

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

The Executive Council, in a meeting held on today's date, approved Department of Administrative Services request for a supplemental emergency allocation in the amount of \$373.52. This brings the total allocation to \$5,645.76. On May 28, 2024, Vehicle #478 was damaged by a deer. Request was to cover repair costs.

This represents full and final payment and this allocation will be closed.

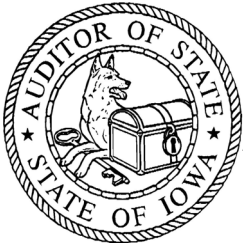
EXECUTIVE COUNCIL OF IOWA

*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 # 3792  
TOS Job # 2642



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 16, 2024

Kristi Onstot  
Executive Council  
L O C A L

Subject: Deer Damage to Vehicle #478 on May 28, 2024  
Department of Administrative Services  
Claim dated June 3, 2024  
AOS Claim ID: 3792

The Department's request included a supplemental allocation request of \$373.52 because additional damages were identified. We recommend Executive Council approval of the supplemental allocation of \$373.52, which increases the allocation to \$5,645.76. In accordance with Executive Council policy, we have examined the invoices and supporting documentation for final payment related to this loss. We have found the items to be in order as shown below:

Documented request			\$	<u>5,645.76</u>
Executive Council allocation (Revised)			\$	5,645.76
Less:				
Previous payments	\$	0.00		
This payment		<u>5,645.76</u>		
Total			\$	<u>5,645.76</u>
Remaining Executive Council allocation			\$	<u>0.00</u>

We recommend that reimbursement be made in the amount of \$5,645.76. This represents full and final payment on this allocation.

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: July 16, 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 #	3792
Vehicle / Event	#478/Animal
Event Date	May 28, 2024
Summary	Vehicle 478 struck a deer. (281699)
Amount Requested	<b>\$5,645.76 - TOTAL</b>

The Department of Administrative Services, Central Procurement Fleet Services Enterprise, has paid all vendors to date. We are seeking an allocation for those funds under 29C20 Contingency Fund – Disaster Aid. Please deposit into the following account: **0665-005-5790-0657**.

If you have any questions or need additional information, please do not hesitate to contact me.

Thank you,

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

# Karl Chevrolet of Stuart

Your Dealer for Life  
324 sw 8th st, Exit 93 and I-80, Stuart, IA 50250  
Phone: (515) 523-8201

Workfile ID: 3f9862ff  
PartsShare: 7XNJcW  
Federal ID: 82-1627153

## Final Bill

### RO Number: 95134

Customer:	Insurance:	Adjuster:	Estimator:
State Of Iowa #478	State Of Iowa	Phone:	Justin Schroeder
2025 Hunt Ave		Claim: APDSOI0281699-00	Create Date: 5/28/2024
		1	
Coucil Bluffs, IA 51503		Loss Date:	
(712) 427-0004		Deductible:	

2023 CHEV Tahoe Commercial 4WD (Fleet) 4D UTV 8-5.3L Gasoline Direct Injection gray

VIN: 1GNSKLED3PR346850	Interior Color: black	Mileage In: 8,480	Vehicle Out: 7/1/2024
License:	Exterior Color: gray	Mileage Out:	
State: IA	Production Date:	Condition:	Job #: 5933

Line	Ver	Operation	Description	Qty	Extended Price \$	Part Type	Labor	Type	Paint
1	E01		<b>FRONT BUMPER &amp; GRILLE</b>						
2	S01	Remove/Install	License Plate Bracket				0.2	Body	
3	E01	Remove/Replace	O/H front bumper				3.4	Body	
4	S01	Remove/Replace	Harness w/o surround view	1	123.07	OEM	0.0	Body	
5	S01	Repair	Drill New bumper for Push Bar				1.0	Body	
6	S01	Remove/Install	Push bar Lights and Harness				1.5	Body	
7	E01	Remove/Install	Push Bar				2.0	Body	
8	E01	Remove/Replace	Bumper cover	1	675.70	OEM	0.0	Body	2.6
9	E01		Add for Clear Coat						1.0
10	E01	Remove/Replace	Add for park sensor				0.4	Body	
11	E01	Remove/Replace	Grille assy	1	622.60	OEM	0.4	Body	
12	S02	Remove/Replace	LT Guide	1	19.32	OEM	0.1	Body	
13	E01		<b>FRONT LAMPS</b>						
14	E01	Remove/Replace	LT Headlamp assy	1	1,049.95	OEM	0.5	Body	
15	E01	Remove/Replace	Aim headlamps				0.5	Body	
16	S01	Remove/Replace	LT Side marker lamp	1	32.72	OEM	0.0	Body	
17	E01		<b>RADIATOR SUPPORT</b>						
18	E01	Remove/Install	Upper baffle				0.0	Body	
19	S01	Repair	Lower Headlamp Bracket				1.0	Body	
20	S02	Remove/Replace	LT Bracket apron/headlamp Chevrolet	1	32.99	OEM	0.3	Body	
21	S01	Repair	LT Lower rail				3.0	Body	0.8
22	E01		<b>HOOD</b>						
23	E01	Blend	Hood						1.6
24	E01		<b>FENDER</b>						
25	S01	Remove/Install	Spotlight Install On New Fender				2.0	Body	
26	E01	Remove/Replace	LT Fender	1	798.63	OEM	2.4	Body	2.2
27	E01		Add for Clear Coat						0.7

