh. Act. <b>12</b>	Veh. Config. <b>01</b>	Cargo Body Type <b>01</b>		Veh. Defect <b>01</b>	Point of Initial Impact <b>05</b>		Most Damaged Area <b>05</b>		Extent of Damage <b>4</b>		Total Occ. in Veh. <b>1</b>		
	Special Veh. Func. <b>02</b>		Emergency Status <b>02</b>		Bus Use	Driver Condition <b>01</b>		Vision Obscured <b>01</b>		Contributing Circumstances Driver (up to two) <b>88</b>			Driver Distractions <b>02</b>		Speed Limit <b>70</b>	
	Traffic Controls <b>98</b>		Horizontal Alignment <b>01</b>		Vertical Alignment <b>01</b>		SEQUENCE OF EVENTS		First Event <b>33</b>		Second Event		Third Event		Fourth Event <b>33</b>	
	Carrier Name/Lessee															
	Street Address					City					State		Zip Code			
Number of Axles		Gross Vehicle Weight Rating				US DOT Number			MC Number		Underride/Override <b>1 - NONE</b>					
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	Trapped/extricated	Source of Transport	Died at scene/enroute
Trailer Plate:		State	Year	VIN												
Converter Dolly		Dolly Plate:		State	Plate Year	VIN										
<b>PERSONS INVOLVED</b>	<b>DRIVER OF UNIT 3</b>					Phone Number:										
						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:					



# **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:

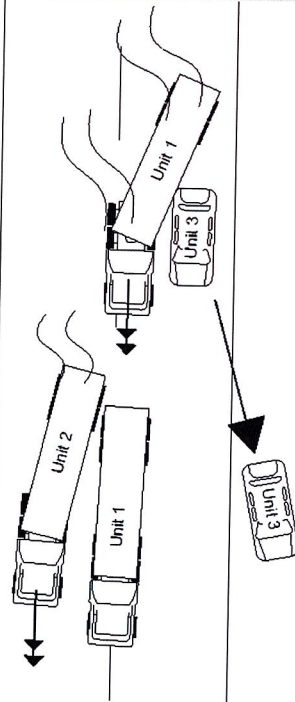
**2025005680**

<b>L O C A T I O N</b>	Date of Accident <b>03/05/2025</b>	Time of Accident <b>10:53</b> Hrs.	County <b>FRANKLIN - 35</b>	Accident occurred within corporate limits of (city)		Legal Intervention? <input type="checkbox"/> Private Property? <input type="checkbox"/>	
	Literal Description <b>I 35 S / 160MM SB</b>				County: <b>35</b>		Route:
	If accident occurred outside of city limits show general vicinity <div style="display: flex; justify-content: space-around;"> <span>N</span><span>NE</span><span>E</span><span>SE</span><span>S</span><span>SW</span><span>W</span><span>NW</span> </div> <div style="display: flex; justify-content: space-around;"> <input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/> </div> of nearest city				X Coordinate: <b>462979.562</b>		
	On Road, Street or Highway:				At Intersection with:		Y Coordinate: <b>4725393.5</b>
	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
<div style="display: flex; justify-content: space-around;"> <span>N</span><span>NE</span><span>E</span><span>SE</span><span>S</span><span>SW</span><span>W</span><span>NW</span> </div> <div style="display: flex; justify-content: space-around;"> <input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/> </div> and <div style="display: flex; justify-content: space-around;"> <span>N</span><span>NE</span><span>E</span><span>SE</span><span>S</span><span>SW</span><span>W</span><span>NW</span> </div> <div style="display: flex; justify-content: space-around;"> <input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/> </div>						<div style="display: flex; justify-content: space-around;"> <span>NB</span><span>SB</span><span>EB</span><span>WB</span> </div> <div style="display: flex; justify-content: space-around;"> <input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/> </div>	
Milepost Number		Definable intersection, bridge, or railroad crossing					
<b>ACCIDENT ENVIRONMENT</b>				<b>ROADWAY CHARACTERISTICS</b>			
Location of First Harmful Event <b>02</b>		Weather Conditions (up to two)		Major Contributing Circumstances Environment <b>02</b>			
Manner of Crash/Collision <b>03</b>		<b>07,08</b>		Roadway <b>02</b>			
Light Conditions <b>1</b>		Surface Conditions <b>04</b>		Type of Roadway Junction/Feature <b>01</b>			
FRA No.							
First Harmful Event (Crash) <b>33</b>		WORKZONE RELATED? <input type="radio"/> Yes <input checked="" type="radio"/> No		Activity		Location	
				Type		Workers Present	
Name <b>001</b>		Phone Number		DOB:			
Address:				Alcohol Test Given		Test Results:	
Transported to:				Drug Test Given		Result	
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Name		Phone Number		DOB:			

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

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

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

## Estimate

### RO Number:

Customer:	Insurance:	Adjuster:	Estimator:
SOI 102		Phone:	Joe Singleton
		Claim:	Create Date: 3/10/2025
		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		<b>FRONT BUMPER &amp; GRILLE</b>						
2	E01	Remove/Install	R&I bumper cover				1.9	Body	
3	E01		<b>FRONT LAMPS</b>						
4	E01	Remove/Install	RT Headlamp assy halogen				0.4	Body	
5	E01		<b>FENDER</b>						
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		<b>PILLARS, ROCKER &amp; FLOOR</b>						
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		<b>FRONT DOOR</b>						
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		<b>QUARTER PANEL</b>						
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		<b>TRUNK LID</b>						

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		<b>REAR LAMPS</b>						
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		<b>REAR BUMPER</b>						
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
<b>Subtotal</b>					<b>13,894.00</b>
Sales Tax					0.00
<b>Grand Total</b>					<b>13,894.00</b>
<b>Net Total</b>					<b>13,894.00</b>

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:



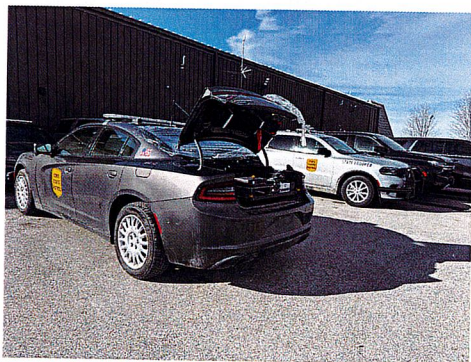
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Comments:



3/10/2025

Comments:



3/10/2025

Comments:



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**

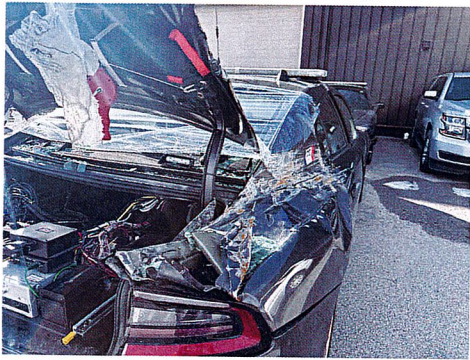
Owner:	SOI 102	Insurance:		Estimator:	Joe Singleton	Vehicle Out:
RO Number:		Claim Number:				
Year:	2021	Color:		License Plate:		Production Date:
Make:	DODG	Body Style:	4D SED	State:	IA	Mileage In:
Model:	Charger Police AW...	Engine:	6-3.6L Gasoline S...	VIN:	2C3CDXKG2MH644688	Condition:



3/10/2025  
Comments:



3/10/2025  
Comments:



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Comments:



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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:



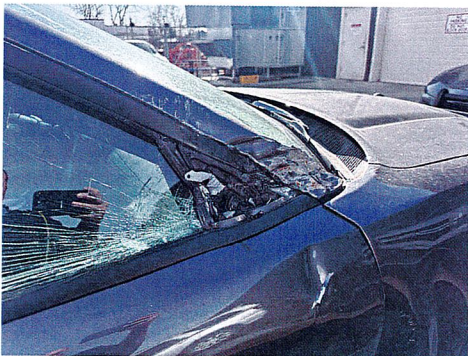
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Comments:



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