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 $650.26, which increases the allocation to $6,823.81. On June 3, 2026, Vehicle #1156 was damaged by striking a raccoon. 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 # 4393
TOS Job # 3138

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: Vehicle #1156 Struck a Raccoon on June 3, 2026
Department of Administrative Services
Claim dated June 10, 2026
AOS Claim ID: 4393

The Department's request included a supplemental allocation request of $650.26 because additional damages were identified. We recommend Executive Council approval of the supplemental allocation of $650.26, which increases the allocation to $6,823.81. 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		$ 6,823.81
Executive Council allocation (Revised)		$ 6,823.81
Less:		
Previous payments	$ 0.00	
This payment	6,823.81	
Total		$ 6,823.81
Remaining Executive Council allocation		$ 0.00

We recommend that reimbursement be made in the amount of $6,823.81. 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: 341938 as of 08/25/2026

Claim Number	DAS Vehicle Number	State Driver	Vehicle Agency	Loss Date	Status	Total Incurred
341938	1156-534675	Andrew Lock		06/03/2026	Open	6,111.81

ADMIN Only Claim Status

Overall Claim Status	Closed	Total Loss Status	
Overall Claim Status Date	08/03/2026	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	08/25/2026	Subrogation Status Date	
Repair Status	Closed-Repaired	TORT Status	
Repair Status Date	08/03/2026	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	Animal	SOI Driver at Fault?	No
Accident Type Description	Animal		
Object Struck		Driver's Agency	400 - Health and Human Services
Object Struck Description		Driver's Agency Number	400
Contributing Circumstances		Driver's Agency Name	HHS
		Driver's Agency Email	brenda.stish@hhs.iowa.gov
Accident Description ADMIN	Raccoon	Vehicle's Agency	
		Vehicle's Agency Number	400
Incident Review Date		Vehicle's Agency Name	HHS
	Populating this field will send an alert to the Driver's Agency Fleet contact that an accident has occurred	Vehicle's Agency Email	brenda.stish@hhs.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	6,173.55	5,578.47	Cherokee Collision Center	21091D	Yes	✖
07/21/2026 2:46 PM	Supplemental Estimat...	1,245.34	1,245.34	Cherokee Collision Center	21091D	Yes	✖
		7,418.89	**6,823.81**				

ADMIN Only Invoicing

Repair Costs

Bodyshop Repair Amount	6,823.81
Towing Amount	
Storage Amount	
Other Amount	
Final Total	6,823.81

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

Bodyshop Payment Date	08/03/2026
Bodyshop Name	Cherokee Collision Center
Bodyshop MA Number	21091D
Communication Preference	Email

ADMIN Only 29C20

Triggers Initial Notification to AOS from the Incident Form!!

Claim Type	Raccoon
AOS Notification Date	

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

Reimbursement Request Date	08/25/2026
Reimbursement Amount	6,823.81

Triggers Allocation Request to AOS (AON2)

Allocation Request Date	06/03/2026
Allocation Request Amount	6,173.55

Triggers 29C20 status update only (AON3)

AOS Recommendation date	07/16/2026
AOS Claim Number	1156

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	341938	More than 1 driver involved?	
Claimant	Andrew Lock	More than 1 vehicle involved?	
Accident Date	06/03/2026	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	Andrew	Driver's DoB	
Driver's Last Name	Lock	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	2C4RC1CG4MR534675	Tow Required?	
DAS Vehicle Number	1156-534675	Towed by what Company?	
Vehicle License Plate Number (if different than vehicle number)		Towed to where?	
		Vehicle Mileage	
VIN	2C4RC1CG4MR534675	Brief Description of Vehicle Damage	Raccoon
Vehicle Year	2021		
Vehicle Make	CHRYSLER		
Vehicle Model	VOYAGER		
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	
Supplement (3).pdf	Estimates	Estimate - Supplemental		✖
Final Bill (2).pdf	Invoices	Invoice - Bodyshop Final		✖
Payment Request Cover Sheet.pdf	Invoices	Invoice - Payment Cover Sheet	Payment Request Cover Sheet	✖
Proof of Payment 341938.png	Proof of Payment	Proof of Payment - Bodyshop		✖
4393 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

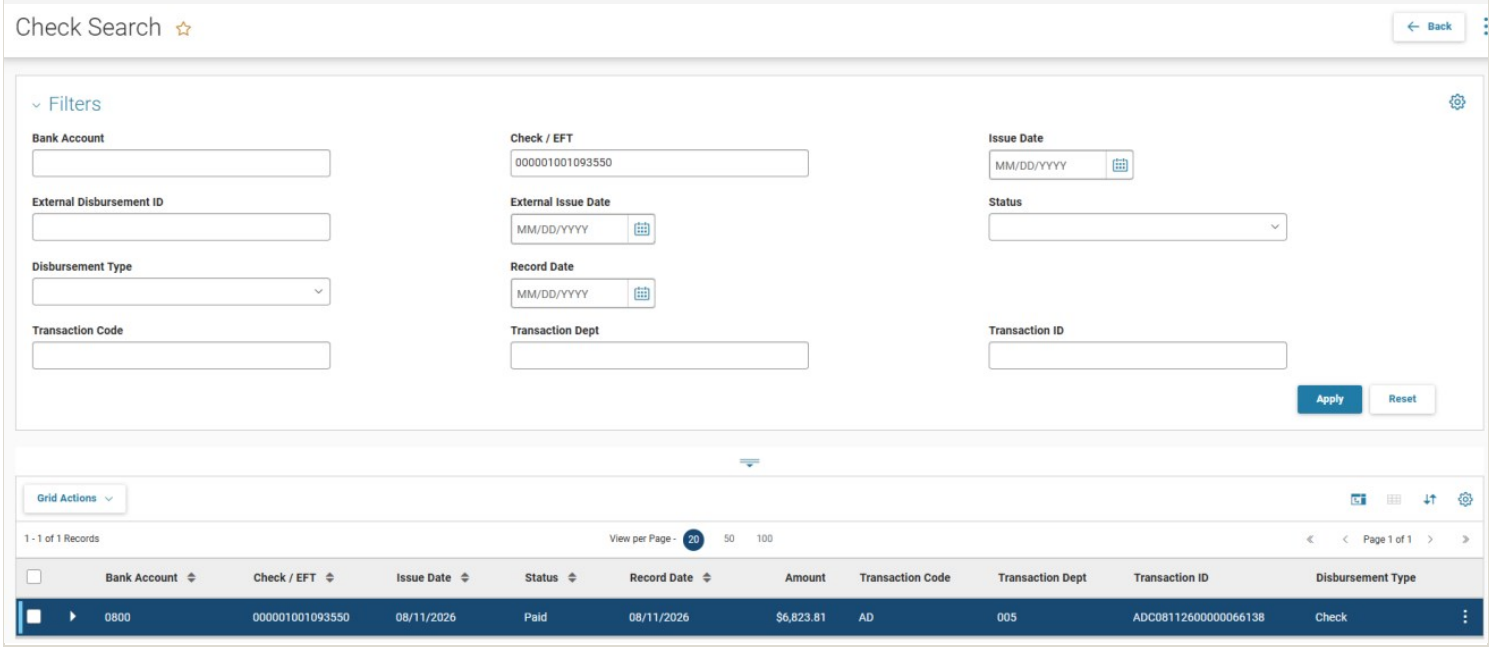
Fleet Admin MGR Contact	Fucaloro, Mariah
Fleet Admin Contact	Betts, Ryan
Fleet Finance Contact	Wear, Kyle
Fleet Inbox	Betts, Ryan
AOS 29C20 Contact	AOS,
TOS 29C20 Contact	ExecutiveCouncil@TOS.Iowa.Gov,
DPS Primary Contact	Adams, Jeannie
Fleet Salvage Dispatch Contact	Kieffer, Michelle
Fleet MA Contact	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	08/25/2026	158kb
4393 Allocation Request Letter AOS-Signed.pdf		29C20	Ryan Betts	08/25/2026	127kb
Proof of Payment 341938.png		Proof of Payment	Ryan Betts	08/25/2026	72kb
Payment Request Cover Sheet.pdf	Payment Request Cover Sheet	Invoices	Ryan Betts	08/03/2026	43kb
Final Bill (2).pdf		Invoices	Ryan Betts	08/03/2026	152kb
Supplement (3).pdf		Estimates	Ryan Betts	08/03/2026	173kb

Images

Proof of Payment 341938.png



CHEROKEE COLLISION CENTER

Workfile ID: 3aa22bc8
Federal ID: 42-1468487

Your Complete Auto Repair Center
111 INDIAN STREET, CHEROKEE, IA 51012
Phone: (712) 225-3877
FAX: (712) 225-3878

Final Bill

RO Number: 8079

Customer:	Insurance:	Adjuster:	Estimator:	Terri Weaver
State Of Iowa		Phone:	Create Date:	6/8/2026
Dept. of Administrative Services,		Claim:		
DesMoines, IA 50319-0250		Loss Date:		
(515) 418-5776		Deductible:		

2021 CHRY Voyager LX FWD 4D VAN 6-3.6L Gasoline Sequential MPI

VIN:	2C4RC1CG4MR534675	Interior Color:	Mileage In:	Vehicle Out:	6/19/2026
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		**PAINT IDENTIFICATION**						
2	E01	Remove/Replace	Buff for Color Match Reading	1	2.00	Other	0.2	Body	
3	E01	Refinish	Color Mix, Match and Spray out card Exterior						1.0
4	E01	Repair	Set up Stands/Jigs for Componet(s) in Booth				0.2	Body	
5	E01	Remove/Replace	STAT gun application				0.5	Body	
6	E01		**FRONT BUMPER & GRILLE**						
7	E01	Remove/Replace	O/H front bumper				3.9	Body	
8	E01	Remove/Replace	Bumper cover	1	703.95	A/M	0.0	Body	3.3
9	E01		Add for Clear Coat						1.3
10	E01	Remove/Replace	Flexible Additive (per fascia)	1	8.00	Other	0.1	Body	
11	E01	Remove/Replace	Raw Plastic Paint Prep Kit	1	99.00	Other	0.5	Body	
12	E01	Remove/Replace	Shutter assembly	1	294.32	A/M	0.0	Body	
13	E01	Remove/Replace	Absorber	1	94.00	A/M	0.0	Body	
14	E01	Remove/Replace	Lower grille	1	118.00	OEM	0.0	Body	
15	E01	Remove/Replace	Air shield	1	181.00	OEM	0.0	Body	
16	E01		**FRONT LAMPS**						
17	E01	Remove/Install	RT R&I headlamp assy				0.3	Body	
18	E01	Remove/Install	LT R&I headlamp assy				0.3	Body	
19	E01		**RADIATOR SUPPORT**						
20	E01	Remove/Replace	Lower tie bar	1	81.34	A/M	0.6	Body	
21	E01		**COOLING**						
22	E01	Remove/Install	Trans cooler				0.0	Body	
23	E01	Remove/Replace	RT Side seal w/o hybrid	1	57.90	OEM	0.2	Body	
24	E01	Remove/Replace	LT Side seal w/o hybrid	1	63.20	OEM	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: 8079

2021 CHRY Voyager LX FWD 4D VAN 6-3.6L Gasoline Sequential MPI

25	E01	Remove/Replace	Radiator all	1	481.00	OEM	3.4	Mech
26	E01	Remove/Replace	Coolant / Gal	2	56.00	A/M	0.2	Body
27	E01	Remove/Replace	Fan assy w/o hybrid w/o towing pkg	1	314.00	OEM	0.0	Body
28	E01	Remove/Replace	Lower seal	1	44.35	OEM	0.2	Body
29	E01	Remove/Replace	Lower hose w/o hybrid	1	207.00	OEM	1.0	Mech
30	E01	Remove/Replace	Deduct for Overlap				(0.4)	Mech
31	E01	Repair	pressure test cooling system for leaks				0.5	Body
32	E01		**AIR CONDITIONER & HEATER**					
33	E01	Remove/Replace	Condenser from 05/13/2017	1	260.41	A/M	1.3	Mech
34	E01	Remove/Replace	AC Service evacuate & recharge				1.7	Mech
35	E01	Remove/Replace	R1234yf Freon	2	250.00	A/M	1.0	Mech
36	E01	Repair	pressure test AC system for leaks with sniffer				0.5	Body
37	E01		**ELECTRICAL**					
38	E01		Disconnect Battery				0.2	Mech
39	E01		Connect Battery				0.1	Mech
40	E01	Repair	Memory Funstion Reset				0.2	Body
41	E01	Repair	Engine harness w/o hybrid NOTE: 8 wires and loom broken. Caused no horn, hood latch codes, and temp sensor codes.				1.5	Mech
42	E01		**RESTRAINT SYSTEMS**					
43	E01	Repair	Dis Arm Saftey Restraint System				0.4	Mech
44	E01	Remove/Install	RT Ft impact sensor				0.2	Mech
45	E01	Remove/Install	LT Ft impact sensor				0.2	Mech
46	E01	Repair	Re-Arm and Connect Saftey Restraint Systems				0.1	Mech
47	E01	Remove/Replace	Air bag system diagnosis			OEM	0.5	Mech
48	E01		**VEHICLE DIAGNOSTICS**					
49	E01	Repair	Battery support during PRE/POST scans				0.2	Mech
50	E01	Sublet	Pre-repair scan	1	120.00	Sublet		
51	E01	Sublet	Post-repair scan	1	120.00	Sublet		
52	E01		**MISCELLANEOUS OPERATIONS**					
53	E01	Repair	De Nib, Wet Sand and Buff/Polish (.5 per panel)				0.5	Body
54	E01	Remove/Replace	Job cost materials	1	215.49	OEM		
55	E01	Remove/Replace	Hazardous Waste Charge	1	14.35	Other		

Estimate Totals	Discount $	Markup $	Rate $	Total Hours	Total $
Parts					3,474.96
Sublet/Miscellaneous					240.00
Labor, Body			85.00	9.1	773.50
Labor, Refinish			150.00	5.6	840.00
Labor, Mechanical			125.00	11.4	1,425.00
Miscellaneous					70.35
Subtotal					**6,823.81**

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: 8079

2021 CHRY Voyager LX FWD 4D VAN 6-3.6L Gasoline Sequential MPI

Sales Tax	0.00
Grand Total	**6,823.81**
Net Total	**6,823.81**

Estimate Version	**Total $**
Original	6,823.81

Insurance Total $:	6,823.81
Received from Insurance $:	0.00
Balance due from Insurance $:	6,823.81
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

July 16, 2026

Kristi Onstot
Executive Council

Subject: Vehicle #1156 Struck a Raccoon on June 3, 2026
Department of Administrative Services
Claim dated June 10, 2026
AOS Claim ID: 4393

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 $6,173.55, 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

Date: August 25, 2026

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

Re: REIMBURSEMENT REQUEST - 29C20

AOS Claim #	1156
DAS Claim #	341938
Vehicle / Event	1156-534675 / Raccoon
Event Date	06/03/2026 at
Summary	Raccoon
Amount Requested	6,823.81

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