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
FAX: 515 281-7562

October 5, 2026

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 a supplemental emergency allocation in the amount of $5,022.61, which increases the allocation to $14,564.06. On April 14, 2026, Vehicle #106063 was damaged by hail. Request was to cover repair costs.

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

EXECUTIVE COUNCIL OF IOWA

Kristi Onstot

Kristi Onstot
Executive Secretary

cc: Kyle Wear, DAS Fleet Chief Financial Officer
Ryan Betts, Fleet Services Risk Program Manager
Matt Bender, Department of Management
Heather Hackbarth, Department of Management

AOS Claim # 4324
TOS Job # 3066

OFFICE OF AUDITOR OF STATE
STATE OF IOWA

State Capitol Building
Des Moines, Iowa 50319-0006

Telephone (515) 281-5834
www.auditor.iowa.gov

Rob Sand
Auditor of State

September 23, 2026

Kristi Onstot
Executive Council

Subject: Hail Damage to Vehicle #106063 on April 14, 2026
Department of Administrative Services
Claim dated April 30, 2026
AOS Claim ID: 4324

The Department's request included a supplemental allocation request of $5,022.61 because additional damages were identified. We recommend Executive Council approval of the supplemental allocation of $5,022.61, which increases the allocation to $14,564.06. 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		$ 14,564.06
Executive Council allocation (Revised)		$ 14,564.06
Less:		
Previous payments	$ 0.00	
This payment	14,564.06	
Total		$ 14,564.06
Remaining Executive Council allocation		$ 0.00

We recommend that reimbursement be made in the amount of $14,564.06. This represents full and final payment on this allocation.

Sincerely,

Brian R. Brustkern, CPA
Deputy Auditor of State

cc: Kyle Wear, Fleet Services CFO, Department of Administrative Services
Ryan Betts, Fleet Services Risk Program Manager, Department of Administrative Services

Claim: 337666 as of 09/18/2026

Claim Number	DAS Vehicle Number	State Driver	Vehicle Agency	Loss Date	Status	Total Incurred
337666	106063-B21754	Melissa Schneider		04/14/2026	Open	13,602.06

ADMIN Only Claim Status

Overall Claim Status:	Closed	Total Loss Status:	
Overall Claim Status Date:	09/09/2026	Total Loss Status Date:	
Overall Incident Status:		Restitution Status:	
Overall Incident Status Date:		Restitution Status Date:	
29C20 Status:	Reimbursement Requested	Subrogation Status:	
29C20 Status Date:	09/18/2026	Subrogation Status Date:	
Repair Status:	Closed-Repaired	TORT Status:	
Repair Status Date:	09/09/2026	TORT Status Date:	

ADMIN Only

Notification Date:	07/12/2026 2:22 PM	Potential Tort?	No
Entry User:	System Process	29C20 Claim?	Yes
Historical Claim?	Yes	Subrogation?	No
Group ID:		Restitution?	No
		Total Loss?	No
Accident Type:	Hail	SOI Driver at Fault?	No
Accident Type Description:	Hail		
Object Struck:		Driver's Agency:	221 - Corrections - CBC District I
Object Struck Description:		Driver's Agency Number:	221
Contributing Circumstances:		Driver's Agency Name:	DOC
		Driver's Agency Email:	melissa.schneider@iowa.gov
Accident Description ADMIN:	Hail	Vehicle's Agency:	
		Vehicle's Agency Number:	221
Incident Review Date:		Vehicle's Agency Name:	DOC
	Populating this field will send an alert to the Driver's Agency Fleet contact that an accident has occurred	Vehicle's Agency Email:	melissa.schneider@iowa.gov

