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 this date, approved payment of the following cost item:

Department of Administrative Services ……...……..... $6,054.99
On April 14, 2026, Vehicle #2920 was damaged by hail. Request was to cover repair costs.

This represents full and final payment, $1,035.03 will be reverted and this allocation 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 ID 4334
TOS Job # 3079

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 17, 2026

Kristi Onstot
Executive Council

Subject: Hail Damage to Vehicle #2920 on April 14, 2026
Department of Administrative Services
Claim dated May 1, 2026
AOS Claim ID: 4334

In accordance with Executive Council policy, we have examined the invoices and supporting documentation for final payment related to the damages and have found the items to be in order as shown below:

Documented request		$ 6,054.99
Executive Council Allocation		$ 7,090.02
Less:		
Previous payments	$ 0.00	
This payment	6,054.99	
Total		$ 6,054.99
Remaining Executive Council allocation		$ 1,035.03

We recommend reimbursement be made in the amount of $6,054.99. This represents full and final payment of the loss. The remaining allocation should be reverted to the State Treasury.

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: 337552 as of 08/24/2026

Claim Number	DAS Vehicle Number	State Driver	Vehicle Agency	Loss Date	Status	Total Incurred
337552	2920-146895	Kelly Flaucher		04/14/2026	Open	5,092.99

ADMIN Only Claim Status

Overall Claim Status	Closed	Total Loss Status	
Overall Claim Status Date	07/28/2026	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	08/24/2026	Subrogation Status Date	
Repair Status	Closed-Repaired	TORT Status	
Repair Status Date	07/28/2026	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	005-1 - Administrative Services - Fleet
Object Struck Description		Driver's Agency Number	005
Contributing Circumstances		Driver's Agency Name	DAS
		Driver's Agency Email	mariah.fucaloro@iowa.gov
Accident Description ADMIN	Hail	Vehicle's Agency	
		Vehicle's Agency Number	005
Incident Review Date		Vehicle's Agency Name	DAS
	Populating this field will send an alert to the Driver's Agency Fleet contact that an accident has occurred	Vehicle's Agency Email	mariah.fucaloro@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	7,090.02	5,982.34	Witham Auto Centers	21103D	Yes	✖
07/22/2026 2:34 PM	Supplemental Estimat...	72.65	72.65	Witham Auto Centers	21103D	Yes	✖
		7,162.67	**6,054.99**				

ADMIN Only Invoicing

Repair Costs

Bodyshop Repair Amount	6,054.99
Towing Amount	
Storage Amount	
Other Amount	
Final Total	6,054.99

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

Bodyshop Payment Date	07/28/2026
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 Reimbursement Request to AOS (AON4-Standard or AON5-Total Loss)

Reimbursement Request Date	08/24/2026
Reimbursement Amount	6,054.99

Triggers Allocation Request to AOS (AON2)

Allocation Request Date	05/01/2026
Allocation Request Amount	7,090.02

Triggers 29C20 status update only (AON3)

AOS Recommendation date	06/01/2026
AOS Claim Number	4334

Requested

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 Claim Created

CRS Department Name		CRS Claim Type	
CRS Claimants		CRS Fee	0.00
CRS Date of Loss		CRS Reviewed	
		CRS Review Notes	

Accident Details

Claim Number	337552	More than 1 driver involved?	
Claimant	Kelly Flaucher	More than 1 vehicle involved?	
Accident Date	04/14/2026	Accident Description Quick	
Accident Time		Accident Description Full	
Accident Street/Location			
Accident City			
Accident State			
Accident Postal			
Accident County			
Incident Contact Email Address			
DSP Incident?			

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

State Driver Details

Driver's First Name	Kelly	Driver's DoB	
Driver's Last Name	Flaucher	Driver's Phone Number	
Drivers License Number			
Drivers License State			

Other Driver Details

Driver 2 First Name		Driver 2 DoB	
Driver 2 Last Name		Driver 2 Phone Number	
Driver 2 License Number		Driver 2 Email Address	
Driver 2 License State			

State Vehicle Details

Vehicle	1G1ZC5STXRF146895	Tow Required?	
DAS Vehicle Number	2920-146895	Towed by what Company?	
Vehicle License Plate Number (if different than vehicle number)		Towed to where?	
		Vehicle Mileage	
VIN	1G1ZC5STXRF146895	Brief Description of Vehicle Damage	Hail
Vehicle Year	2024		
Vehicle Make	CHEVROLET		
Vehicle Model	MALIBU		
Fund Source			

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?	
Vehicle 2 Mileage	
Vehicle 2 Description of Damage	

Other Vehicle Insurance Information

Insurance Company Name	
Address	
City	
State	
Zipcode	
Agent's Name	
Agent's Phone	
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	
APDSOI0337552-001_QCSReview_SUPP1.pdf	Estimates	Estimate - Supplemental		✖
Final_Bill (11).pdf	Invoices	Invoice - Bodyshop Final		✖
CoverSheet for Payment Request 2026-07-23.pdf	Invoices	Invoice - Payment Cover Sheet	Payment Request Cover Sheet	✖
Proof of Payment 337552.png	Proof of Payment	Proof of Payment - Bodyshop		✖
4334 Allocation Request Letter AOS-Signed.pdf	29C20	29C20 Allocation Letter from AOS		✖
29C20 Reimbursement Request Summary - 2026-07-27.pdf	29C20	29C20 Reimbursement Request Summary		✖