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

**Final Bill**

**RO Number: 95134**

2023 CHEV Tahoe Commercial 4WD (Fleet) 4D UTV 8-5.3L Gasoline Direct Injection gray

28	E01		Add for Edging					
29	E01	Remove/Replace	LT Fender liner w/Z71, Police, SSV	1	97.00	A/M	0.0	Body
30	S01		<b>PILLARS, ROCKER &amp; FLOOR</b>					
31	S01	Remove/Install	LT Step bar assy				0.7	Body
32	E01		<b>FRONT DOOR</b>					
33	E01	Blend	LT Door shell w/o body side moldings					1.1
34	E01	Remove/Replace	LT Belt molding chrome	1	59.65	OEM	0.3	Body
35	E01	Remove/Install	LT Upper molding black				0.2	Body
36	E01	Remove/Install	LT Front applique				0.2	Body
37	E01	Remove/Replace	LT Upper molding rivet	3	26.04	OEM		
38	E01	Remove/Install	LT Rear applique				0.2	Body
39	E01	Remove/Install	LT R&I mirror				0.4	Body
40	E01	Remove/Install	LT Handle, outside w/o chrome				0.4	Body
41	E01	Remove/Install	LT R&I trim panel				0.4	Body
42	E01	Remove/Replace	Cover Car	1	10.00	A/M		
43	E01	Sublet	Hazardous waste removal	1	5.00	Other		
44	S02		Pre Repair Scan- Per OEM Guideline UPON INVOICE				0.5	Mech
45	S02		Post Repair Scan- Per OEM Guideline UPON INVOICE				0.5	Mech
46	S02		FREIGHT	1	31.32	Other		
47	S02		FINAL BILL					

<b>Estimate Totals</b>	<b>Discount \$</b>	<b>Markup \$</b>	<b>Rate \$</b>	<b>Total Hours</b>	<b>Total \$</b>
Parts	(417.73)				3,161.26
Labor, Body			63.00	21.5	1,354.50
Labor, Refinish			104.50	10.0	1,045.00
Labor, Mechanical			80.00	1.0	80.00
Miscellaneous					5.00
<b>Subtotal</b>					<b>5,645.76</b>
Sales Tax					0.00
<b>Grand Total</b>					<b>5,645.76</b>
<b>Net Total</b>					<b>5,645.76</b>

<b>Estimate Version</b>	<b>Total \$</b>
Original	4,831.08
Supplement S01	859.45
Supplement S02	(44.77)

Insurance Total \$:	5,645.76
Received from Insurance \$:	0.00
Balance due from Insurance \$:	5,645.76
Customer Total \$:	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

**Final Bill**

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**RO Number: 95134**

2023 CHEV Tahoe Commercial 4WD (Fleet) 4D UTV 8-5.3L Gasoline Direct Injection gray

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

# Warrants

[Edit](#)[Cancel](#)

\* Required fields

## Warrant Information

<b>Fiscal Year</b>	<b>Amount</b>	<b>Warrant Number</b>
2025	\$5,645.76	73146429
<b>Vendor Customer</b>	<b>Line Number</b>	<b>Last Updated</b>
00003112780	1	07/12/2024 08:26 PM

## Issue Information

<b>Issued</b>	<b>Void</b>	<b>Transaction ID</b>
07/12/2024 12:00 AM	No	RISK00525185001
<b>Duplicate</b>	<b>Transaction Line Number</b>	<b>Stop</b>
No	1	No
<b>Line Amount</b>	<b>Comments</b>	
\$1,354.50		

