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 an emergency allocation in the amount of $8,725.73, subject to an audit of actual invoices. On July 21, 2026, Vehicle #703 was damaged by a deer collision. Request was to cover repair costs.

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 # 4451
TOS Job # ____

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: Deer Damage to Vehicle #703 on July 21, 2026
Department of Administrative Services
Claim dated July 22, 2026
AOS Claim ID: 4451

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 $8,725.73, 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

Claim: C270009 as of 07/29/2026

Claim Number	DAS Vehicle Number	State Driver	Vehicle Agency	Loss Date	Status	Total Incurred
C270009	719-203557	Bowlin, Matthew	Public Safety - Administrative Services	7/21/2026	Open	0.00

ADMIN Only Claim Status

Overall Claim Status:	In Progress	Total Loss Status:	
Overall Claim Status Date:	07/29/2026	Total Loss Status Date:	
Overall Incident Status:	Closed-Claim Created	Restitution Status:	
Overall Incident Status Date:	07/24/2026	Restitution Status Date:	
29C20 Status:	Allocation Requested	Subrogation Status:	
29C20 Status Date:	07/29/2026	Subrogation Status Date:	
Repair Status:	Repairs in Progress	TORT Status:	
Repair Status Date:	07/29/2026	TORT Status Date:	

ADMIN Only

Notification Date:	07/24/2026 3:01 PM	Potential Tort?	No
Entry User:	**Ryan Betts**	29C20 Claim?	Yes
Historical Claim?	No	Subrogation?	No
Group ID:		Restitution?	No
		Total Loss?	No
Accident Type:	Animal	SOI Driver at Fault?	No
Accident Type Description:			
Object Struck:		Driver's Agency:	**595-1 - Public Safety - Administrative Services**
Object Struck Description:		Driver's Agency Number:	595
Contributing Circumstances:	✔ 01-None Apparent	Driver's Agency Name:	DPS
		Driver's Agency Email:	**ryan.betts@das.iowa.gov**
Accident Description ADMIN:	Deer	Vehicle's Agency:	**595-1 - Public Safety - Administrative Services**
Incident Review Date:	07/24/2026	Vehicle's Agency Number:	595

Populating this field will send an alert to the Driver's Agency Fleet contact that an accident has occurred

Vehicle's Agency Name: DPS

Vehicle's Agency Email: ryan.betts@das.iowa.gov

Estimate Approvals

Add Estimate

Entry Date	Estimate Type	Estimate Amount	Approved Estimate Amount	Body Shop Name	MA Number	CRS Claim?	
07/24/2026 3:05 PM	Initial Estimate	9,401.38	8,725.73	GL Dodge City/Stew Hansen	22044D	No	✖
		9,401.38	**8,725.73**				

ADMIN Only Invoicing

Repair Costs

Bodyshop Repair Amount:

Towing Amount:

Storage Amount:

Other Amount:

Final Total: 0.00

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

Bodyshop Payment Date:

Bodyshop Name:

Bodyshop MA Number:

Communication Preference:

ADMIN Only 29C20

Triggers Initial Notification to AOS from the Incident Form!!

Claim Type: Deer

AOS Notification Date: 07/22/2026

Triggers Allocation Request to AOS (AON2)

Allocation Request Date: 07/29/2026

Allocation Request Amount: 8,725.73

Triggers 29C20 status update only (AON3)

AOS Recommendation date:

AOS Claim Number:

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

Reimbursement Request Date:

Reimbursement Amount Requested:

Triggers 29C20 Status update only (AON6)

Reimbursement Letter Received Date:

Other Information

29C20 Notes: Initial notification to AOS/TOS was submitted via email, not Origami.