Key Workflow Contacts

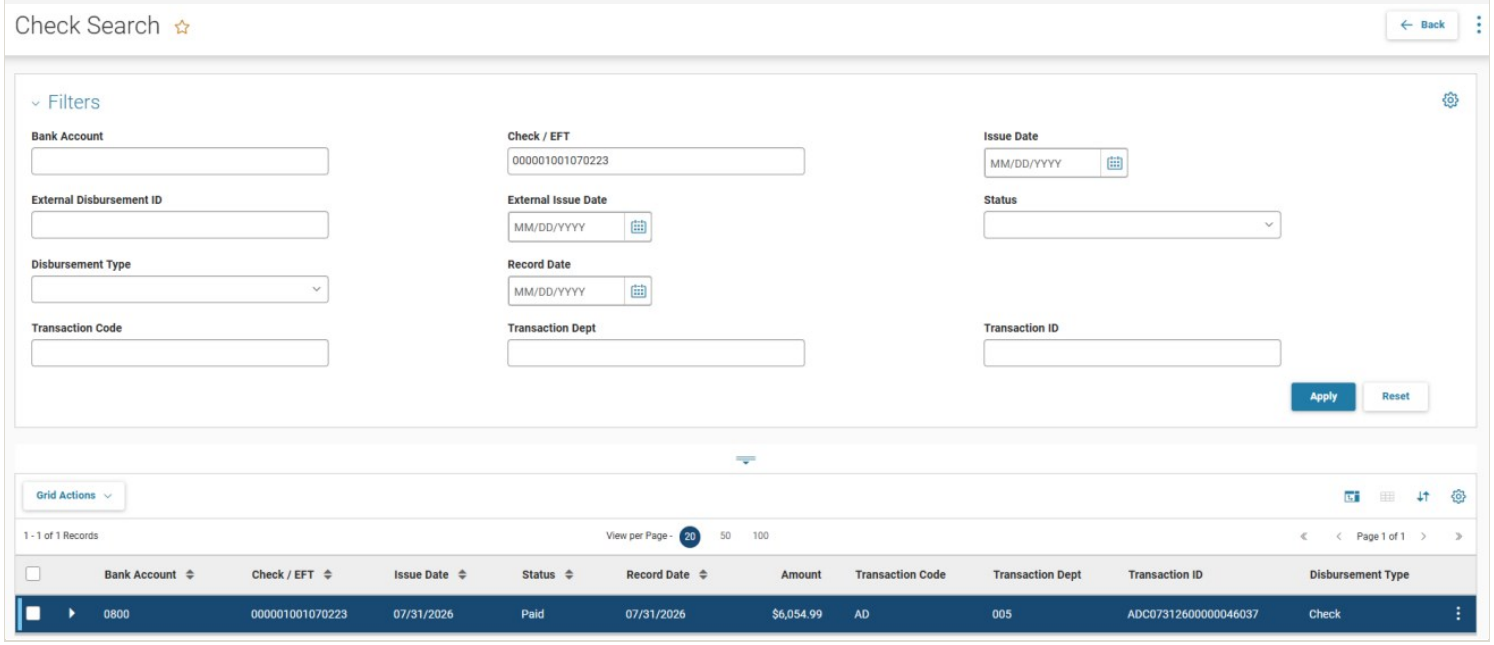
Fleet Admin MGR Contact	Fucaloro, Mariah
Fleet Admin Contact	Betts, Ryan
Fleet Finance Contact	Wear, Kyle
Fleet Inbox	Betts, Ryan
AOS 29C20 Contact	AOS,
TOS 29C20 Contact	ExecutiveCouncil@TOS.Iowa.Gov,
DPS Primary Contact	Adams, Jeannie
Fleet Salvage Dispatch Contact	Kieffer, Michelle
Fleet MA Contact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

Files

File	Description	Folder	Attached By	Attach Date	Size
29C20 Reimbursement Request Summary - 2026-07-27.pdf		29C20	Ryan Betts	08/24/2026	158kb
4334 Allocation Request Letter AOS-Signed.pdf		29C20	Ryan Betts	08/24/2026	127kb
Proof of Payment 337552.png		Proof of Payment	Ryan Betts	08/24/2026	72kb
CoverSheet for Payment Request 2026-07-23.pdf	Payment Request Cover Sheet	Invoices	Ryan Betts	07/28/2026	43kb
Final_Bill (11).pdf		Invoices	Ryan Betts	07/28/2026	75kb
APDSOI0337552-001_QCSReview_SUPP1.pdf		Estimates	Ryan Betts	07/23/2026	326kb