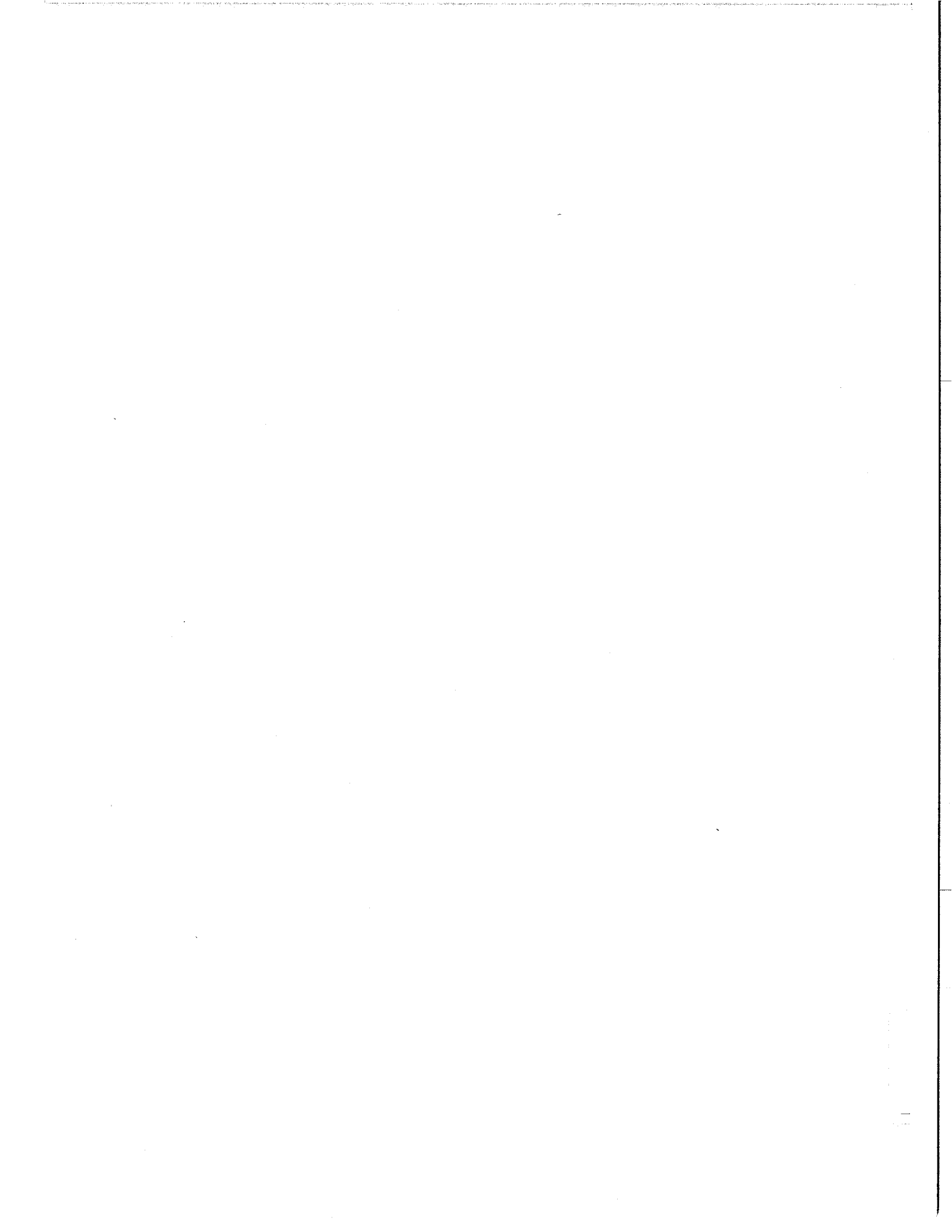
## Redeemed Information

<b>Redeemed</b>	<b>Batch Number</b>	<b>Redeemed Bank</b>
-	-	-
<b>Sequence Number</b>	<b>Redeemed Fund</b>	<b>Redeemed Department</b>
-	-	-

## COA

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

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# Warrants

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\* Required fields

## Warrant Information

<b>Fiscal Year</b> 2025	<b>Amount</b> \$5,645.76	<b>Warrant Number</b> 73146429
<b>Vendor Customer</b> 00003112780	<b>Line Number</b> 2	<b>Last Updated</b> 07/12/2024 08:26 PM

## Issue Information

<b>Issued</b> 07/12/2024 12:00 AM	<b>Void</b> No	<b>Transaction ID</b> RISK00525185001
<b>Duplicate</b> No	<b>Transaction Line Number</b> 2	<b>Stop</b> No
<b>Line Amount</b> \$80.00	<b>Comments</b>	

## Redeemed Information

<b>Redeemed</b> -	<b>Batch Number</b> -	<b>Redeemed Bank</b> -
<b>Sequence Number</b> -	<b>Redeemed Fund</b> -	<b>Redeemed Department</b> -

## COA

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

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# Warrants

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\* Required fields

## Warrant Information

<b>Fiscal Year</b> 2025	<b>Amount</b> \$5,645.76	<b>Warrant Number</b> 73146429
<b>Vendor Customer</b> 00003112780	<b>Line Number</b> 3	<b>Last Updated</b> 07/12/2024 08:26 PM

## Issue Information

<b>Issued</b> 07/12/2024 12:00 AM	<b>Void</b> No	<b>Transaction ID</b> RISK00525185001
<b>Duplicate</b> No	<b>Transaction Line Number</b> 3	<b>Stop</b> No
<b>Line Amount</b> \$1,045.00	<b>Comments</b>	

## Redeemed Information

<b>Redeemed</b> -	<b>Batch Number</b> -	<b>Redeemed Bank</b> -
<b>Sequence Number</b> -	<b>Redeemed Fund</b> -	<b>Redeemed Department</b> -

