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 $1,979.14, which increases the allocation to $15,272.76. On April 14, 2026, Vehicle #106068 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 # 4323
TOS Job # 3033

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 #106068 on April 14, 2026
Department of Administrative Services
Claim dated April 30, 2026
AOS Claim ID: 4323

The Department's request included a supplemental allocation request of $1,979.14 because additional damages were identified. We recommend Executive Council approval of the supplemental allocation of $1,979.14, which increases the allocation to $15,272.76. 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		$ 15,272.76
Executive Council allocation (Revised)		$ 15,272.76
Less:		
Previous payments	$ 0.00	
This payment	15,272.76	
Total		$ 15,272.76
Remaining Executive Council allocation		$ 0.00

We recommend that reimbursement be made in the amount of $15,272.76. 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: 337795 as of 09/18/2026

Claim Number	DAS Vehicle Number	State Driver	Vehicle Agency	Loss Date	Status	Total Incurred
337795	106068-C28281	Melissa Schneider	Corrections - CBC District I	04/14/2026	Open	14,310.76

ADMIN Only Claim Status

Overall Claim Status:	Closed	Total Loss Status:	
Overall Claim Status Date:	09/03/2026	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:	09/03/2026	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:	221 - Corrections - CBC District I
		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	13,293.62	11,471.44	Witham Auto Centers	21103D	Yes	✖
07/31/2026 8:09 AM	Supplemental Estimat...	2,904.25	2,904.25	Witham Auto Centers	21103D	Yes	✖
09/01/2026 12:24 PM	Supplemental Estimat...	897.07	897.07	Witham Auto Centers	21103D	Yes	✖
		17,094.94	**15,272.76**				

ADMIN Only Invoicing

Repair Costs

Bodyshop Repair Amount:	15,272.76
Towing Amount:	
Storage Amount:	
Other Amount:	
Final Total:	15,272.76

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

Bodyshop Payment Date:	09/03/2026
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: 13,293.62

Triggers 29C20 status update only (AON3)

AOS Recommendation date: 06/01/2026

AOS Claim Number: 4323

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

Reimbursement Request Date: 09/18/2026

Reimbursement Amount Requested: 15,272.76

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:	337795	More than 1 driver involved?	
Claimant:	Melissa Schneider	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:	Melissa	Driver's DoB:	
Driver's Last Name:	Schneider	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:	1FMUK8DHXSGC28281	Tow Required?	
DAS Vehicle Number:	106068-C28281	Towed by what Company?	
Vehicle License Plate Number (if different than vehicle number)		Towed to where?	
		Vehicle Mileage:	
VIN:	1FMUK8DHXSGC28281	Brief Description of Vehicle Damage:	Hail
Vehicle Year:	2025		
Vehicle Make:	FORD		
Vehicle Model:	EXPLORER		
Fund Source:			

Other Vehicle Details

Vehicle 2 License Plate Number:		**Other Vehicle Insurance Information**	
Vehicle 2 VIN:		Insurance Company Name:	
Vehicle 2 Year:		Address:	
Vehicle 2 Make:		City:	
Vehicle 2 Model:		State:	
Vehicle 2 Require Tow:		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	
337795 - 106068 Final Invoice.pdf	Invoices	Invoice - Bodyshop Final		✖
APDSOI0337795-001_QCSReview_SUPP2.pdf	Estimates	Estimate - Supplemental		✖
Payment Request Cover Sheet.pdf	Invoices	Invoice - Payment Cover Sheet	Payment Request Cover Sheet	✖
337795 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
Finance Invoice Payment Contact:	DAS, Finance