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:

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:

Subrogation Vehicle Owner:

Subrogation Insurance:

Other Information

Subrogation Notes:

Triggers Subrogation Acceptance email to Insurance Company (SUB3)

Subrogation Acceptance Date:

Subrogee Claim Number:

Accepted Subrogation amount:

ADMIN Only CRS Info

CRS Claim Created:

CRS Department Name:

CRS Claimants:

CRS Date of Loss:

CRS Claim Created:

CRS Claim Type:

CRS Fee:

CRS Reviewed:

CRS Review Notes:

Accident Details

Claim Number:	C270009
Claimant:	Bowlin, Matthew
Accident Date:	07/21/2026
Accident Time:	6:19 AM
Accident Street/Location:	Hwy G76
Accident City:	Indianola
Accident State:	Iowa
Accident Postal:	50125
Accident County:	Warren

More than 1 driver involved?	No
More than 1 vehicle involved?	No
Accident Description Quick:	Deer
Accident Description Full:	Deer

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

State Driver Details

Driver's First Name:	Matthew
Driver's Last Name:	Bowlin
Drivers License Number:	768ZZ5575
Drivers License State:	Iowa
Driver's DoB:	01/01/1900
Driver's Phone Number:	(999) 999-9999
Driver's State of Iowa Email Address:	**ryan.betts@das.iowa.gov**

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:	**3C6UR5CJXTG203557**
DAS Vehicle Number:	719-203557
Vehicle License Plate Number (if different than vehicle number)	
VIN:	3C6UR5CJXTG203557
Vehicle Year:	2026
Vehicle Make:	RAM
Vehicle Model:	RAM 2500
Fund Source:	
Tow Required?	No
Towed by what Company?	
Towed to where?	
Vehicle Mileage:	7,557
Brief Description of Vehicle Damage:	Front end/grill damage

Other Vehicle Details

Vehicle 2 License Plate Number:	
Vehicle 2 VIN:	
Vehicle 2 Year:	
Vehicle 2 Make:	
Vehicle 2 Model:	
Vehicle 2 Require Tow:	
Vehicle 2 Towed by what Company?	
Vehicle 2 Towed to where?	

Other Vehicle Insurance Information

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

Vehicle 2 Mileage:	
Vehicle 2 Description of Damage:	
Agent's Email:	
Policy #	

Conditions

Location Type:	07-Open Country (Rural)	Surface Conditions:	01-Dry
Weather Conditions:	01-Clear	Vision Obscured:	01-Not Obscured
Light Conditions:	03-Dawn	Apparent Driver Conditions:	01-Apparently Normal
		Other Comments from Driver:	

Was anyone Injured?

Were you Injured?	No
Was anyone else injured?	No

Where there any Witnesses?

Were there any Witnesses?	No
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:	No

Attach photos or other incident related documents.

Upload File

File Name	Folder	Document Type	Description
684.jpg	Accident Details	Accident Photos	
2026-00172742 State Vehicle Damage Rpt form_.doc	Accident Details	Memos/Other Docs	
682.jpg	Accident Details	Accident Photos	
MARS_Unit_Report-202600172742.pdf	Accident Details	Police Accident Report	
2026-00172742 10-50.doc	Accident Details	Memos/Other Docs	
Stew Hansen Ram 2500 Estimate.pdf	Estimates	Estimate - Initial	
Image_Report (78).pdf	Accident Details	Accident Photos	
C270009_QCSReviewed estimate.pdf	Estimates	Estimate - Initial	
C270009 - 703 AON Notification.pdf	29C20	29C20 Initial Notification	
29C20 Allocation Request Summary - 2026-07-27.pdf	29C20	29C20 Allocation 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**
Finance Invoice Payment Contact:	**DAS, Finance**

Files

File	Description	Folder	Attached By	Attach Date	Size
29C20 Allocation Request Summary - 2026-07-27.pdf		29C20	Ryan Betts	07/29/2026	151kb
C270009 - 703 AON Notification.pdf		29C20	Ryan Betts	07/29/2026	180kb
C270009_QCSReviewed estimate.pdf		Estimates	Ryan Betts	07/29/2026	303kb
Image_Report (78).pdf		Accident Details	Ryan Betts	07/27/2026	7556kb
Stew Hansen Ram 2500 Estimate.pdf		Estimates	Ryan Betts	07/24/2026	181kb
2026-00172742 10-50.doc		Accident Details	Ryan Betts	07/24/2026	2818kb
2026-00172742 10-50.doc		Accident Details	Ryan Betts	07/24/2026	2818kb
MARS_Unit_Report-202600172742.pdf		Accident Details	Ryan Betts	07/24/2026	154kb
MARS_Unit_Report-202600172742.pdf		Accident Details	Ryan Betts	07/24/2026	154kb
682.jpg		Accident Details	Ryan Betts	07/24/2026	5224kb
2026-00172742 State Vehicle Damage Rpt form_.doc		Accident Details	Ryan Betts	07/24/2026	94kb
2026-00172742 State Vehicle Damage Rpt form_.doc		Accident Details	Ryan Betts	07/24/2026	94kb
684.jpg		Accident Details	Ryan Betts	07/24/2026	2781kb