## COA

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

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# Warrants

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\* Required fields

## Warrant Information

<b>Fiscal Year</b> 2025	<b>Amount</b> \$5,645.76	<b>Warrant Number</b> 73146429
<b>Vendor Customer</b> 00003112780	<b>Line Number</b> 4	<b>Last Updated</b> 07/12/2024 08:26 PM

## Issue Information

<b>Issued</b> 07/12/2024 12:00 AM	<b>Void</b> No	<b>Transaction ID</b> RISK00525185001
<b>Duplicate</b> No	<b>Transaction Line Number</b> 4	<b>Stop</b> No
<b>Line Amount</b> \$3,166.26	<b>Comments</b>	

## Redeemed Information

<b>Redeemed</b> -	<b>Batch Number</b> -	<b>Redeemed Bank</b> -
<b>Sequence Number</b> -	<b>Redeemed Fund</b> -	<b>Redeemed Department</b> -

## COA

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

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

Date: June 3, 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	#478/Animal
Event Date	May 28, 2024
Summary	Vehicle 478 struck a deer. (281699)
Amount Requested	\$5,272.24 - 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 "Karl Bubser".

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



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29C20

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

Tue, May 28, 2024 at 1:54 PM

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

Please accept this email as initial 24 hr notification for AON, vehicle 478 struck a deer on 5/28/24. 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 13<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

## 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, Area Captain & Post #3 Supervisors

- 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 #: 2024012920

Date: <small>(Month/Day/Year)</small>	5/28/2024	Time: <small>(Time plus a.m./p.m.)</small>	2:20 a.m.
Vehicle Plate #:	478	Vehicle Mileage:	8374
Vehicle Description: <small>(Yr/Make/Model/ &amp; Vin#)</small>	2023 Chevrolet Tahoe VIN# 1GNSKLED3PR346850		
Assigned To:	R. Boyd Burn	Badge #	478
Driven By:	R. Boyd Burn	Badge #	478
Driver's Lic #:	994CC9878	Damage:	\$5,272.24
Vehicle Towed: <small>(Yes / No)</small>	No	Towed By:	n/a
Towed To:	n/a	Towing Cost:	\$0
Seat Belt: <small>(Yes / No)</small>	Yes	Type of Vehicle: <small>(Marked/Semi /Unmarked)</small>	Marked
Injured/Injuries:	none		
Occupants: <small>(Other than driver)</small>	0		

### 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)	Yes		

**OTHER INFORMATION:**

Witnesses:			
Accident Location: (Street/Hwy)	HWY 148, 22mm SB		
County:	Taylor		
Weather/Road Conditions:	clear		
Narrative: Vehicle 1 was southbound on HWY 148. A deer entered the roadway into vehicle 1's path. Vehicle 1 struck the deer causing minor damage.			
Property Damage other than Vehicles:	n/a		
Cost:	\$		
Citations Issued To: (List Charge(s) and Statute Code(s))			

Investigating Officer:	Sgt. James Bullington #253
------------------------	----------------------------

**VEHICLE #3:**

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:  
**2024012920**

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

Date of Accident <b>05/28/2024</b>	Time of Accident <b>02:20</b> Hrs.	County <b>TAYLOR - 87</b>	Accident occurred within corporate limits of (city)			
UNIT 1	Driver's Name - Last <b>BURN</b>		First <b>ROBERT</b>		Middle <b>BOYD</b>	
	Address <b>2025 HUNT AVE</b>		City <b>COUNCIL BLUFFS</b>		State   Zip <b>IA   51503</b>	
	Date of Birth <b>02/22/1974</b>	Driver's License Number <b>994CC9878</b>	CDL Yes No <input type="radio"/> <input checked="" type="radio"/>	Citation Charge 1		
	Male <input checked="" type="radio"/> Female <input type="radio"/>	State <b>IA</b>	Class <b>C</b>	Endorsements	Restrictions	Citation Charge 2
	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>STATE OF IOWA</b>		First		Middle	
	Address <b>109 SE 13TH ST</b>		City <b>DES MOINES</b>		State <b>IA</b>	Zip <b>50319</b>
	License Plate No. <b>478</b>	State <b>IA</b>	Year <b>2019</b>	VIN: <b>1GNSKLED3PR346850</b>	Color <b>GRY</b>	Year <b>2023</b>
	Trailer Plate No.	State	Year	VIN:	Make <b>CHEV</b>	Model <b>TAHOE</b>
Insurance Company Name <b>STATE FARM</b>		Insurance Co. Phone Number <b>(515) 725-2243</b>		Insurance Policy Number <b>SELF-INSURED</b>		
Initial Travel Direction	Veh. Act.	Veh. Config. <b>03</b>	Cargo Body Type <b>01</b>	Veh. Defect	Point of Initial Impact	
Most Damaged Area	Extent of Damage	Total Occ. in Veh. <b>1</b>				
Special Veh. Func	Emergency Status	Bus Use	Driver Condition	Contribution Circumstances Driver (up to two) <b>88</b>	Driver Distractions <b>02</b>	
Speed Limit						
Traffic Controls	Horizontal Alignment	Vertical Alignment	SEQUENCE OF EVENTS	First Event	Second Event	
Third Event	Fourth Event	Most Harmful Event				
COMMERCIAL	Carrier Name/Lessee					
	Street Address			City		
	State		Zip Code			
	Number of Axles	Gross Vehicle Weight Rating		US DOT Number	MC Number	
	Underride/Override					
	Haz Mat Involvement	Haz Mat Placard	Placard Number	Haz. Mat Released	Haz Mat Class	
	Haz Mat Name					
	Trailer Plate:	State	Year	VIN		
	Trailer Plate:	State	Year	VIN		
	Converter Dolly	Dolly Plate:	State	Plate Year	VIN	
PERSONNEL INJURED 1	DRIVER OF UNIT 1		Phone Number: <b>(712) 328-8001</b>		Sex	
	Transported to:		Transported by:		Injury Status	
	Name	Phone Number	DOB:		Occupant Protection	
	Address		Transported to:		Airbag Deployment	
	Name	Phone Number	DOB:		Ejection	
	Address		Transported to:		Ejection Path	
	Name	Phone Number	DOB:		Trapped/Extracted	
	Address		Transported to:		Source of Transport	
	Name	Phone Number	DOB:		Special circumstances	
	Address		Transported to:			

