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 $1,019.42, which increases the allocation to $4,793.66. On May 1, 2026, Vehicle #1457 was damaged by striking a deer. 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 # 4356
TOS Job # 3071

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: Deer Damage to Vehicle #1457 on May 1, 2026
Department of Administrative Services
Claim dated May 5, 2026
AOS Claim ID: 4356

The Department's request included a supplemental allocation request of $1,019.42 because additional damages were identified. We recommend Executive Council approval of the supplemental allocation of $1,019.42, which increases the allocation to $4,793.66. 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		$ 4,793.66
Executive Council allocation (Revised)		$ 4,793.66
Less:		
Previous payments	$ 0.00	
This payment	4,793.66	
Total		$ 4,793.66
Remaining Executive Council allocation		$ 0.00

We recommend that reimbursement be made in the amount of $4,793.66. 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: 338578 as of 08/24/2026

Claim Number	DAS Vehicle Number	State Driver	Vehicle Agency	Loss Date	Status	Total Incurred
338578	1457-105820	Sarah Rippenkroeger		05/01/2026	Open	4,081.66

ADMIN Only Claim Status

Overall Claim Status	Closed	Total Loss Status	
Overall Claim Status Date	07/10/2026	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	07/10/2026	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	Deer	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	3,774.24	3,819.14	Jim Baier Inc/ABRA	21098D	Yes	✖
07/13/2026 5:51 PM	Supplemental Estimat...	974.52	974.52	Jim Baier Inc/ABRA	21098D	Yes	✖
		4,748.76	**4,793.66**				

ADMIN Only Invoicing

Repair Costs

Bodyshop Repair Amount	4,793.66
Towing Amount	
Storage Amount	
Other Amount	
Final Total	4,793.66

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

Bodyshop Payment Date	
Bodyshop Name	Jim Baier Inc/ABRA
Bodyshop MA Number	21098D
Communication Preference	Email

ADMIN Only 29C20

Triggers Initial Notification to AOS from the Incident Form!!

Claim Type	Deer
AOS Notification Date	

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

Reimbursement Request Date	08/24/2026
Reimbursement Amount	4,793.66

Triggers Allocation Request to AOS (AON2)

Allocation Request Date	05/05/2026
Allocation Request Amount	3,774.24

Triggers 29C20 status update only (AON3)

AOS Recommendation date	06/01/2026
AOS Claim Number	4356

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	338578	More than 1 driver involved?	
Claimant	Sarah Rippenkroeger	More than 1 vehicle involved?	
Accident Date	05/01/2026	Accident Description Quick	
Accident Time		Accident Description Full	
Accident Street/Location			
Accident City		Click **Edit Collision Diagram** below to complete an a diagram of the accident.	
Accident State			
Accident Postal			
Accident County			
Incident Contact Email Address			
DSP Incident?			

State Driver Details

Driver's First Name	Sarah	Driver's DoB	
Driver's Last Name	Rippenkroeger	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	2G11Z5S30L9105820	Tow Required?	
DAS Vehicle Number	1457-105820	Towed by what Company?	
Vehicle License Plate Number (if different than vehicle number)		Towed to where?	
		Vehicle Mileage	
VIN	2G11Z5S30L9105820	Brief Description of Vehicle Damage	Deer
Vehicle Year	2020		
Vehicle Make	CHEVROLET		
Vehicle Model	IMPALA		
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
Proof of Payment 338578.png	Proof of Payment	Proof of Payment - Bodyshop	
338578 - 1457 Final Invoice (1).pdf	Invoices	Invoice - Bodyshop Final	
4356 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

