MEMBERS OF COUNCIL

HON. KIM REYNOLDS
GOVERNOR

HON. PAUL D. PATE
SECRETARY OF STATE

HON. ROB SAND
AUDITOR OF STATE

HON. ROBY SMITH
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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 ……...……..... $5,911.88
On August 4, 2026, Vehicle #418 was damaged by hail. Request was to cover repair costs.

This represents full and final payment.

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 4470
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: Hail Damage to Vehicle #418 on August 4, 2026
Department of Administrative Ser
Claim dated August 6, 2026
AOS Claim ID: 4470

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

| | | |
|---|---|---|
| Documented request | | $ 5,911.88 |
| Executive Council Allocation | | $ 5,911.88 |
| Less: | | |
| Previous payments | $ 0.00 | |
| This payment | 5,911.88 | |
| Total | | $ 5,911.88 |
| Remaining Executive Council allocation | | $ 0.00 |

As requested by the Department, we recommend reimbursement be made to the Department of Administrative Services in the amount of $5,911.88. This represents full and final payment of the loss.

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: C270023 as of 09/18/2026

| Claim Number | DAS Vehicle Number | State Driver | Vehicle Agency | Loss Date | Status | Total Incurred |
|---|---|---|---|---|---|---|
| C270023 | 418-624019 | Moore, Corey | Public Safety - Administrative Services | 08/04/2026 | Open | 6,911.88 |

## ADMIN Only Claim Status

| | | | |
|---|---|---|---|
| Overall Claim Status: | Closed | Total Loss Status: | |
| Overall Claim Status Date: | 08/20/2026 | Total Loss Status Date: | |
| Overall Incident Status: | Closed-Claim Created | Restitution Status: | |
| Overall Incident Status Date: | 08/10/2026 | 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: | 08/20/2026 | TORT Status Date: | |

## ADMIN Only

| | | | |
|---|---|---|---|
| Notification Date: | 08/10/2026 9:16 AM | Potential Tort? | No |
| Entry User: | Mariah Fucaloro | 29C20 Claim? | Yes |
| Historical Claim? | No | Subrogation? | No |
| Group ID: | | Restitution? | No |
| | | Total Loss? | No |
| Accident Type: | Hail | 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: | jadams@dps.state.ia.us |
| Accident Description ADMIN: | Hail | Vehicle's Agency: | 595-1 - Public Safety - Administrative Services |
| | | Vehicle's Agency Number: | 595 |
| Incident Review Date: | 08/06/2026<br>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: | jadams@dps.state.ia.us |

## Estimate Approvals

Add Estimate

| Entry Date | Estimate Type | Estimate Amount | Approved Estimate Amount | Body Shop Name | MA Number | CRS Claim? | |
|---|---|---|---|---|---|---|---|
| 08/10/2026 9:17 AM | Initial Estimate | 5,911.88 | 5,911.88 | All Makes Collision | 21089D | No | ✖ |
| | | **5,911.88** | **5,911.88** | | | | |

## ADMIN Only Invoicing

### Repair Costs

| | |
|---|---|
| Bodyshop Repair Amount: | 5,911.88 |
| Towing Amount: | |
| Storage Amount: | |
| Other Amount: | |
| Final Total: | 5,911.88 |

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

| | |
|---|---|
| Bodyshop Payment Date: | 08/20/2026 |
| Bodyshop Name: | All Makes Collision |
| Bodyshop MA Number: | 21089D |
| Communication Preference: | Email |

## ADMIN Only 29C20

### Triggers Initial Notification to AOS from the Incident Form!!

| | |
|---|---|
| Claim Type: | Hail |
| AOS Notification Date: | 08/06/2026 |

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

| | |
|---|---|
| Reimbursement Request Date: | 09/18/2026 |
| | 5,911.88 |

### Triggers Allocation Request to AOS (AON2)

Allocation Request Date: 08/10/2026

Allocation Request Amount: 5,911.88

### Triggers 29C20 status update only (AON3)

AOS Recommendation date: 09/17/2026

AOS Claim Number: 4470

Reimbursement Amount 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:

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:

### Triggers Subrogation Acceptance email to Insurance Company (SUB3)

Subrogation Acceptance Date:

Subrogee Claim Number:

Accepted Subrogation amount:

### Other Information

Subrogation Notes:

## ADMIN Only CRS Info

| | | | |
|---|---|---|---|
| CRS Claim Created: | | CRS Claim Created: | |
| CRS Department Name: | | CRS Claim Type: | |
| CRS Claimants: | | CRS Fee: | |
| CRS Date of Loss: | | CRS Reviewed: | |
| | | CRS Review Notes: | |

## Accident Details

| | | | |
|---|---|---|---|
| Claim Number: | C270023 | More than 1 driver involved? | No |
| Claimant: | Moore, Corey | More than 1 vehicle involved? | No |
| Accident Date: | 08/04/2026 | Accident Description Quick: | Hail |
| Accident Time: | 3:00 AM | Accident Description Full: | Hail |
| Accident Street/Location: | 2480 Locust Ave | | |
| Accident City: | Corning | | |
| Accident State: | Iowa | | |
| Accident Postal: | 50841 | | |
| Accident County: | Adams | | |
| Incident Contact Email Address: | jadams@dps.state.ia.us | | |
| DSP Incident? | | | |

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

## State Driver Details

| | | | |
|---|---|---|---|
| Driver's First Name: | Corey | Driver's DoB: | 09/17/1971 |
| Driver's Last Name: | Moore | Driver's Phone Number: | (515) 281-3227 |
| Drivers License Number: | 704xx4347 | | |
| Drivers License State: | Iowa | | |

## 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: | 2C3CDXKG7PH624019 | Tow Required? | No |
| DAS Vehicle Number: | 418-624019 | Towed by what Company? | |
| Vehicle License Plate Number (if different than vehicle number) | | Towed to where? | |
| | | Vehicle Mileage: | 90,333 |
| VIN: | 2C3CDXKG7PH624019 | Brief Description of Vehicle Damage: | Hail damage - unoccupied vehicle |
| Vehicle Year: | 2023 | | |
| Vehicle Make: | DODGE | | |
| Vehicle Model: | CHARGER | | |
| 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? | |

### Other Vehicle Insurance Information

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

| | |
|---|---|
| Vehicle 2 Mileage: | |
| Vehicle 2 Description of Damage: | |
| Policy # | |

## Conditions

| | | | |
|---|---|---|---|
| Location Type: | 03-Residential District | Surface Conditions: | 09-Other |
| Weather Conditions: | 06-Sleet/Hail | Vision Obscured: | 15-Other (Explain in Narrative) |
| Light Conditions: | 06-Unknown | Apparent Driver Conditions: | 12-Other (Explain in Narrative) |
| | | Other Comments from Driver: | Vehicle was damaged by hail while parked overnight in Trooper's driveway. |

## 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 |
|---|---|---|---|
| AON Initial Notification 2026-07-27.pdf | 29C20 | 29C20 Initial Notification | |
| 418 Vehicle Damage Memo 202600183104.docx | Accident Details | Memos/Other Docs | |
| #418 Damage Report 202600183104_.doc | Accident Details | Police Accident Report | |
| IMG_0715.JPG | Other / Misc. | Other | |
| IMG_0716.JPG | Other / Misc. | Other | |
| IMG_0718.JPG | Other / Misc. | Other | |
| IMG_0719.JPG | Other / Misc. | Other | |
| IMG_0721.JPG | Other / Misc. | Other | |
| 418 ESTIMATE.pdf | Estimates | Estimate - Initial | |
| 29C20 Allocation Request Summary - 2026-07-27.pdf | 29C20 | 29C20 Allocation Request Summary | |
| 29C20 Allocation Request Abstract.pdf | 29C20 | 29C20 Allocation Request Summary | 29C20 Allocation Request Abstract |
| 418 Invoice.pdf | Invoices | Invoice - Bodyshop Final | |
| Payment Request Cover Sheet.pdf | Invoices | Invoice - Payment Cover Sheet | Payment Request Cover Sheet |
| C270023 Proof of Payment.png | Proof of Payment | Proof of Payment - Bodyshop | |
| 4470 Allocation Letter AOS-Signed.pdf | 29C20 | 29C20 Allocation Letter from AOS | |

## Key Workflow Contacts

| | |
|---|---|
| Fleet Admin MGR Contact: | Fucaloro, Mariah |
| Fleet Admin Contact: | Betts, Ryan |
| Fleet Finance Contact: | Wear, Kyle |

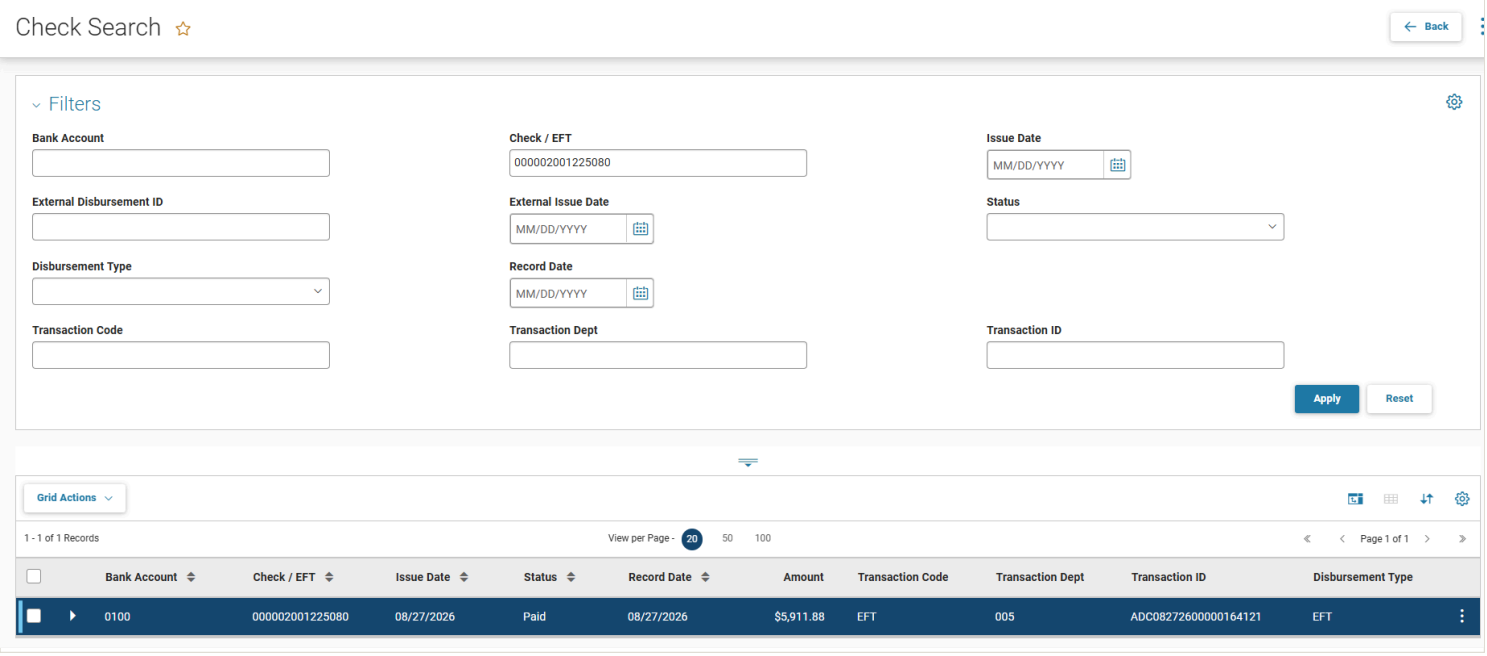
| | |
|---|---|
| Fleet Inbox: | Betts, Ryan |
| AOS 29C20 Contact: | AOS, |
| TOS 29C20 Contact: | ExecutiveCouncil@TOS.Iowa.Gov, |
| DPS Primary Contact: | Adams, Jeannie |
| Fleet Salvage Dispatch Contact: | Kieffer, Michelle |
| Fleet MA Contact: | Rudawski, Michael |
| Finance Invoice Payment Contact: | DAS, Finance |
| Environment: | |