### 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:

**2024012920**

L O C A T I O N	Date of Accident <b>05/28/2024</b>	Time of Accident <b>02:20</b> Hrs.	County <b>TAYLOR - 87</b>	Accident occurred within corporate limits of (city)				Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>																																							
	Literal Description <b>HWY 148 22MM SB</b>						County: <b>87</b>	Route:																																								
	If accident occurred outside of city limits show general vicinity						X Coordinate: <b>353530.25</b>																																									
	On Road, Street or Highway:						Y Coordinate: <b>4526101</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																																									
	<table style="width: 100%; text-align: center;"> <tr> <td>N</td><td>NE</td><td>E</td><td>SE</td><td>S</td><td>SW</td><td>W</td><td>NW</td> <td>N</td><td>NE</td><td>E</td><td>SE</td><td>S</td><td>SW</td><td>W</td><td>NW</td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td> <td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td> </tr> </table>						N	NE	E	SE	S	SW	W	NW	N	NE	E	SE	S	SW	W	NW	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<table style="width: 100%; text-align: center;"> <tr> <td>NB</td><td>SB</td><td>EB</td><td>WB</td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td> </tr> </table>			NB	SB	EB	WB	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
N	NE	E	SE	S	SW	W	NW	N	NE	E	SE	S	SW	W	NW																																	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																	
NB	SB	EB	WB																																													
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ACCIDENT ENVIRONMENT				ROADWAY CHARACTERISTICS			
Location of First Harmful Event	Weather Conditions (up to two)			Major Contributing Circumstances Environment			
Manner of Crash/Collision	Surface Conditions			Roadway			
Light Conditions	FRA No.			Type of Roadway Junction/Feature			

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

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

N P R O P E R T Y U L D A M R G	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
	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 <b>05/28/2024</b>	Incident Clearance Date <b>05/28/2024</b>
Signature of Officer <b>SERGEANT J BULLINGTON</b>	Badge Number <b>253</b>	Time Officer Notified of Accident <b>02:20</b> Hrs.	Roadway Clearance Time <b>02:20</b> Hrs.
Name of Agency <b>IOWA STATE PATROL - DIST 03</b>	Date of Report <b>05/28/2024</b>	Time Officer Arrived At Scene <b>02:20</b> Hrs.	Total Roadway Clearance Time <b>000:00</b>
Report Reviewed By <b>J BULLINGTON</b>	Date of Review <b>05/29/2024</b>	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

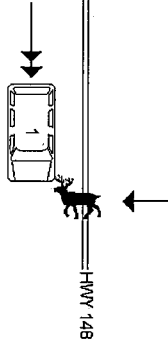
Form 4433003 (11-13)

Law Enforcement Case Number:

2024012920

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

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Vehicle 1 was southbound on Hwy 148. A deer entered the roadway from the east side. Vehicle 1 was unable to avoid the deer resulting in minor damage.