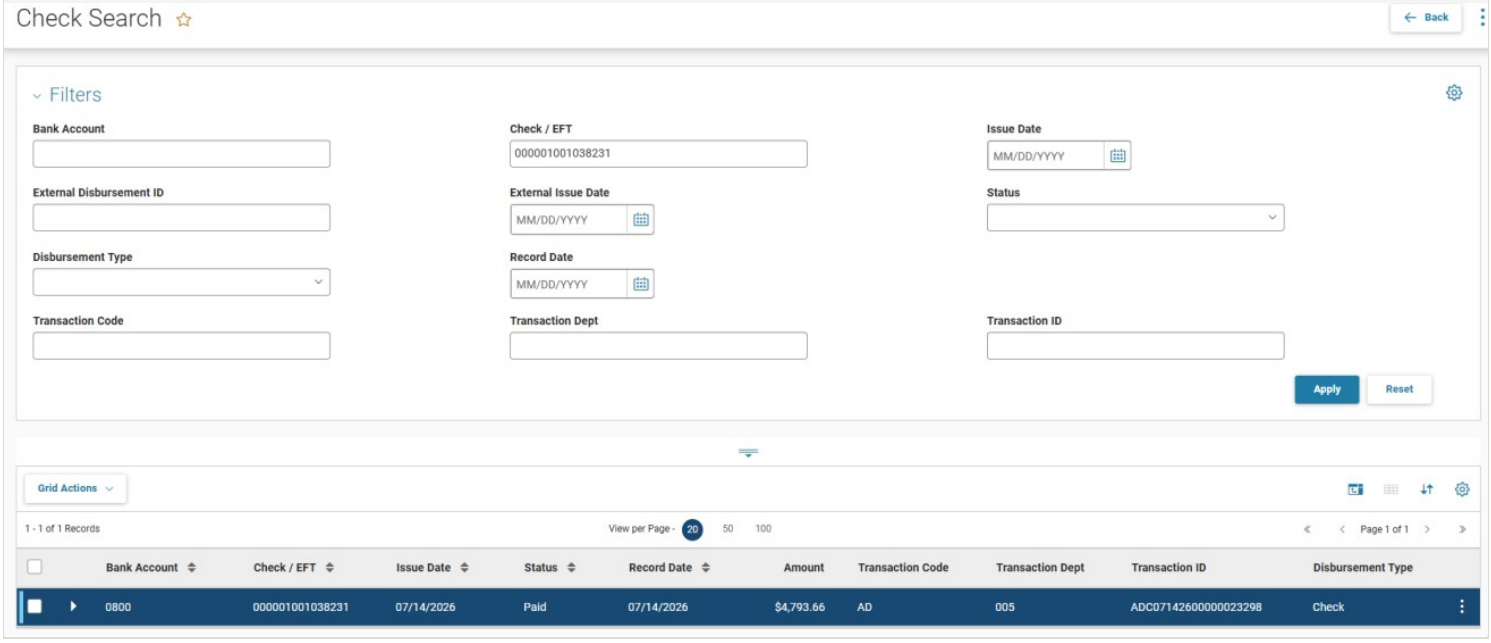
Fleet Admin MGR Contact	Fucaloro, Mariah
Fleet Admin Contact	Betts, Ryan
Fleet Finance Contact	Wear, Kyle
Fleet Inbox	Betts, Ryan
AOS 29C20 Contact	AOS,
TOS 29C20 Contact	ExecutiveCouncil@TOS.Iowa.Gov,
DPS Primary Contact	Adams, Jeannie
Fleet Salvage Dispatch Contact	Kieffer, Michelle
Fleet MA Contact	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
4356 Allocation Request Letter AOS-Signed.pdf		29C20	Ryan Betts	08/24/2026	127kb
338578 - 1457 Final Invoice (1).pdf		Invoices	Ryan Betts	08/24/2026	153kb
Proof of Payment 338578.png		Proof of Payment	Ryan Betts	08/24/2026	72kb

Images

Proof of Payment 338578.png



Abra - Jim Baier Fort Madison

5701 Avenue O, Fort Madison, IA 52627
Phone: (319) 372-8120

Workfile ID: b340c186
Federal ID: 420982103

Final Bill

RO Number: 12534

Customer:		Insurance:		Adjuster:		Estimator:	Cruz Estrada
HHS Vehicle 1457		CUSTOMER PAY		Phone:		Create Date:	5/4/2026
				Claim:	0338578		
				Loss Date:			
(319) 470-2784				Deductible:			