Images

Proof of Payment 337552.png



WITHAM COLLISION CENTER

Workfile ID: 56d8b19d
Federal ID: 42-1060951

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

Final Bill

RO Number: 16024835

Customer:		Insurance:		Adjuster:		Estimator:	Branden Frederick
State of iowa 2920		CREATIVE RISK		Phone:		Create Date:	4/23/2026
				Claim:	ADPOI0337552-001		
				Loss Date:			
(319) 239-9069				Deductible:			

2024 CHEV Malibu LS (Fleet) 4D SED 4-1.5L Turbocharged Gasoline Direct Injection Bright White

VIN:	1G1ZC5STXRF146895	Interior Color:		Mileage In:		Vehicle Out:	
License:		Exterior Color:	Bright White	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: 76-100 Q	1	700.00	Other			
4	E01		**FENDER**						
5	E01	Remove/Install	RT Fender liner w/o ext fuel pkg				0.4	Body	
6	E01	Remove/Install	LT Fender liner w/o ext fuel pkg				0.4	Body	
7	E01	PDR	Right Fender NOTE: 1-5 Q	1	172.05	Other			
8	E01	PDR	Left Fender NOTE: 1-5 Q	1	172.05	Other			
9	E01		**ROOF**						
10	E01	Remove/Install	R&I headliner				2.9	Body	
11	E01	PDR	Roof NOTE: 101-150 Q	1	1,000.00	Other			
12	E01	PDR	Left Roof Rail NOTE: 6-15 Q	1	250.00	Other			
13	E01	PDR	Right Roof Rail NOTE: 1-5 Q	1	150.00	Other			
14	E01		**FRONT DOOR**						
15	S01	Remove/Replace	LT Belt molding	1	226.74	OEM	0.3	Body	
16	S01	Remove/Replace	RT Belt molding	1	226.74	OEM	0.3	Body	
17	E01	PDR	Right Front Door NOTE: 1-5 Q	1	172.05	Other			
18	E01	PDR	Left Front Door NOTE: 1-5 Q	1	172.05	Other			
19	E01		**REAR DOOR**						
20	E01	Remove/Install	RT Belt molding				0.3	Body	
21	E01	Remove/Install	LT Belt molding				0.3	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: 16024835

2024 CHEV Malibu LS (Fleet) 4D SED 4-1.5L Turbocharged Gasoline Direct Injection Bright White

22	E01	PDR	Right Rear door NOTE: 1-5 q	1	175.00	Other		
23	E01	PDR	Left Rear Door NOTE: 1-5 Q	1	175.00	Other		
24	E01		**QUARTER PANEL**					
25	E01	Remove/Install	RT Wheelhouse liner				0.4	Body
26	E01	Remove/Install	LT Wheelhouse liner				0.4	Body
27	E01	PDR	Right Quarter NOTE: 6-15 Q	1	175.00	Other		
28	E01	PDR	Left Quarter NOTE: 6-15 Q	1	175.00	Other		
29	E01		**TRUNK LID**					
30	E01	Remove/Install	Trunk lid trim				0.3	Body
31	E01	PDR	Trunk lid NOTE: 51-75 Q	1	550.00	Other		
32	E01		**MISCELLANEOUS OPERATIONS**					
33	E01		Hazardous waste removal	1	4.00	Other		
34	E01		Pre Scan				0.5	Mech
35	E01		Post Scan				0.5	Mech
36	S01		adjust	1	(7.38)	Other		

Estimate Totals	Discount $	Markup $	Rate $	Total Hours	Total $
Parts	(45.35)				400.75
Labor, Body			75.00	6.3	472.50
Labor, Mechanical			130.00	1.0	130.00
Miscellaneous		1,009.54			5,051.74
Subtotal					**6,054.99**
Sales Tax					0.00
Grand Total					**6,054.99**
Net Total					**6,054.99**

Estimate Version	Total $
Original	5,989.72
Supplement S01	65.27

Insurance Total $:	6,054.99
Received from Insurance $:	0.00
Balance due from Insurance $:	6,054.99
Customer Total $:	0.00
Received from Customer $:	0.00
Balance due from Customer $:	0.00

T = Taxable Item, RPD = Related Prior Damage, AA = Appearance Allowance, UPD = Unrelated Prior Damage, PDR = Paintless Dent Repair, A/M = Aftermarket, Rechr = Rechromed, Reman = Remanufactured, OEM = New Original Equipment Manufacturer, Recor = Re-cored, RECOND = Reconditioned, LKQ = Like Kind Quality or Used, Diag = Diagnostic, Elec = Electrical, Mech = Mechanical, Ref = Refinish, Struc = Structural

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

June 1, 2026

Kristi Onstot
Executive Council

Subject: Hail Damage to Vehicle #2920 on April 14, 2026
Department of Administrative Services
Claim dated May 1, 2026
AOS Claim ID: 4334

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-mentioned 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 $7,090.02, 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: August 24, 2026

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

Re: REIMBURSEMENT REQUEST - 29C20

AOS Claim #	4334
DAS Claim #	337552
Vehicle / Event	2920-146895 / Hail
Event Date	04/14/2026 at
Summary	Hail
Amount Requested	6,054.99

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