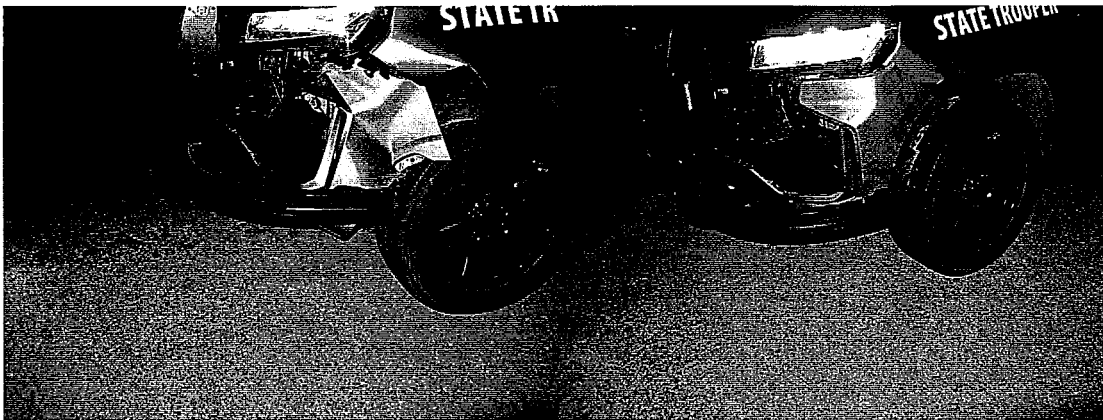
## MEMORANDUM

**TO:** Post 3 Supervisor  
**FROM:** Trooper Burn #478  
**DATE:** 18:54  
**SUBJECT:** Vehicle Damage

On May 28th at approximately 0220, I was traveling southbound on Highway 148 at about the 22 mile marker when a deer ran into the roadway from the east going west and collided with the front driver corner of my patrol vehicle. The collision caused cosmetic damage to the front driver corner of my patrol vehicle. I photographed the damage and have attached the photos to this e-mail. I will adjust my 10-41 time on 5/28 to allow an estimate to be completed at Karl Chevrolet in Stuart.

Patrol vehicle information as follows –

2023 Chevrolet Tahoe VIN – 1GNSKLED3PR346850 Mileage at time of collision – 8374



\*prior to pulling fender out for allow wheel travel

\*after pulling fender out to allow for wheel travel.

**Karl Chevrolet of Stuart**  
Your Dealer for Life  
324 sw 8th st, Exit 93 and I-80, Stuart, IA 50250  
Phone: (515) 523-8201

Workfile ID: 3f9862ff  
PartsShare: 7XNJcW  
Federal ID: 82-1627153

**Preliminary Estimate**

**Customer: State Of Iowa #478**

Written By: Justin Schroeder

Insured: State Of Iowa #478      Policy #:      Claim #:  
Type of Loss:      Date of Loss:      Days to Repair: 0  
Point of Impact:

<b>Owner:</b> State Of Iowa #478 2025 Hunt Ave Council Bluffs, IA 51503 (712) 427-0004 Cell	<b>Inspection Location:</b> Karl Chevrolet of Stuart 324 sw 8th st Exit 93 and I-80 Stuart, IA 50250 Repair Facility (515) 523-8201 Business	<b>Insurance Company:</b> State Of Iowa
---------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------

**VEHICLE**

2023 CHEV Tahoe Commercial 4WD (Fleet) 4D UTV 8-5.3L Gasoline Direct Injection gray

VIN: 1GNSKLED3PR346850	Interior Color: black	Mileage In: 8,480	Vehicle Out:
License:	Exterior Color: gray	Mileage Out:	
State: IA	Production Date:	Condition:	Job #:

**TRANSMISSION**

Automatic Transmission  
4 Wheel Drive

**POWER**

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

**DECOR**

Dual Mirrors  
Privacy Glass  
Console/Storage

**CONVENIENCE**

Air Conditioning  
Intermittent Wipers  
Tilt Wheel  
Cruise Control  
Rear Defogger  
Keyless Entry  
Alarm  
Message Center  
Steering Wheel Touch Controls  
Rear Window Wiper  
Telescopic Wheel  
Climate Control  
Dual Air Condition  
Backup Camera  
Parking Sensors

**RADIO**

AM Radio

FM Radio  
Stereo  
Search/Seek  
Auxiliary Audio Connection

**SAFETY**

Drivers Side Air Bag  
Passenger Air Bag  
Anti-Lock Brakes (4)  
4 Wheel Disc Brakes  
Traction Control  
Stability Control  
Front Side Impact Air Bags  
Head/Curtain Air Bags  
Communications System  
Hands Free Device  
Xenon or L.E.D. Headlamps  
Positraction