2020 CHEV Impala LT1 4D SED 6-3.6L Flex Fuel Direct Injection White

VIN:	2G11Z5S30L9105820	Interior Color:	Black	Mileage In:	89,126	Vehicle Out:	5/29/2026
License:	1457	Exterior Color:	White	Mileage Out:	89,127		
State:	IA	Production Date:	9/2019	Condition:		Job #:	

Line	Ver	Operation	Description	Qty	Extended Price $	Part Type	Labor	Type	Paint
1	E01		**FRONT BUMPER & GRILLE**						
2	E01	Remove/Replace	O/H bumper assy				2.9	Body	
3	E01	Remove/Replace	Bumper cover w/o adaptive cruise w/o actv shtr	1	817.00	A/M	0.0	Body	3.4
4	E01		Add for Clear Coat						1.4
5	E01	Remove/Replace	Upper grille LT w/o midnight pkg	1	458.00	A/M	0.0	Body	
6	S01	Remove/Replace	Absorber	1	138.00	A/M	0.0	Body	
7	S01	Remove/Replace	LT Side bracket	1	56.00	A/M	0.1	Body	
8	S01	Remove/Replace	LT Impact bar reinforcement	1	36.00	A/M	0.1	Body	
9	E01		**FRONT LAMPS**						
10	E01	Remove/Replace	LT Headlamp assy	1	735.23	LKQ	0.5	Body	
11	S01		**COOLING**						
12	S01	Remove/Replace	Upper baffle	1	62.00	A/M	0.2	Body	
13	E01		**FENDER**						
14	S01	Remove/Replace	LT fender assy	1	283.50	LKQ	2.5	Body	2.2
15	S01		Overlap Major Non-Adj. Panel						(0.2)
16	S01		Add for Clear Coat						0.4
17	S01	Repair	LT Fender Brkts NOTE: Time to repair and adjust fender brackets				1.0	Body	
18	E01	Remove/Install	LT Fender liner				0.4	Body	
19	E01	Remove/Install	Mud guard				0.4	Body	
20	E01		Hazardous waste removal	1	3.00	Other			
21	E01	Remove/Replace	Cover Car	1	5.00	Other			
22	E01	Remove/Replace	Corrosion Protection	1	5.00	Other			
23	E01	Remove/Replace	Flex Additive/Adhesion Promoter	1	5.00	Other			
24	S01		**FRONT DOOR**						
25	S01	Blend	LT Door shell w/o molding						1.0
26	S01	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: 12534

2020 CHEV Impala LT1 4D SED 6-3.6L Flex Fuel Direct Injection White

27	S01	Remove/Install	LT Reveal molding				0.2	Body	
28	S01	Remove/Install	LT Applique				0.3	Body	
29	S01	Remove/Replace	LT Nameplate "IMPALA"	1	69.04	OEM	0.3	Body	
30	S01	Remove/Install	LT R&I mirror				0.3	Body	
31	S01	Remove/Install	LT Handle, outside w/passive entry w/o chrome				0.4	Body	
32	S01	Remove/Install	LT R&I trim panel				0.5	Body	

Estimate Totals	Discount $	Markup $	Rate $	Total Hours	Total $
Parts		254.69			2,922.46
Labor, Body			73.00	10.4	759.20
Labor, Refinish			73.00	8.2	598.60
Material, Paint					508.40
Miscellaneous					5.00
Subtotal					**4,793.66**
Sales Tax					0.00
Grand Total					**4,793.66**
Net Total					**4,793.66**

Estimate Version	Total $
Original	3,819.14
Supplement S01	974.52

Insurance Total $:	4,793.66
Received from Insurance $:	0.00
Balance due from Insurance $:	4,793.66
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: Deer Damage to Vehicle #1457 on May 1, 2026
Department of Administrative Services
Claim dated May 5, 2026
AOS Claim ID: 4356

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 $3,774.24, 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 #	4356
DAS Claim #	338578
Vehicle / Event	1457-105820 / Deer
Event Date	05/01/2026 at
Summary	Deer
Amount Requested	4,793.66

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