## Files

| File | Description | Folder | Attached By | Attach Date | Size |
|---|---|---|---|---|---|
| 4470 Allocation Letter AOS-Signed.pdf | | 29C20 | Ryan Betts | 09/18/2026 | 158kb |
| C270023 Proof of Payment.png | | Proof of Payment | Ryan Betts | 09/14/2026 | 73kb |
| Payment Request Cover Sheet.pdf | Payment Request Cover Sheet | Invoices | Ryan Betts | 08/20/2026 | 43kb |
| 418 Invoice.pdf | | Invoices | Ryan Betts | 08/20/2026 | 250kb |
| 29C20 Allocation Request Abstract.pdf | 29C20 Allocation Request Abstract | 29C20 | Mariah Fucaloro | 08/10/2026 | 1010kb |
| 29C20 Allocation Request Summary - 2026-07-27.pdf | | 29C20 | Mariah Fucaloro | 08/10/2026 | 152kb |
| 418 ESTIMATE.pdf | | Estimates | Mariah Fucaloro | 08/10/2026 | 637kb |
| IMG_0721.JPG | | Other / Misc. | Mariah Fucaloro | 08/10/2026 | 1160kb |
| IMG_0719.JPG | | Other / Misc. | Mariah Fucaloro | 08/10/2026 | 1102kb |
| IMG_0718.JPG | | Other / Misc. | Mariah Fucaloro | 08/10/2026 | 1106kb |
| IMG_0716.JPG | | Other / Misc. | Mariah Fucaloro | 08/10/2026 | 2604kb |
| IMG_0715.JPG | | Other / Misc. | Mariah Fucaloro | 08/10/2026 | 2777kb |
| #418 Damage Report 202600183104_.doc | | Accident Details | Mariah Fucaloro | 08/10/2026 | 76kb |
| #418 Damage Report 202600183104_.doc | | Accident Details | Mariah Fucaloro | 08/10/2026 | 76kb |
| 418 Vehicle Damage Memo 202600183104.docx | | Accident Details | Mariah Fucaloro | 08/10/2026 | 30kb |
| 418 Vehicle Damage Memo 202600183104.docx | | Accident Details | Mariah Fucaloro | 08/10/2026 | 30kb |
| AON Initial Notification 2026-07-27.pdf | | 29C20 | Mariah Fucaloro | 08/06/2026 | 162kb |
| AON Initial Notification 2026-07-27.pdf | | 29C20 | Mariah Fucaloro | 08/06/2026 | 162kb |

## Images

### C270023 Proof of Payment.png



# All Makes Collision Center

524 23rd Ave
Council Bluffs, IA 51501

Phone (712) 256-3195

# *Invoice*

**No: 3874**

Scheduled In Date: 8/19/2026
Completed Date: 8/19/2026
Service Rep: Kortnie Getzschman
Page 1
PO No:

**Name**

State of Iowa

**Service Item**

23 Dodge Charger Police 4 DR Sedan
Lic: Unit#
VIN: 2C3CDXKG7PH624019 Color:
Mileage In: Mileage Out:
Paint Code : _____

**Insurance Information**

Claim No: 418
Policy No:
Date of Loss:
Deductible: 0.0000

**Insurance Company**

Ext:

**Insured**

Ext:

**Adjuster**

,

| Type | Description | Qty | Each | Amount | Sales Tax% | Sales Tax | Total |
|---|---|---|---|---|---|---|---|
| RL | Refinish Labor | 7.2 | 100.00 | 720.00 | 7.00% | 0.00 | 720.00 |
| BL | Body Labor | 14.5 | 55.00 | 797.50 | 7.00% | 0.00 | 797.50 |
| NP | NonTaxable Part | | | 1,128.13 | 0.00% | 0.00 | 1,128.13 |
| NS | NonTaxable Sublet | | | 3,266.25 | 0.00% | 0.00 | 3,266.25 |
| **ESTIMATE TOTALS** | | | | **$5,911.88** | | **$0.00** | **$5,911.88** |

| Type | Description | Qty | Each | Amount | Sales Tax% | Sales Tax | Total |
|---|---|---|---|---|---|---|---|
| RL | Refinish Labor | 7.2 | 100.00 | 720.00 | 7.00% | 0.00 | 720.00 |
| BL | Body Labor | 14.5 | 55.00 | 797.50 | 7.00% | 0.00 | 797.50 |
| NP | NonTaxable Part | | | 1,128.13 | 0.00% | 0.00 | 1,128.13 |
| NS | NonTaxable Sublet | | | 3,266.25 | 0.00% | 0.00 | 3,266.25 |
| **INVOICE TOTALS** | | | | **$5,911.88** | | **$0.00** | **$5,911.88** |

An express mechanic's lien is hereby acknowledged on the above vehicle to secure the amount of costs incurred by in collecting amounts owed for repairs on the above vehicle. I also hereby make, constitute and appoint you and/or your employees as my true lawful attorney for me and in my name, place, and stead to ask, demand, collect, sign for and receive all such sums of money which are or shall be due owing, payable and belonging to me, or detained from me, related to the vehicle herein described. This includes full power and authority to sign my name to all checks, drafts, and/or negotiable instruments related to or arising out of work done by you and/or your employees on the above mentioned vehicle.

Signature: _____ Date: _____

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**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 #418 on August 4, 2026
Department of Administrative Ser
Claim dated August 6, 2026
AOS Claim ID: 4470

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 $5,911.88, 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