Lane Departure Warning

**ROOF**

Luggage/Roof Rack

**SEATS**

Cloth Seats  
3rd Row Seat

**WHEELS**

Aluminum/Alloy Wheels

**PAINT**

Clear Coat Paint

**TRUCK**

Trailer Hitch  
Trailer Package  
Running Boards/Side Steps

**Preliminary Estimate**

**Customer: State Of Iowa #478**

2023 CHEV Tahoe Commercial 4WD (Fleet) 4D UTV 8-5.3L Gasoline Direct Injection gray

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		<b>FRONT BUMPER &amp; GRILLE</b>					
2	#	R&I Push Bar				2.0	
3		O/H front bumper				3.4	
4		Repl Bumper cover	87813939	1	675.70	Incl.	2.6
5		Add for Clear Coat					1.0
6		Add for park sensor				m 0.4	
7		Repl Grille assy	85617308	1	622.60	0.4	
8		Repl LT Support bracket upper outer	84634386	1	17.75		
9		<b>FRONT LAMPS</b>					
10		Repl LT Headlamp assy	85123917	1	1,049.95	0.5	
11		Aim headlamps				0.5	
12		<b>RADIATOR SUPPORT</b>					
13		R&I Upper baffle				Incl.	
14		Repl LT Side baffle	84252892	1	44.70	0.2	
15		Repl LT Support bracket	84762897	1	39.67	0.3	
16		Repl LT Lower bracket	84868125	1	14.42	0.2	
17		<b>HOOD</b>					
18	*	Blnd Hood					<u>3.2</u>
19		<b>FENDER</b>					
20		Repl LT Fender	84384210	1	798.63	2.4	2.2
21		Add for Clear Coat					0.9
22		Add for Edging					0.5
23		Repl LT Fender liner w/Z71, Police, SSV	84856829	1	123.25	Incl.	
24		Repl LT Extension	84708908	1	38.77		
25		<b>FRONT DOOR</b>					
26	*	Blnd LT Door shell w/o body side moldings					<u>2.1</u>
27		Repl LT Belt molding chrome	84844387	1	59.65	0.3	
28		R&I LT Upper molding black				0.2	
29		R&I LT Front applique				0.2	
30		Repl LT Upper molding rivet	9132667	3	26.04		
31		R&I LT Rear applique				0.2	
32		R&I LT R&I mirror				0.4	
33		R&I LT Handle, outside w/o chrome				0.4	
34		R&I LT R&I trim panel				0.4	
35	**	Repl A/M Cover Car		1	10.00		
36	#	Subl Hazardous waste removal		1	5.00 T		
37	#	Pre Repair Scan- Per OEM Guideline		1		0.5 M	
38	#	Post Repair Scan- Per OEM Guideline		1		0.5 M	
<b>SUBTOTALS</b>					<b>3,526.13</b>	<b>13.4</b>	<b>12.5</b>

**Preliminary Estimate**

**Customer: State Of Iowa #478**

2023 CHEV Tahoe Commercial 4WD (Fleet) 4D UTV 8-5.3L Gasoline Direct Injection gray

**ESTIMATE TOTALS**

<b>Category</b>	<b>Basis</b>	<b>Rate</b>	<b>Cost \$</b>
Parts			3,521.13
Parts Discount	\$ 3,511.13	-12.0 %	-421.34
Body Labor	12.4 hrs @	\$ 63.00 /hr	781.20
Paint Labor	12.5 hrs @	\$ 104.50 /hr	1,306.25
Mechanical Labor	1.0 hrs @	\$ 80.00 /hr	80.00
Miscellaneous			5.00
Subtotal			5,272.24
<b>Grand Total</b>			<b>5,272.24</b>
Deductible			0.00
<b>CUSTOMER PAY</b>			<b>0.00</b>
<b>INSURANCE PAY</b>			<b>5,272.24</b>

**MyPriceLink Estimate ID / Quote ID:**

1224846410201964544 / 136788094

THIS IS A PRELIMINARY ESTIMATE. ACTUAL COST TO REPAIR MAY BE DIFFERENT

LIMITED LIFETIME WARRANTY--SEE BODY SHOP PERSONNEL FOR DETAILS

\*\*\*IF AFTERMARKET PARTS (PARTS MADE BY A SOURCE OTHER THAN THE ORIGINAL MANUFACTURER OF THAT PART) ARE USED THEY WILL BE IDENTIFIED BY "QUAL.REPL.PART" IN THE MFG. PART NO. COLUMN

DUE TO MANY UNFORESEEN CIRCUMSTANCES IN THE REPAIRING OF VEHICLES, WE REGRET THAT WE CAN ONLY ESTIMATE, NOT PROMISE, A COMPLETION TIME.

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: State Of Iowa #478

2023 CHEV Tahoe Commercial 4WD (Fleet) 4D UTV 8-5.3L Gasoline Direct Injection gray

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 DR1GC21, CCC Data Date 05/16/2024, 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.



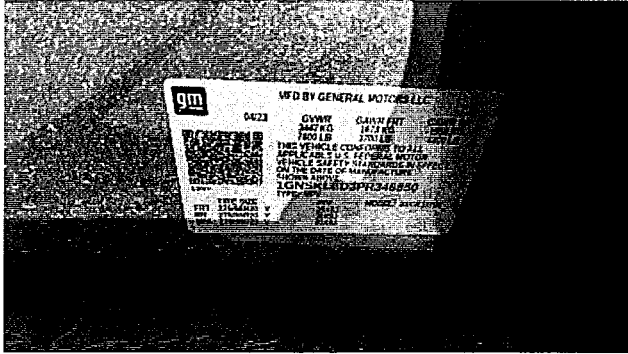
# Karl Chevrolet of Stuart

324 sw 8th st, Exit 93 and I-80, Stuart, IA 50250

Phone: (515) 523-8201

## Image Report

Owner:	State Of Iowa #478	Insurance:	State Of Iowa	Estimator:	Justin Schroeder	Vehicle Out:	
RO Number:		Claim Number:					
Year:	2023	Color:	gray	License Plate:		Production Date:	
Make:	CHEV	Body Style:	4D UTV	State:	IA	Mileage In:	8,480
Model:	Tahoe Commercial...	Engine:	8-5.3L Gasoline ...	VIN:	1GNSKLED3PR346850	Condition:	