Estimate Approvals

Add Estimate

Entry Date	Estimate Type	Initial Estimate Amount	Approved Estimate Amount	Body Shop Name	MA Number	CRS Claim?	
07/13/2026 5:48 PM	Initial Estimate	9,541.45	6,664.45	Witham Auto Centers	21103D	Yes	✖
07/13/2026 5:51 PM	Supplemental Estimat...	6,130.45	6,130.00	Witham Auto Centers	21103D	Yes	✖
07/13/2026 5:52 PM	Supplemental Estimat...	1,194.61	1,194.61	Witham Auto Centers	21103D	Yes	✖
07/13/2026 5:53 PM	Supplemental Estimat...	575.00	575.00	Witham Auto Centers	21103D	Yes	✖
		17,441.51	**14,564.06**				

ADMIN Only Invoicing

Repair Costs

Bodyshop Repair Amount:	14,564.06
Towing Amount:	
Storage Amount:	
Other Amount:	
Final Total:	14,564.06

Triggers creation/email of Payment Request Cover Sheet (REP5)

Bodyshop Payment Date:	09/09/2026
Bodyshop Name:	Witham Auto Centers
Bodyshop MA Number:	21103D
Communication Preference:	Email

ADMIN Only 29C20

Triggers Initial Notification to AOS from the Incident Form!!

Claim Type: Hail

AOS Notification Date:

Triggers Allocation Request to AOS (AON2)

Allocation Request Date: 04/30/2026

Allocation Request Amount: 9,541.45

Triggers 29C20 status update only (AON3)

AOS Recommendation date: 06/01/2026

AOS Claim Number: 4324

Triggers Reimbursement Request to AOS (AON4-Standard or AON5-Total Loss)

Reimbursement Request Date: 09/18/2026

Reimbursement Amount Requested: 14,564.06

Triggers 29C20 Status update only (AON6)

Reimbursement Letter Received Date:

Other Information

29C20 Notes:

ADMIN Only Total Loss

Triggers ACV Request (TL1)

Total Loss NADA Amount:

Total Loss ACV Request Date:

Triggers Vehicle Prep email to DPS or Driver (TL2)

Is equipment teardown needed?

Vehicle Prep Request Date:

Does the Vehicle have a GPS Unit?

Triggers Dispatch to Auction email (TL3)

Has the Inspection Report been completed?

Dispatched to Auction Date:

Current Vehicle Location Name:

Current Vehicle Location Address:

Current Vehicle Location City:

Current Vehicle Location State:

Current Vehicle Location Zipcode:

Current Vehicle Location Phone:

Triggers tasks for any special handling (TL5)

Total Loss ACV Amount: 0.00

Total Loss Salvage Amount:

Total Loss Vehicle Sold Date:

Other Information

Special Instructions:

› Admin Only - Tort Claims

› Admin Only - Restitution

⌄ ADMIN Only Subrogation

Triggers Subrogation Request email to Insurance Company (SUB2)

Subrogation Request Date:

Total Subrogation Demand: 0.00

Subrogation Vehicle Owner:

Subrogation Insurance:

Triggers Subrogation Acceptance email to Insurance Company (SUB3)

Subrogation Acceptance Date:

Subrogee Claim Number:

Accepted Subrogation amount: 0.00

Other Information

Subrogation Notes:

ADMIN Only CRS Info

CRS Claim Created:
CRS Department Name:
CRS Claimants:
CRS Date of Loss:

CRS Claim Created:
CRS Claim Type:
CRS Fee: 0.00
CRS Reviewed:
CRS Review Notes:

Accident Details

Claim Number: 337666
Claimant: Melissa Schneider
Accident Date: 04/14/2026
Accident Time:
Accident Street/Location:
Accident City:
Accident State:
Accident Postal:
Accident County:
Incident Contact Email Address:
DSP Incident?

More than 1 driver involved?
More than 1 vehicle involved?
Accident Description Quick:
Accident Description Full:

Click **Edit Collision Diagram** below to complete an a diagram of the accident.