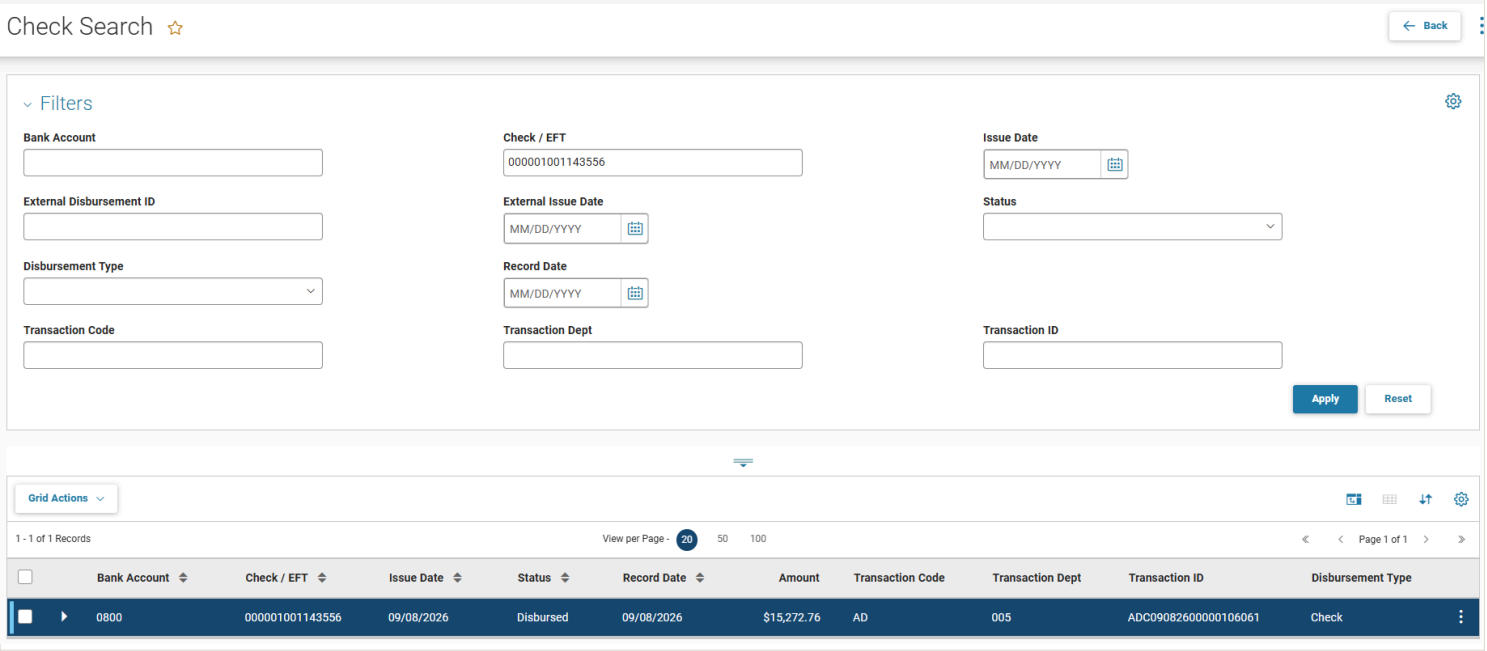
Environment:

Files

File	Description	Folder	Attached By	Attach Date	Size
29C20 Reimbursement Request Summary - 2026-07-27.pdf		29C20	Ryan Betts	09/18/2026	159kb
337795 Proof of Payment.png		Proof of Payment	Ryan Betts	09/18/2026	73kb
Payment Request Cover Sheet.pdf	Payment Request Cover Sheet	Invoices	Ryan Betts	09/03/2026	43kb
APDSOI0337795-001_QCSReview_SUPP2.pdf		Estimates	Ryan Betts	09/03/2026	548kb
337795 - 106068 Final Invoice.pdf		Invoices	Ryan Betts	09/03/2026	77kb

Images

337795 Proof of Payment.png



WITHAM COLLISION CENTER

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

Workfile ID: deb862a8
Federal ID: 42-1060951

Final Bill

RO Number: 16025069

Customer:	Insurance:	Adjuster:	Estimator: Makenzie Simons
Department Of Corrections	QRM CLAIM SOLUTIONS	Phone:	Create Date: 4/24/2026
		Claim: APDSOI0337795-001	
		Loss Date:	
(319) 231-7458		Deductible:	

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

VIN:	1FMUK8DHXSGC28281	Interior Color:		Mileage In:	Vehicle Out:
License:		Exterior Color:	OXFORD WHITE	Mileage Out:	
State:	IA	Production Date:		Condition:	Job #:

Line	Ver	Operation	Description	Qty	Extended Price $	Part Type	Labor	Type	Paint
1	E01	Repair	Pre Scan				0.5	Mech	
2	E01	Repair	Post Scan				0.5	Mech	
3	E01		**HOOD**						
4	E01	Remove/Replace	Hood (ALU)	1	1,185.53	OEM	1.1	Body	3.0
5	E01		Add for Clear Coat						1.2
6	E01		Add for Underside(Complete)						1.5
7	E01		Add for Clear Coat						
8	E01	Remove/Install	Insulator				0.0	Body	
9	E01		**FENDER**						
10	E01	Remove/Install	RT Fender liner				0.4	Body	
11	S01	PDR	RT FRT FENDER NOTE: 15 QT SIZED	1	275.00	Other			
12	S01		add for OS Dents	2	100.00	Other			
13	E01	Remove/Install	LT Fender liner				0.4	Body	
14	E01	PDR	LF FRT FENDER NOTE: 15 QT SIZED	1	175.00	Other			
15	S01		OS Dents	2	100.00	Other			
16	S01		**ELECTRICAL**						
17	S01	Remove/Install	Antenna				0.3	Body	
18	E01		**WINDSHIELD**						
19	E01	Remove/Install	Windshield FORD, all				3.3	Body	
20	E01		**ROOF**						
21	S02	Repair	Roof panel NOTE: cracked paint push to repair / paint				4.0	Body	3.8
22	S01		Overlap Major Non-Adj. Panel						(0.2)
23	S01		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

RO Number: 16025069

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

24	S01	PDR	ROOF NOTE: 200 HALF SIZED DENTS	1	1,350.00	Other		
25	S01		OS dents	18	900.00	Other		
26	E01	Remove/Install	R&I headliner				4.1	Body
27	E01	Remove/Install	RT Roof rail black all				0.5	Body
28	E01	Remove/Install	LT Roof rail black all				0.5	Body
29	E01		**PILLARS, ROCKER & FLOOR**					
30	S01	PDR	LT Roof Rail NOTE: 51-75 q	1	475.00	Other		
31	S02		OS dents	5	250.00	Other		
32	E01	PDR	RT Roof rail NOTE: PDR 5 nickel, 1 quarter, 5 half 5 HALF SIZED	1	300.00	Other		
33	E01		OVERSIZED LF	6	300.00	Other		
34	E01		**FRONT DOOR**					
35	E01	PDR	RT FRT DOOR NOTE: 15 QTR SIZED	1	175.00	Other		
36	S01	PDR	LF Front DOOR NOTE: 15 QTR SIZED DENTS	1	175.00	Other		
37	E01		OVERSIZED	8	400.00	Other		
38	E01	Remove/Replace	RT Belt molding	1	241.18	OEM	0.3	Body
39	E01	Remove/Replace	LT Belt molding	1	292.42	OEM	0.3	Body
40	E01	Remove/Install	RT R&I trim panel				0.5	Body
41	E01	Remove/Install	LT R&I trim panel				0.5	Body
42	S02	Remove/Replace	LT Mirror glass all	1	218.18	Glass	0.1	Body
43	E01		**REAR DOOR**					
44	E01	PDR	RT Rear Door NOTE: 16 qtr sized	1	250.00	Other		
45	E01	PDR	LF Rear Door NOTE: 15 qtr sized dents	1	175.00	Other		
46	E01	Remove/Install	RT R&I trim panel				0.4	Body
47	E01		Oversized both doors	6	300.00	Other		
48	E01	Remove/Replace	RT Belt molding	1	278.27	OEM	0.3	Body
49	E01	Remove/Replace	LT Belt molding	1	195.03	OEM	0.3	Body
50	E01	Remove/Install	RT Lower molding chrome finish				0.4	Body
51	E01	Remove/Install	LT Lower molding chrome finish				0.4	Body
52	E01	Remove/Install	LT R&I trim panel				0.4	Body
53	E01		**QUARTER PANEL**					
54	E01	Remove/Install	RT Splash shield				0.3	Body
55	E01	Remove/Install	LT Splash shield				0.3	Body
56	E01	PDR	LF QTR PANEL NOTE: 50 QTR SIZED	1	400.00	Other		
57	S02	PDR	RT QTR PANEL NOTE: 50 QTR SIZED	1	500.00	Other		
58	S02		OVERSIZED	6	300.00	Other		
59	E01		**LIFT GATE**					

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: 16025069

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

60	E01	Remove/Install	Lower trim panel manual lift gate black onyx				0.0	Body	
61	E01	Remove/Install	Upper molding black onyx				0.0	Body	
62	E01	Remove/Install	R&I spoiler				0.4	Body	
63	S02	Remove/Replace	Lift gate	1	1,318.02	OEM	4.5	Body	3.5
64	S02		Overlap Major Adj. Panel						(0.4)
65	S02		Add for Clear Coat						0.6
66	S02	Remove/Replace	Add for trnsfr glass				1.0	Body	
67	S02		Trnsfr glass correction				(0.1)	Body	
68	S01		**REAR LAMPS**						
69	S01	Remove/Install	RT Tail lamp assy level 1				0.3	Body	
70	S01	Remove/Install	LT Tail lamp assy level 1				0.3	Body	
71	S01		**MISCELLANEOUS OPERATIONS**						
72	S01		Corrosion protection	1	5.00	Other	0.1	Body	
73	S01		Cover Car	1	5.00	Other	0.2	Body	
74	S01		mask to prime	1	5.00	Other	0.2	Body	
75	S01		feather block prime						1.0
76	S02		Parts discount	1	(21.82)	Other			

Estimate Totals	Discount $	Markup $	Rate $	Total Hours	Total $
Parts	(351.05)				6,020.76
Labor, Body			75.00	26.0	1,950.00
Labor, Refinish			135.00	14.7	1,984.50
Labor, Mechanical			130.00	1.0	130.00
Miscellaneous		937.50			5,187.50
Subtotal					**15,272.76**
Sales Tax					0.00
Grand Total					**15,272.76**
Net Total					**15,272.76**

Estimate Version	Total $
Original	11,471.44
Supplement S01	2,904.25
Supplement S02	897.07

Insurance Total $:	15,272.76
Received from Insurance $:	0.00
Balance due from Insurance $:	15,272.76
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

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 #	4323
DAS Claim #	337795
Vehicle / Event	106068-C28281 / Hail
Event Date	04/14/2026 at
Summary	Hail
Amount Requested	15,272.76

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