Images

684.jpg



682.jpg



Form 4433003 (11-13)

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Form Number: **202600172742**

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

Date of Accident	Time of Accident	County	Accident occurred within corporate limits of (city)
07/21/2026	**06:19** Hrs.	**WARREN - 91**	

UNIT 1

Driver's Name - Last	First	Middle
BOWLIN	**MATTHEW**	**ALAN**

Address	City	State	Zip
56972 150TH AVE	**LUCAS**	**IA**	**50151-0000**

Date of Birth	Driver's License Number	CDL	Citation Charge 1	Citation Charge 2
04/17/1989	**768ZZ5575**	Yes ○ No ●		

Male	Female	State	Class	Endorsements	Restrictions	Citation Charge 3	Citation Charge 4
●	○	**IA**	**C**	**L**			

Alcohol Test Given:	Test Results:	Drug Test Given:	Test Result:	Re-exam: Yes ○ No ●	Reason for Re-Exam Request:
1		**1**			

Owner's Name - Last	First	Middle
STATE OF IOWA		

Address	City	State	Zip
215 E 7TH ST	**DES MOINES**	**IA**	**50319**

License Plate No.	State	Year	VIN:	Color	Year	Make	Model	Style
NIZ536	**IA**	**2027**	**3C6UR5CJXTG203557**	**BLK**	**2026**	**RAM**	**250**	**PK**

Trailer Plate No.	State	Year	VIN:	Tow	Tow #	Towed To	Approx. Cost to Repair or Replace
				1			**$3,000.00**

Insurance Company Name	Insurance Co. Phone Number	Insurance Policy Number
STATE OF IOWA	**(515) 725-2243**	

Initial Travel Direction	Veh. Act.	Veh. Config.	Cargo Body Type	Veh. Defect	Point of Initial Impact	Most Damaged Area	Extent of Damage	Total Occ. in Veh.
		02	**01**					**1**

Special Veh. Func	Emergency Status	Bus Use	Driver Condition	Vision Obscured	Contributing Circumstances Driver (up to two)	Driver Distractions	Speed Limit
					88	**02**	

Traffic Controls	Horizontal Alignment	Vertical Alignment	SEQUENCE OF EVENTS	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event
				31				**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

	State	Year	VIN
Trailer Plate:			
Trailer Plate:			

Converter Dolly	Dolly Plate:	State	Plate Year	VIN

PERSONS INJURED IN UNIT 1

	Phone Number:	Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Ejection Path	Trapped/extricated	Source of Transport	Died at scene/enroute
DRIVER OF UNIT **1**										**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

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

Form Number: **202600172742**

LOCATION

Date of Accident	Time of Accident	County	Accident occurred within corporate limits of (city)	Legal Intervention?	Private Property?
07/21/2026	**06:19** Hrs.	**WARREN - 91**		☐	☐

Literal Description: **G76/60TH AVE**

County: **91** Route:

If accident occurred outside of city limits show general vicinity: N ○ NE ○ E ○ SE ○ S ○ SW ○ W ○ NW ○ of nearest city

X Coordinate: **443182.75**

On Road, Street or Highway:

At Intersection with:

Y Coordinate: **4559789**

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 neccessary of

N ○ NE ○ E ○ SE ○ S ○ SW ○ W ○ NW ○ and N ○ NE ○ E ○ SE ○ S ○ SW ○ W ○ NW ○

If Divided Highway, Provide Route (Cardinal) Travel Direction: NB ○ SB ○ EB ○ WB ○

Milepost Number

Or Definable intersection, bridge, or railroad crossing

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.

First Harmful Event (Crash)	WORKZONE RELATED?	Yes	No	Activity	Location	Type	Workers Present
31		○	○				

Sex	Struck by Unit No.	Injury Status	Non-Motorist Type	Location (prior to impact)	Action (prior to crash)	Condition	Safety Equipment	Contributing Circumstances	Source of Transport	Died at scene/enroute

NON MOTORISTS

Name	Phone Number	DOB:
001		

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:

NONVEHICULAR PROPERTY DMG

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

WITNESS

Last Name	First Name	Address	City	State	Zip Code	Phone Number

Is This a Secondary Crash? Y ○ N ◉

Type of Primary Incident

Roadway Clearance Date: **07/21/2026**

Incident Clearance Date: **07/21/2026**

Signature of Officer	Badge Number	Time Officer Notified of Accident	Roadway Clearance Time	Incident Clearance Time
TROOPER R SMITH	**249**	**06:19** Hrs.	**06:39** Hrs.	**06:39** Hrs.

Name of Agency	Date of Report	Time Officer Arrived At Scene	Total Roadway Clearance Time	Total Incident Clearance Time
IOWA STATE PATROL - DIST 02	**07/21/2026**	**06:30** Hrs.	**000:20**	**000:20**

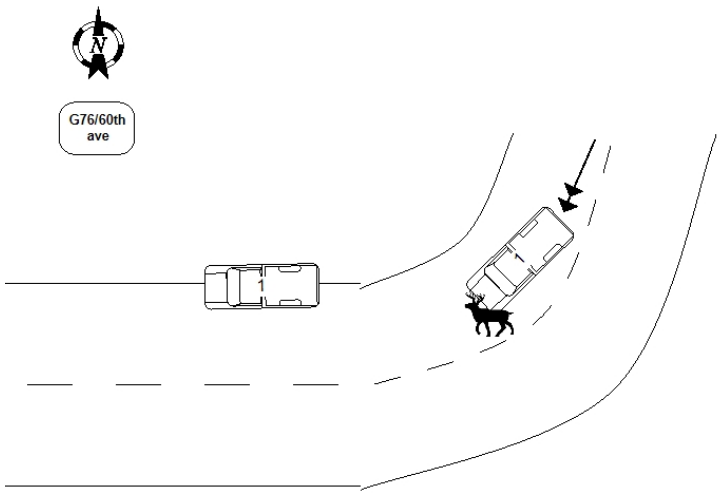
Report Reviewed By	Date of Review	Investigation made at scene?	T.I. No.	Other Technical Investigating Agency
J SITZMAN	**07/22/2026**	Y ◉ N ○		

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: **202600172742**

DIAGRAM



NARRATIVE

Unit 1 was traveling westbound on G76 at 60th ave. A deer came out of the ditch. Unit 1 struck the deer. Unit 1 came to rest.

Claim: C270009

Desk Review Service

DAS Fleet Risl

DAS Fleet Risk

Audit Timeline

CREATED	RECEIVED	ASSIGNED	AUDIT STARTED	SHOP CONTACTED	AUDIT COMPLETE
7/28/2026 - 12:10 PM	7/28 - 12:14 PM	7/28 - 12:15 PM	7/29/2026		7/29/2026 - 9:55 AM

Audit Results	
Original:	$9,401.38
Variance:	- $675.65
OK to Pay:	**$8,725.73**

Comments:

I HAVE CONTACTED THE REPAIR FACILITY AND HAVE REACHED AN AGREED PRICE OF REPAIRS.
LEFT SCANS/CALIBRATIONS/SUBLET OPEN FOR INVOICE.
VARIANCES IN BODY AND PAINT LABOR TIMES AND MISC PROFILE ITEMS

Adjuster
Ryan Betts
(515) 281-8008
das.risk@das.iowa.gov

Owner/Insured
Owner: STATE OF IOWA
Insured: STATE OF IOWA
Policy: UNK
Deductible: $0.00

Repair Facility
STEW HANSEN'S URBANDALE COLLISION CENTER
(515) 331-2904
12103 HICKMAN ROAD, DES MOINES, IA 50323
bhrinek@stewhansens.com
Fed Tax Id: 20-4805431

Auditor
Logan Sutton
(877) 237-3727 x188
logan.sutton@qcsdirect.com

Vehicle
2026 RAM 2500 TRADESMAN
VIN: 3C6UR5CJXTG203557
Damage: Left Front

Audit Info
Contact Shop: Yes
Agreed Price: Yes
Agreed With: SHOP BY EMAIL
Days to Repair: 1-9

Part/Operation	Demand Price	Audit Price	Variance
Body/Misc Labor	$1,747.80	$1,734.20	$13.60
Refinish Labor	$904.40	$870.40	$34.00
Materials	$665.00	$640.00	$25.00
Parts Pricing	$6,084.18	$5,481.13	$603.05
LKQ	$0.00	$0.00	$0.00
Aftermarket	$0.00	$0.00	$0.00
Recondition	$0.00	$0.00	$0.00
Depreciation	$0.00	$0.00	$0.00
Misc	$0.00	$0.00	$0.00
Tax	$0.00	$0.00	$0.00
Total	**$9,401.38**	**$8,725.73**	**$675.65**

QUALITY CLAIMS SOLUTIONS
5120 S Solberg Ave
SIOUX FALLS, SD 57108
Phone: (877) 237-3727, FAX:(605) 836-1049
qcs@qcsdirect.com

Workfile ID: f8c05fea

For:

QUALITY CLAIMS SOLUTIONS

DAS Fleet Risk

Estimate of Record

Owner: GOV., STATE OF IOWA **Job Number:**

Written By: Logan Sutton

Insured:	GOV., STATE OF IOWA	Policy #:	UNK	Claim #:	C270009
Type of Loss:	Collision	Date of Loss:	7/29/2026 12:00 PM	Days to Repair:	0
Point of Impact:	11 Left Front				

Owner:	**Inspection Location:**	**Repair Facility:**
GOV., STATE OF IOWA	STEW HANSEN'S URBANDALE COLLISION C	
DES MOINES, IA 50319	12103 HICKMAN ROAD	
	DES MOINES, IA 50323	
	Other	
	(515) 331-2904 Evening	

VEHICLE

2026 RAM 2500 Tradesman Crew Cab 4WD w/6'4" Box 4D SHORT 8-6.4L Gasoline Sequential MPI

VIN:	3C6UR5CJXTG203557	Production Date:		Interior Color:	
License:		Odometer:	8,017	Exterior Color:	
State:		Condition:			

TRANSMISSION	Air Conditioning	Search/Seek	Hands Free Device
Automatic Transmission	Intermittent Wipers	Auxiliary Audio Connection	Xenon or L.E.D. Headlamps
4 Wheel Drive	Tilt Wheel	Satellite Radio	**WHEELS**
POWER	Cruise Control	**SAFETY**	Styled Steel Wheels
Power Steering	Rear Defogger	Drivers Side Air Bag	**PAINT**
Power Brakes	Keyless Entry	Passenger Air Bag	Clear Coat Paint
Power Windows	Message Center	Anti-Lock Brakes (4)	**OTHER**
Power Locks	Backup Camera	4 Wheel Disc Brakes	Fog Lamps
DECOR	Intelligent Cruise	Traction Control	California Emissions
Dual Mirrors	**RADIO**	Stability Control	**TRUCK**
Privacy Glass	AM Radio	Front Side Impact Air Bags	Rear Step Bumper
Overhead Console	FM Radio	Head/Curtain Air Bags	Trailer Hitch
CONVENIENCE	Stereo	Communications System	Trailering Package

Owner: GOV., STATE OF IOWA **Job Number:**

2026 RAM 2500 Tradesman Crew Cab 4WD w/6'4" Box 4D SHORT 8-6.4L Gasoline Sequential MPI

Line		Oper	Description	Part Number	Qty	Extended Price $		Labor	Paint
1	**FRONT BUMPER**								
2			O/H front bumper					4.0	
3	<>	Repl	Bumper w/o chrome, w/o powder coat	6QB37TZZAB	1	1,040.00		Incl.	3.0
4			Add for Clear Coat						1.2
5		Repl	Lower grille w/tow hooks, w/o winch w/park alert	68657948AB	1	47.25		Incl.	
6		Repl	H'lamp bracket	68449226AA	1	135.00		Incl.	
7		Repl	Park sensor front	68714099AA	1	51.25	m	0.2	0.2
8			Add for Clear Coat						0.1
9		Repl	Park sensor front	68714099AA	1	51.25	m	Incl.	0.2
10			Add for Clear Coat						0.1
11	**GRILLE**								
12		Repl	Grille w/o Big Horn, w/o camera black	68719389AC	1	384.00		0.5	
13		Repl	Nameplate "RAM" black	68715015AA	1	29.25		Incl.	
14		Repl	Shutter assembly	68452775AC	1	369.00	m	Incl.	
15		Repl	Upper trim black	6NB06TZZAF	1	491.00		Incl.	0.8
16		Repl	Nameplate nut	6510521AA	3	11.70			
17		Repl	LT Side trim black	7LY19TZZAA	1	177.00		0.2	0.5
18			Overlap Minor Panel						-0.2
19		Repl	Lower trim black	7LY24TZZAA	1	180.00		0.2	0.8
20			Overlap Minor Panel						-0.2
21	**FRONT LAMPS**								
22		Repl	LT Headlamp assy w/o adaptive lamp	68592399AD	1	514.00		0.6	
23			Aim headlamps					0.5	
24	**RADIATOR SUPPORT**								
25		Repl	Radiator support	68453036AC	1	1,025.00		9.1	
26		Repl	Sight shield	68366245AB	1	76.30		Incl.	
27	**AIR CONDITIONER & HEATER**								
28		Repl	Condenser	68593862AA	1	470.00	m	Incl.	
29			AC Service evacuate & recharge				m	1.4	
30			AC Service refrigerant recovery				m	0.4	
31	**HOOD**								
32	*	Rpr	Hood w/o air vents (ALU)					4.0	3.3
33			Overlap Major Non-Adj. Panel						-0.2
34			Add for Clear Coat						0.6
35		R&I	R&I hood assy					0.7	
36		Repl	RT Nameplate "2500" black	68632968AA	1	67.35		0.2	
37		Repl	LT Nameplate "2500" black	68632969AA	1	67.35		0.2	
38	**FENDER**								
39	*	Rpr	LT Fender w/o flare (HSS)					1.0	2.6
40			Overlap Major Adj. Panel						-0.4

Owner: GOV., STATE OF IOWA **Job Number:**

2026 RAM 2500 Tradesman Crew Cab 4WD w/6'4" Box 4D SHORT 8-6.4L Gasoline Sequential MPI

41			Add for Clear Coat						0.4
42		R&I	LT Protector w/o flare				0.2		
43	**VEHICLE DIAGNOSTICS**								
44	*	Repl	Pre-repair scan	1	9.00	m	0.5	M	
45	*	Repl	Post-repair scan	1	180.00	m	0.5	M	
46	#	Subl	Calibrations - open to invoice	1					
47	#		Tint Color	1			0.5		
48	#		Corrosion Protection	1	15.00				
49	#		Hazardous Waste	1	8.00				
50	#		Seam sealer	1	82.43		0.5		
			SUBTOTALS		**5,481.13**		**25.4**		**12.8**

ESTIMATE TOTALS

Category	Basis		Rate	Cost $
Parts				5,481.13
Body Labor	24.4 hrs	@	$ 68.00 /hr	1,659.20
Paint Labor	12.8 hrs	@	$ 68.00 /hr	870.40
Mechanical Labor	1.0 hrs	@	$ 75.00 /hr	75.00
Paint Supplies	12.8 hrs	@	$ 50.00 /hr	640.00
Subtotal				8,725.73
Total Cost of Repairs				**8,725.73**
Deductible				0.00
Total Adjustments				**0.00**
Net Cost of Repairs				**8,725.73**

THIS IS NOT AN AUTHORIZATION TO BEGIN REPAIRS.

SUPPLEMENTS - Please be advised that the INSURANCE COMPANY requires notice of any supplements prior to the work being performed. Failure to notify INSURANCE COMPANY and allow INSURANCE COMPANY to review the supplemental charges may result in non-payment of the supplemental items.

ESTIMATE AUDIT - THIS DOCUMENT IS NOT AN APPRAISAL. INQUIRIES SHOULD BE DIRECTED TO THE INSURANCE COMPANY LISTED AT THE TOP OF THIS DOCUMENT.

REPAIR SHOPS CAN CONTACT QCS AUDITOR FOR ANY REPAIR RELATED INQUIRIES AT 1-877-237-3727.

Owner: GOV., STATE OF IOWA **Job Number:**

2026 RAM 2500 Tradesman Crew Cab 4WD w/6'4" Box 4D SHORT 8-6.4L Gasoline Sequential MPI

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 DR3TH19, CCC Data Date 07/17/2026, 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. CFC=Carbon Fiber. 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. STS=Stainless Steel. Subl=Sublet. UHS=Ultra High Strength Steel. N=Note(s) associated with the estimate line.

CCC ONE Estimating - A product of CCC Intelligent Solutions 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.

Outlook

Re: State Vehicle Damage Report

From 29C20 <29C20@AOS.IOWA.GOV>
Date Thu 7/23/2026 7:31 AM
To DAS Risk <das.risk@das.iowa.gov>; ExecutiveCouncil [TOS] <ExecutiveCouncil@tos.iowa.gov>

We have received your notification. It has been assigned AOS Claim #4451.

Best,

Cole Hocker, CPA
Director
Office of Auditor of State of Iowa
Cole.Hocker@aos.iowa.gov
Phone: (515) 606-4581

From: DAS Risk <das.risk@das.iowa.gov>
Sent: Wednesday, July 22, 2026 12:42 PM
To: 29C20 <29C20@AOS.IOWA.GOV>; ExecutiveCouncil [TOS] <ExecutiveCouncil@tos.iowa.gov>
Subject: Fw: State Vehicle Damage Report

CAUTION: This email originated from outside of AOS. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Please accept this email as the initial 24 hour notification for an AON claim.
Vehicle 703 struck a deer on 7/21/2026. I will forward all information as soon as it is received.

Effective May 4, 2026 my email address will change to: das.risk@das.iowa.gov

DAS Risk
Central Procurement and Fleet Services Enterprise
Iowa Department of Administrative Services
510 E 12th St, Des Moines, IA 50319
515-281-8008 office
das.risk@das.iowa.gov
https://das.iowa.gov

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.

From: Bowlin, Matthew <bowlin@dps.state.ia.us>
Sent: Tuesday, July 21, 2026 12:23 PM
To: vehicledamage <vehicledamage@dps.state.ia.us>; DAS Risk <das.risk@das.iowa.gov>
Cc: Giere Andrew <giere@dps.state.ia.us>
Subject: State Vehicle Damage Report

You don't often get email from bowlin@dps.state.ia.us. Learn why this is important

Hello,

Attached is the required report and photos for the first 24 hours.

Please let me know if I need to do anything else. I have scheduled the estimate for today.

This email message and its attachments may contain confidential information that is exempt from disclosure under Iowa Code chapters 22, 139A, and other applicable law. Confidential information is for the sole use of the intended recipient. If you believe that you have received this transmission in error, please reply to the sender, and then delete all copies of this message and any attachments. If you are not the intended recipient, you are hereby notified that any review, use, retention, dissemination, distribution, or copying of this message may be prohibited by law.

Auditor.Iowa.Gov

IOWA | Department of Administrative Services

KIM REYNOLDS, GOVERNOR
CHRIS COURNOYER, LT. GOVERNOR

MARK CAMPBELL, DIRECTOR

Date: July 29, 2026

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

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

Vehicle / Event	719-203557 / Animal
Event Date:	7/21/2026 at 6:19 AM
Summary	Deer
Amount Requested	8,725.73
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,

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