State Driver Details

Driver's First Name: Melissa
Driver's Last Name: Schneider
Drivers License Number:
Drivers License State:

Driver's DoB:
Driver's Phone Number:

Other Driver Details

Driver 2 First Name:
Driver 2 Last Name:
Driver 2 License Number:
Driver 2 License State:

Driver 2 DoB:
Driver 2 Phone Number:
Driver 2 Email Address:

State Vehicle Details

Vehicle: 1FMUK8DH7SGB21754
DAS Vehicle Number: 106063-B21754
Vehicle License Plate Number (if different than vehicle number)
VIN: 1FMUK8DH7SGB21754
Vehicle Year: 2025
Vehicle Make: FORD
Vehicle Model: EXPLORER
Fund Source:

Tow Required?
Towed by what Company?
Towed to where?
Vehicle Mileage:
Brief Description of Vehicle Damage: Hail

Other Vehicle Details

Vehicle 2 License Plate Number:
Vehicle 2 VIN:
Vehicle 2 Year:
Vehicle 2 Make:
Vehicle 2 Model:
Vehicle 2 Require Tow:

Other Vehicle Insurance Information

Insurance Company Name:
Address:
City:
State:
Zipcode:
Agent's Name:
Agent's Phone:

Vehicle 2 Towed by what Company?

Vehicle 2 Towed to where?

Vehicle 2 Mileage:

Vehicle 2 Description of Damage:

Agent's Email:

Policy #

Conditions

Location Type:

Weather Conditions:

Light Conditions:

Surface Conditions:

Vision Obscured:

Apparent Driver Conditions:

Other Comments from Driver:

Was anyone Injured?

Were you Injured?

Was anyone else injured?

Where there any Witnesses?

Were there any Witnesses?

If yes, were you able to collect their information?

If you weren't able to collect their information, why not?

Witness List

Was any Property Damaged other than the Vehicles listed above?

Was any property damaged:

Attach photos or other incident related documents.

Upload File

File Name	Folder	Document Type	Description	
337666 - 106063 Final Invoice.pdf	Invoices	Invoice - Bodyshop Final		✖
APDSOI0337666-001_QCSReview_SUPP3.pdf	Estimates	Estimate - Supplemental		✖
Payment Request Cover Sheet.pdf	Invoices	Invoice - Payment Cover Sheet	Payment Request Cover Sheet	✖
4324 Allocation Request Letter AOS-Signed.pdf	29C20	29C20 Allocation Letter from AOS		✖
337666 Proof of Payment.png	Proof of Payment	Proof of Payment - Bodyshop		✖
29C20 Reimbursement Request Summary - 2026-07-27.pdf	29C20	29C20 Reimbursement Request Summary		✖

Key Workflow Contacts

Fleet Admin MGR Contact:	Fucaloro, Mariah
Fleet Admin Contact:	Betts, Ryan
Fleet Finance Contact:	Wear, Kyle
Fleet Inbox:	Betts, Ryan
AOS 29C20 Contact:	AOS,
TOS 29C20 Contact:	ExecutiveCouncil@TOS.Iowa.Gov,
DPS Primary Contact:	Adams, Jeannie
Fleet Salvage Dispatch Contact:	Kieffer, Michelle
Fleet MA Contact:	Rudawski, Michael
	DAS, Finance

Finance Invoice Payment

Contact:

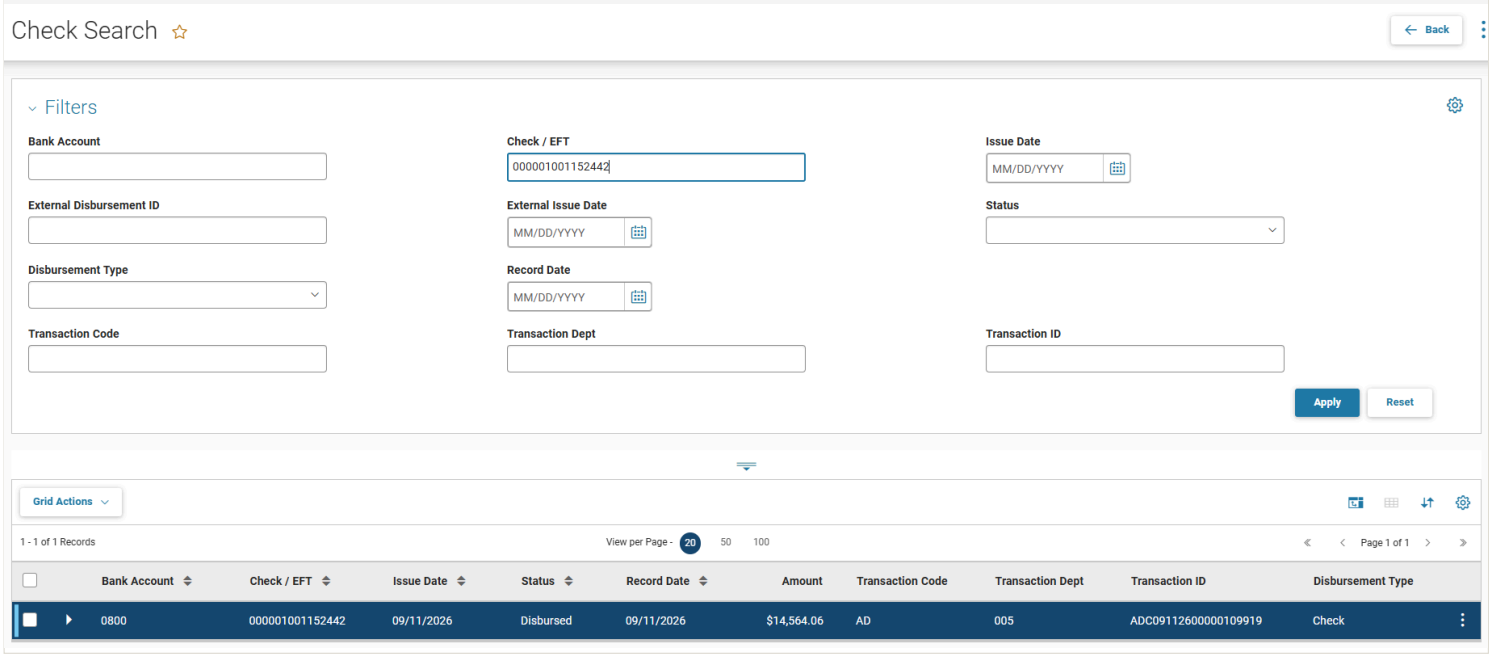
Environment:

Files

File	Description	Folder	Attached By	Attach Date	Size
29C20 Reimbursement Request Summary - 2026-07-27.pdf		29C20	Ryan Betts	09/18/2026	160kb
337666 Proof of Payment.png		Proof of Payment	Ryan Betts	09/18/2026	73kb
4324 Allocation Request Letter AOS-Signed.pdf		29C20	Ryan Betts	09/18/2026	126kb
Payment Request Cover Sheet.pdf	Payment Request Cover Sheet	Invoices	Ryan Betts	09/09/2026	43kb
337666 - 106063 Final Invoice.pdf		Invoices	Ryan Betts	09/09/2026	77kb
APDSOI0337666-001_QCSReview_SUPP3.pdf		Estimates	Ryan Betts	09/09/2026	404kb

Images

337666 Proof of Payment.png



WITHAM COLLISION CENTER

FORD-CHEVROLET-VW-KIA
2033 LAPORTE RD, WATERLOO, IA 50702
Phone: (319) 234-4200

Workfile ID: 5c1d0355
Federal ID: 42-1060951

Final Bill

RO Number: 16024757

Customer:		Insurance:		Adjuster:	
Department of Corrections		QUALITY CLAIMS SOLUTIONS		Phone:	
				Claim:	APDOI0337666-001
				Loss Date:	
(319) 231-7458				Deductible:	

Estimator:	Branden Frederick
Create Date:	4/24/2026

2025 FORD Explorer Active 4WD 4D UTV 4-2.3L Turbocharged Gasoline Gasoline Direct Injection

VIN:	1FMUK8DH7SGB21754	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		**HOOD**						
2	E01	Remove/Install	Insulator				0.3	Body	
3	E01	PDR	Hood NOTE: 31-50 Q	1	425.00	Other			
4	E01		**FENDER**						
5	E01	Remove/Install	RT Fender liner				0.4	Body	
6	E01	Remove/Install	LT Fender liner				0.4	Body	
7	E01	PDR	Right fender NOTE: 6-15 Q	1	175.00	Other			
8	E01	PDR	Left Fender NOTE: 6-15 Q	1	175.00	Other			
9	S02		**WINDSHIELD**						
10	S02	Remove/Replace	Windshield FORD, all	1	827.78	Glass	3.3	Body	
11	S03		CALIBRATION	1	500.00	Other			
12	E01		**ROOF**						
13	E01	Remove/Install	RT Roof molding				0.5	Body	
14	E01	Remove/Install	LT Roof molding				0.5	Body	
15	E01	Remove/Install	RT Roof rail black all				0.5	Body	
16	E01	Remove/Install	LT Roof rail black all				0.5	Body	
17	E01	Remove/Install	R&I headliner				4.1	Body	
18	S01	Repair	Roof panel				4.0	Body	3.8
19	S01		Add for Three Stage						2.7
20	S01	PDR	Roof NOTE: 200-250 plus off matrix	1	1,500.00	Other			
21	S01		oversized dents	28	1,400.00	Other			
22	S01	PDR	Left Roof Rail NOTE: 51-75 Q might be push to paint	1	625.00	Other			

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

RO Number: 16024757

2025 FORD Explorer Active 4WD 4D UTV 4-2.3L Turbocharged Gasoline Gasoline Direct Injection

23	S01		add for oversized	8	400.00	Other			
24	S01	PDR	Right Roof Rail NOTE: 16-30 Q	1	275.00	Other			
25	E01		Add for oversized	4	200.00	Other			
26	S01		**PILLARS, ROCKER & FLOOR**						
27	S01	Repair	LT Aperture panel				4.0	Body	2.2
28	S01		Overlap Major Adj. Panel						(0.4)
29	S01		Add for Three Stage						0.7
30	E01		**FRONT DOOR**						
31	E01	Remove/Install	RT Belt molding				0.3	Body	
32	E01	Remove/Install	RT R&I trim panel				0.5	Body	
33	E01	Remove/Install	LT R&I trim panel				0.5	Body	
34	E01	PDR	Right Front Door NOTE: 1-5 Q	1	175.00	Other			
35	E01	PDR	Left Front Door NOTE: 16-30 Q	1	250.00	Other			
36	E01	Remove/Replace	LT Belt molding	1	292.42	OEM	0.3	Body	
37	E01		**REAR DOOR**						
38	E01	Remove/Install	RT Belt molding				0.3	Body	
39	E01	Remove/Install	RT R&I trim panel				0.4	Body	
40	E01	Remove/Install	LT R&I trim panel				0.4	Body	
41	E01	PDR	Right Rear Door NOTE: 1-5 Q	1	125.00	Other			
42	E01	PDR	Left Rear Door NOTE: 16-30 Q	1	250.00	Other			
43	S01		add for oversized	3	150.00	Other			
44	E01	Remove/Replace	LT Belt molding	1	195.03	OEM	0.3	Body	
45	E01		**QUARTER PANEL**						
46	E01	Remove/Install	RT Splash shield				0.3	Body	
47	E01	Remove/Install	LT Splash shield				0.3	Body	
48	S01	PDR	Right Quarter Panel NOTE: 16-30 Q	1	250.00	Other			
49	S01	PDR	Left Quarter Panel NOTE: 31-50 half Q	1	475.00	Other			
50	S01		add for oversized	4	200.00	Other			
51	S01	Blend	LT Quarter pnl assy						1.3
52	S01	Remove/Install	LT Rear w'strip				0.2	Body	
53	S01	Remove/Install	LT Qtr glass FORD w/o privacy				1.6	Body	
54	S01	Remove/Install	Mud guard				0.4	Body	
55	S01	Remove/Install	LT Upper molding				0.6	Body	
56	S02	Remove/Replace	LT Wheel flare	1	132.58	OEM	0.4	Body	
57	E01		**LIFT GATE**						
58	E01	Remove/Install	Lower trim panel manual lift gate black onyx				0.4	Body	
59	E01	Remove/Install	Upper molding black onyx				0.2	Body	

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

RO Number: 16024757

2025 FORD Explorer Active 4WD 4D UTV 4-2.3L Turbocharged Gasoline Gasoline Direct Injection

60	E01	Remove/Install	RT Side molding black onyx				0.2	Body
61	E01	Remove/Install	LT Side molding black onyx				0.2	Body
62	S01	Remove/Install	R&I liftgate assy				1.4	Body
63	S01	PDR	Lift gate NOTE: 16-30 Q	1	275.00	Other		
64	S01	Remove/Install	Weatherstrip				0.4	Body
65	S01		**REAR LAMPS**					
66	S01	Remove/Install	RT Tail lamp assy level 1				0.3	Body
67	S01	Remove/Install	LT Tail lamp assy level 1				0.3	Body
68	S01		**REAR BUMPER**					
69	S01	Remove/Install	R&I bumper cover				1.2	Body
70	E01		**MISCELLANEOUS OPERATIONS**					
71	E01		Hazmat	1	4.00	Other		
72	E01		calibration open to invoice					
73	S03		Pre Scan				0.5	Body
74	S03		Post Scan				0.5	Body
75	S01		Corrosion protection	1	10.00	Other	0.3	Body
76	S01		Cover Car	1	10.00	Other	0.3	Body
77	S01		mask to prime	1	10.00	Other	0.3	Body
78	S01		feather block prime				4.0	Body

Estimate Totals	**Discount $**	**Markup $**	**Rate $**	**Total Hours**	**Total $**
Parts	(62.00)	225.00			5,390.81
Labor, Body			75.00	35.8	2,685.00
Labor, Refinish			135.00	10.3	1,390.50
Miscellaneous		1,018.75			5,097.75
Subtotal					**14,564.06**
Sales Tax					0.00
Grand Total					**14,564.06**
Net Total					**14,564.06**

Estimate Version	**Total $**
Original	6,664.45
Supplement S01	6,130.00
Supplement S02	1,194.61
Supplement S03	575.00

Insurance Total $:	14,564.06
Received from Insurance $:	0.00
Balance due from Insurance $:	14,564.06
Customer Total $:	0.00
Received 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

RO Number: 16024757

2025 FORD Explorer Active 4WD 4D UTV 4-2.3L Turbocharged Gasoline Gasoline Direct Injection

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

OFFICE OF AUDITOR OF STATE
STATE OF IOWA

Rob Sand
Auditor of State

State Capitol Building
Des Moines, Iowa 50319-0006

Telephone (515) 281-5834

May 8, 2026

Kristi Onstot
Executive Council

Subject: Hail Damage to Vehicle #106063 on April 14, 2026
Department of Administrative Services
Claim dated April 30, 2026
AOS Claim ID: 4324

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 $9,541.45 subject to an audit of actual invoices.

Sincerely,

Brian R. Brustkern, CPA
Deputy Auditor of State

cc: Kyle Wear, Fleet Services CFO, Department of Administrative Services
Ryan Betts, Fleet Services Risk Program Manager, Department of Administrative Services
Heather Hackbarth, Department of Management

IOWA | Department of Administrative Services

KIM REYNOLDS, GOVERNOR
CHRIS COURNOYER, LT. GOVERNOR

MARK CAMPBELL, DIRECTOR

Date: September 18, 2026

To: AOS, Auditor of State
Executive Council, Treasurer of State

Re: REIMBURSEMENT REQUEST - 29C20

AOS Claim #	4324
DAS Claim #	337666
Vehicle / Event	106063-B21754 / Hail
Event Date	04/14/2026 at
Summary	Hail
Amount Requested	14,564.06

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.

Ryan Betts
Fleet Services Risk Program Manager
Iowa Department of Administrative Services
510 E 12th Street, Des Moines, IA 50319
(515) 281-8008
das.risk@das.iowa.gov