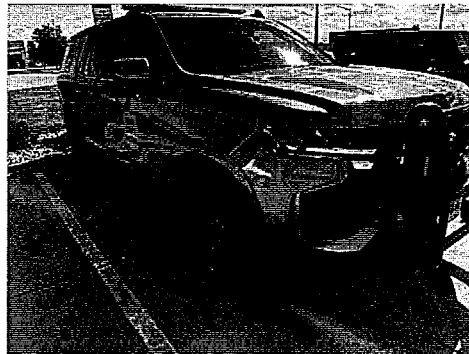
5/28/2024  
Comments:



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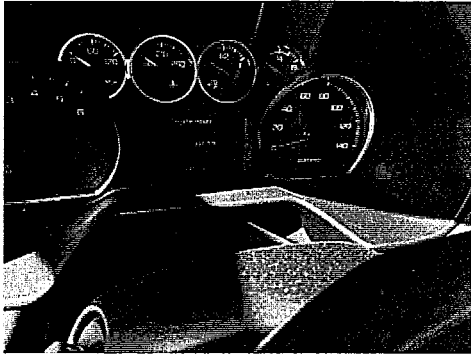
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324 sw 8th st, Exit 93 and I-80, Stuart, IA 50250

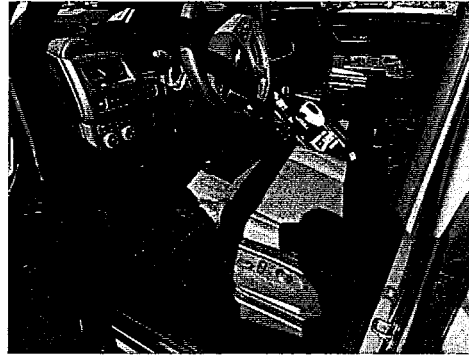
Phone: (515) 523-8201

## Image Report

Owner:	State Of Iowa #478	Insurance:	State Of Iowa	Estimator:	Justin Schroeder	Vehicle Out:
RO Number:		Claim Number:				
Year:	2023	Color:	gray	License Plate:		Production Date:
Make:	CHEV	Body Style:	4D UTV	State:	IA	Mileage In: 8,480
Model:	Tahoe Commercial...	Engine:	8-5.3L Gasoline ...	VIN:	1GNSKLED3PR346850	Condition:



5/28/2024  
Comments:



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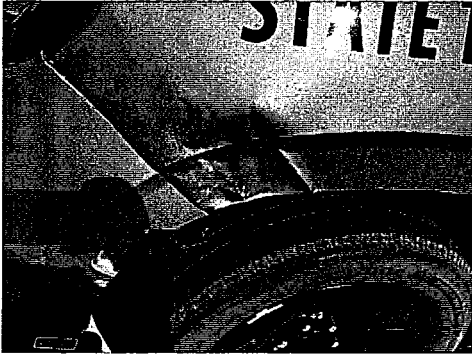
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324 sw 8th st, Exit 93 and I-80, Stuart, IA 50250

Phone: (515) 523-8201

## Image Report

Owner:	State Of Iowa #478	Insurance:	State Of Iowa	Estimator:	Justin Schroeder	Vehicle Out:
RO Number:		Claim Number:				
Year:	2023	Color:	gray	License Plate:		Production Date:
Make:	CHEV	Body Style:	4D UTV	State:	IA	Mileage In: 8,480
Model:	Tahoe Commercial...	Engine:	8-5.3L Gasoline ...	VIN:	1GNSKLED3PR346850	Condition:



5/28/2024  
Comments:



5/28/2024  
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Comments:



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Comments:



5/28/2024  
Comments:

# Karl Chevrolet of Stuart

324 sw 8th st, Exit 93 and I-80, Stuart, IA 50250

Phone: (515) 523-8201

## Image Report

Owner:	State Of Iowa #478	Insurance:	State Of Iowa	Estimator:	Justin Schroeder	Vehicle Out:
RO Number:		Claim Number:				
Year:	2023	Color:	gray	License Plate:		Production Date:
Make:	CHEV	Body Style:	4D UTV	State:	IA	Mileage In: 8,480
Model:	Tahoe Commercial...	Engine:	8-5.3L Gasoline ...	VIN:	1GNSKLED3PR346850	Condition:



5/28/2024  
Comments:



5/28/2024  
Comments: