

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

September 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 today's date, approved Department of Administrative Services request for an emergency allocation in the amount of \$5,604.98, subject to audit of actual invoices. On August 1, 2024, Vehicle #1038 was damaged by a deer. Request was to cover repair costs.

EXECUTIVE COUNCIL OF IOWA

Victoria Newton

Victoria Newton
Acting 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 # 3884
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

August 21, 2024

Kristi Onstot
Executive Council
L O C A L

Subject: Deer Damage to Vehicle #1038 on August 1, 2024
Department of Administrative Services
Claim dated August 2, 2024
AOS Claim ID: 3884

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 \$5,604.98, 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



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

Date: August 2, 2024

To: Tammy Hollingsworth, Auditor of State
Victoria Newton, Treasurer of State
Executive Council

From: Karl Bubser, Fleet Administrator
DAS Fleet Services
Department of Administrative Services

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

Vehicle / Event	#1038 Animal
Event Date	August 1, 2024
Summary	Vehicle 1038 struck a deer. (286597)
Amount Requested	\$5,604.98 - 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,

A handwritten signature in black ink, appearing to read "K. Bubser".

Karl Bubser, Fleet Administrator
DAS Fleet Services
Karl.Bubser@iowa.gov
515-281-3162

Vehicle Accident Report

Time and location of accident

Accident Date (Mo/Day/Year)	Time	No. of Vehicles
08/01/2024	08:20 AM	1
County	State	
Sioux - 84	Iowa	

Vehicle 1 (State vehicle)

Driver's Name		Work Street Address	
Jeffrey L. Verzal		502 E 9th St.	
Driver's License No./State		City, State, Zip	
523XX1068		Des Moines, Iowa 50319	
Date of Birth	Department	Work Phone	Home Phone
09/16/1975	IDALS Fred a Fert	515 249 3192	N/A
License Plate No.	VIN	Year, Make, Model	
1038	2G1WF5E38D1138738	2013, Chevy, Impala LS	
Estimate (\$) of Damage		Description of Damage	
\$15,200.00		Hood, driver side front quarter panel and door	

Vehicle 2 (other vehicle) if more than two vehicles-use additional forms

Driver's Name		Street Address	
N/A			
Driver's License No./State		City, State, Zip	
Date of Birth	Work Phone	Home Phone	License Plate No.
Description of Damage			
N/A			

Property Damage other than vehicle (fence, utility pole, etc)	
Owner's Name, Address and Phone	Description of Property Damaged
N/A	N/A
Injured Persons (attach additional sheets if necessary)	
Vehicle No. 1/ Name and Address	Describe Injuries
N/A	N/A
Vehicle No. 2/ Name and Address	Describe Injuries
N/A	N/A
Witness	
Name	Address/Phone
None	
Name	Address/Phone

Accident Diagram

Complete diagram below, include a description of what happened.
 Use the outline below to sketch the scene of your accident,
 writing in street or highway names or numbers.
 Use number 1 to indicate the State vehicle.

450th St

Driving Eastbound on 450th Street,
 when a deer entered roadway
 from North ditch,
 Unit struck deer. No
 injuries were reported.

Accident Information Exchange Sheet

Other Vehicle Information

Driver's Name	N/A
Street Address	
Driver Phone	
Driver's License No./State	
Vehicle Plate No.	
Vehicle year, make, model	
VIN	
Insurance Company Name	
Policy No.	
Agent name	
Agent phone	
Owner's Name/Address (if different)	

Submit this information along with the accident report to DAS Fleet Service within 72 hours of the accident.

Complete the next section, tear at the dotted line and give to the other party involved.

State Vehicle Insurance Information

Driver's Name	
Driver's License No./State	
Vehicle Plate No.	
Vehicle year, make, model	
VIN	

The State of Iowa is self-insured.
 If you have any questions regarding an accident, please contact
 DAS Fleet Services at 515-281-3162 or DAS.Risk@iowa.gov

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

Form 4433003 (11-13)

Form Number:
24-11627

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

Date of Accident 08/01/2024		Time of Accident 08:20 Hrs.		County SIOUX - 84		Accident occurred within corporate limits of (city)										
UNIT 1	Driver's Name - Last VERZAL					First JEFFREY			Middle LEONARD							
	Address 25133 HIGHWAY 12					City WESTFIELD			State IA	Zip 51062						
	Date of Birth 09/16/1975		Driver's License Number 523XX1068		CDL	Citation Charge 1			Citation Charge 2							
	Male <input checked="" type="radio"/>	Female <input type="radio"/>	State IA	Class C	Endorsements L	Restrictions B	Yes <input type="radio"/>	No <input checked="" type="radio"/>	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					First			Middle							
	Address 109 SE 13TH STREET					City DES MOINES			State IA	Zip 50319						
	License Plate No. 1038	State IA	Year 2024	VIN: 2G1WF5E38D1138736			Color SIL	Year 2013	Make CHEV	Model IMPALA LS	Style 4D					
	Trailer Plate No.	State	Year	VIN:			Tow 2	Tow #	Towed To		Approx. Cost to Repair or Replace \$4,500.00					
	Insurance Company Name STATE OF IOWA					Insurance Co. Phone Number			Insurance Policy Number							
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 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						
	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/Extincted	Source of Transport	Displacement/Route
	Trailer Plate:	State	Year	VIN												
	Converter Dolly	Dolly Plate:		State	Plate Year	VIN										
	DRIVER OF UNIT 1					Phone Number: (515) 249-3142			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:								
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:							
	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: 24-11627

LOCATIONS: Date of Accident 08/01/2024, Time of Accident 08:20 Hrs., County SIOUX - 84, Accident occurred within corporate limits of (city) SIOUX - 84, Legal Intervention? [], Private Property? [], Literal Description 1700-MILE 450TH STREET, County: 84, Route: 84, X Coordinate: 218295.109, Y Coordinate: 4766252, 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.

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

NONMOTORISTS: First Harmful Event (Crash) 31, WORKZONE RELATED? [], Yes [], No [], Activity, Location, Type, Workers Present, 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.

PROPERTY DAMAGE: 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 (repeated for multiple witnesses).

Secondary Crash: Is This a Secondary Crash? Y [] N [X], Type of Primary Incident, Roadway Clearance Date 08/01/2024, Incident Clearance Date 08/01/2024, Signature of Officer DEPUTY JAKE HARMELINK, Badge Number 84-9, Time Officer Notified of Accident 08:27 Hrs., Roadway Clearance Time 09:10 Hrs., Incident Clearance Time 09:10 Hrs., Name of Agency SIOUX COUNTY SHERIFF'S OFFICE, Date of Report 08/01/2024, Time Officer Arrived At Scene 08:51 Hrs., Total Roadway Clearance Time 000:43, Total Incident Clearance Time 000:43, Report Reviewed By, Date of Review, Investigation made at scene? Y [X] N [], T.I. No., Other Technical Investigating Agency.

INVESTIGATING OFFICER'S REPORT
OF MOTOR VEHICLE ACCIDENT

Form 4433003 (11-13)

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

Form Number: 24-11627

D
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A
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M



DRAWING NOT TO SCALE

450TH STREET

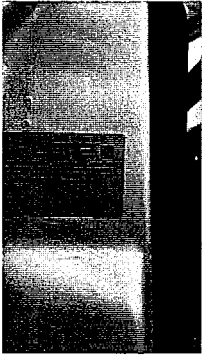


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UNIT ONE WAS EASTBOUND ON 450TH STREET, WHEN A DEER ENTERED THE ROADWAY FROM THE NORTH DITCH. UNIT ONE STRUCK THE DEER. NO INJURIES WERE REPORTED.

Image Report

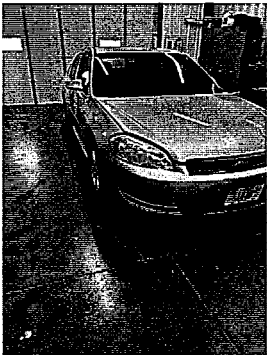
Owner:	Department Of	Insurance:		Estimator:	Aaron Huizenga	Vehicle Out:	
Job Number:		Claim Number:					
Year:	2013	Color:	Silver	License Plate:	1038	Production Date:	8/2012
Make:	CHEV	Body Style:	4D SED	State:	IA	Mileage In:	125,873
Model:	Impala LS (Fleet)	Engine:	6-3.6L Gasoline ...	VIN:	2G1WF5E38D1138736	Condition:	Good



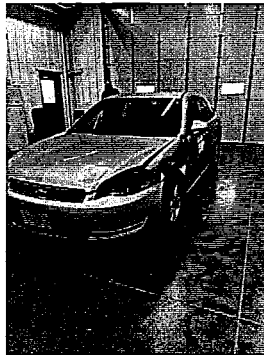
8/1/2024
Comments:



8/1/2024
Comments:



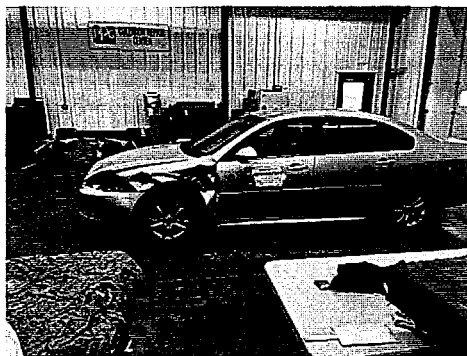
8/1/2024
Comments:



8/1/2024
Comments:



8/1/2024
Comments:



8/1/2024
Comments:

C & H BODY REPAIR, INC.
707 LINCOLN AVE SE, ORANGE CITY, IA 51041
Phone: (712) 737-4095, Fax: (712) 737-3739

Image Report

Owner:	Department Of	Insurance:		Estimator:	Aaron Huizenga	Vehicle Out:	
Job Number:		Claim Number:					
Year:	2013	Color:	Silver	License Plate:	1038	Production Date:	8/2012
Make:	CHEV	Body Style:	4D SED	State:	IA	Mileage In:	125,873
Model:	Impala LS (Fleet)	Engine:	6-3.6L Gasoline ...	VIN:	2G1WF5E38D1138736	Condition:	Good



8/1/2024
 Comments:



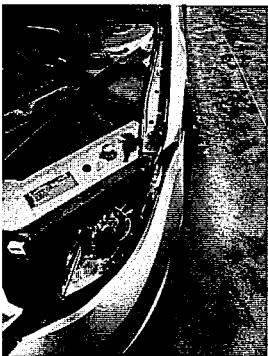
8/1/2024
 Comments:



8/1/2024
 Comments:



8/1/2024
 Comments:



8/1/2024
 Comments:

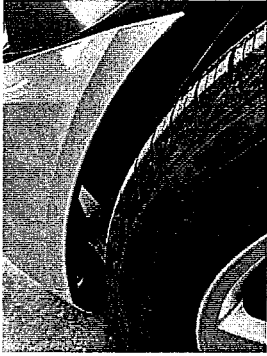


8/1/2024
 Comments:

C & H BODY REPAIR, INC.
707 LINCOLN AVE SE, ORANGE CITY, IA 51041
Phone: (712) 737-4095, Fax: (712) 737-3739

Image Report

Owner:	Department Of	Insurance:	Estimator:	Aaron Huizenga	Vehicle Out:		
Job Number:		Claim Number:					
Year:	2013	Color:	Silver	License Plate:	1038	Production Date:	8/2012
Make:	CHEV	Body Style:	4D SED	State:	IA	Mileage In:	125,873
Model:	Impala LS (Fleet)	Engine:	6-3.6L Gasoline ...	VIN:	2G1WF5E38D1138736	Condition:	Good



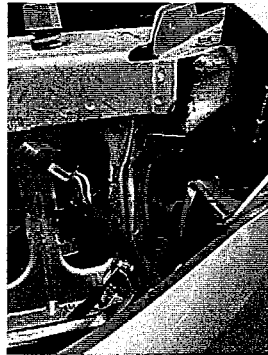
8/1/2024
Comments:



8/1/2024
Comments:



8/1/2024
Comments:



8/1/2024
Comments:



C & H BODY REPAIR, INC.

"Serving Orange City and surrounding areas since 1974"
707 LINCOLN AVE SE, ORANGE CITY, IA 51041
Phone: (712) 737-4095
FAX: (712) 737-3739

Workfile ID: 0218a342
PartsShare: 857SJD
Federal ID: 201301995
State ID: 1-84-009290
Federal EPA: 20 1301995

Preliminary Estimate

Customer: Department Of Agriculture

Job Number:

Written By: Aaron Huizenga

Insured: Department Of Agriculture
Type of Loss:
Point of Impact: 11 Left Front

Policy #:
Date of Loss:

Claim #:
Days to Repair: 0

Owner:
Department Of Agriculture
(515) 249-3192 Business

Inspection Location:
C & H BODY REPAIR, INC.
707 LINCOLN AVE SE
ORANGE CITY, IA 51041
Repair Facility
(712) 737-4095 Business

Insurance Company:

VEHICLE

2013 CHEV Impala LS (Fleet) 4D SED 6-3.6L Gasoline Direct Injection Silver

VIN: 2G1WF5E38D1138736
License: 1038
State: IA

Interior Color:
Exterior Color: Silver
Production Date: 8/2012

Mileage In: 125,873
Mileage Out:
Condition: Good
Job #:

TRANSMISSION

Automatic Transmission
Overdrive

POWER

Power Steering
Power Brakes
Power Windows
Power Locks
Power Mirrors
Power Driver Seat

DECOR

Dual Mirrors

Body Side Moldings

Tinted Glass
Console/Storage
Wood Interior Trim

CONVENIENCE

Air Conditioning
Intermittent Wipers
Tilt Wheel
Cruise Control
Rear Defogger
Keyless Entry
Message Center

RADIO

AM Radio
FM Radio
Stereo
Search/Seek
CD Player

SAFETY

Drivers Side Air Bag
Passenger Air Bag
Anti-Lock Brakes (4)
4 Wheel Disc Brakes
Front Side Impact Air Bags

Head/Curtain Air Bags

SEATS

Cloth Seats
Bucket Seats

WHEELS

Aluminum/Alloy Wheels

PAINT

Clear Coat Paint

OTHER

Traction Control
Stability Control
Power Trunk/Liftgate

Preliminary Estimate

Customer: Department Of Agriculture

Job Number:

2013 CHEV Impala LS (Fleet) 4D SED 6-3.6L Gasoline Direct Injection Silver

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1	#	Pre & Post Repair Scan		1	119.95	1.0 M	
2	FRONT BUMPER & GRILLE						
3		O/H front bumper				2.4	
4	**	Repl A/M CAPA Bumper cover w/o fog lamps	89025047	1	273.00	Incl.	3.0
5		Add for Clear Coat					1.2
6	FRONT LAMPS						
7	*	Repl USED LT Headlamp assy +30%	25958359	1	<u>162.50</u>	<u>0.3</u>	
8		Aim headlamps				0.5	
9	#	Subl Wire end		1	X		
		Note: Supplement with invoice					
10	HOOD						
11	*	Repl USED Hood +30%	89023526	1	<u>422.50</u>	<u>1.5</u>	<u>3.2</u>
12		Add for Clear Coat					1.3
13		Add for Underside(Complete)					1.6
14		Add for Clear Coat					0.3
15	FENDER						
16	**	Repl A/M CAPA LT Fender	89023525	1	368.00	2.4	2.2
17		Overlap Major Adj. Panel					-0.4
18		Add for Clear Coat					0.4
19		Repl LT Fender liner	10333703	1	97.23	Incl.	
20	FRONT DOOR						
21		R&I LT Belt w/strip				Incl.	
22	*	Repl USED LT Door shell +30%	19178063	1	<u>325.00</u>	<u>5.1</u>	<u>3.0</u>
23		Overlap Major Adj. Panel					-0.4
24		Add for Clear Coat					0.5
25	*	R&I LT Body side mldg				<u>0.3</u>	
26		R&I LT Mirror assy w/o defogger smooth				Incl.	
27	REAR DOOR						
28	*	Blnd LT Door shell					<u>1.8</u>
29	*	R&I LT Body side mldg				<u>0.2</u>	
30		R&I LT Belt w/strip				0.3	
31		R&I LT R&I trim panel				0.4	
32	**	Repl A/M Clean & Retape Mldg		1			
33		R&I LT Handle, outside w/o chrome				0.3	
34	#	Rpr Cleanup used parts				2.5	
35	#	Hazardous Waste Disposal		1	3.00		
36	#	Color sand and buff		1		0.5	
37	#	Flex additive		1	5.00		
38	**	Repl A/M Clean & Retape Mldg		1	25.00	1.0	
39	#	Towing		1	275.00		
		Note: Hawarden to Orange City					

Preliminary Estimate

Customer: Department Of Agriculture

Job Number:

2013 CHEV Impala LS (Fleet) 4D SED 6-3.6L Gasoline Direct Injection Silver

SUBTOTALS	2,076.18	18.7	17.7
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ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			2,076.18
Body Labor	17.7 hrs @	\$ 71.00 /hr	1,256.70
Paint Labor	17.7 hrs @	\$ 123.00 /hr	2,177.10
Mechanical Labor	1.0 hrs @	\$ 95.00 /hr	95.00
Subtotal			5,604.98
Grand Total			5,604.98
Deductible			0.00
CUSTOMER PAY			0.00
INSURANCE PAY			5,604.98

MyPricelink Estimate ID / Quote ID:

1248384166601433088 / 138620833

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF AFTERMARKET CRASH PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. ANY WARRANTIES APPLICABLE TO THESE REPLACEMENT PARTS ARE PROVIDED BY THE MANUFACTURER OR DISTRIBUTOR OF THESE PARTS RATHER THAN THE MANUFACTURER OF YOUR VEHICLE.

Preliminary Estimate

Customer: Department Of Agriculture

Job Number:

2013 CHEV Impala LS (Fleet) 4D SED 6-3.6L Gasoline Direct Injection Silver

Estimate based on MOTOR CRASH ESTIMATING GUIDE and potentially other third party sources of data. Unless otherwise noted, (a) all items are derived from the Guide DR1CB06, CCC Data Date 07/17/2024, and potentially other third party sources of data; and (b) the parts presented are OEM-parts. OEM parts are manufactured by or for the vehicle's Original Equipment Manufacturer (OEM) according to OEM's specifications for U.S. distribution. OEM parts are available at OE/Vehicle dealerships or the specified supplier. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships with discounted pricing. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor data provided by third party sources of data may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. The symbol (<>) indicates the refinish operation WILL NOT be performed as a separate procedure from the other panels in the estimate. Non-Original Equipment Manufacturer aftermarket parts are described as Non OEM, A/M or NAGS. Used parts are described as LKQ, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries.

Some 2024 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The CCC ONE estimator has a list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

The following is a list of additional abbreviations or symbols that may be used to describe work to be done or parts to be repaired or replaced:

SYMBOLS FOLLOWING PART PRICE:

m=MOTOR Mechanical component. s=MOTOR Structural component. T=Miscellaneous Taxed charge category. X=Miscellaneous Non-Taxed charge category.

SYMBOLS FOLLOWING LABOR:

D=Diagnostic labor category. E=Electrical labor category. F=Frame labor category. G=Glass labor category. M=Mechanical labor category. S=Structural labor category. (numbers) 1 through 4=User Defined Labor Categories.

OTHER SYMBOLS AND ABBREVIATIONS:

Adj.=Adjacent. Algn.=Align. ALU=Aluminum. A/M=Aftermarket part. Blnd=Blend. BOR=Boron steel. CAPA=Certified Automotive Parts Association. D&R=Disconnect and Reconnect. HSS=High Strength Steel. HYD=Hydroformed Steel. Incl.=Included. LKQ=Like Kind and Quality. LT=Left. MAG=Magnesium. Non-Adj.=Non Adjacent. NSF=NSF International Certified Part. O/H=Overhaul. Qty=Quantity. Refn=Refinish. Repl=Replace. R&I=Remove and Install. R&R=Remove and Replace. Rpr=Repair. RT=Right. SAS=Sandwiched Steel. Sect=Section. Subl=Sublet. UHS=Ultra High Strength Steel. N=Note(s) associated with the estimate line.

CCC ONE Estimating - A product of CCC Intelligent Services Inc.

The following is a list of abbreviations that may be used in CCC ONE Estimating that are not part of the MOTOR CRASH ESTIMATING GUIDE:

BAR=Bureau of Automotive Repair. EPA=Environmental Protection Agency. NHTSA= National Highway Transportation and Safety Administration. PDR=Paintless Dent Repair. VIN=Vehicle Identification Number.

Preliminary Estimate

Customer: Department Of Agriculture

Job Number:

2013 CHEV Impala LS (Fleet) 4D SED 6-3.6L Gasoline Direct Injection Silver

PARTS SUPPLIER LIST

Line	Supplier	Description	Price
4	Auto Body Specialties.Inc-Sioux Falls 4710 N. WESTPORT AVENUE SIOUX FALLS SD 57107 (605) 336-1606 (800) 658-3571	#GM1000763PP A/M CAPA Bumper cover w/o fog lamps	\$ 273.00
16	Auto Body Specialties.Inc-Sioux Falls 4710 N. WESTPORT AVENUE SIOUX FALLS SD 57107 (605) 336-1606 (800) 658-3571	#GM1240326PP A/M CAPA LT Fender	\$ 368.00