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 $1,656.73, which increases the allocation to $6,572.13. On June 30, 2026, Vehicle #120 was damaged due to a deer collision. 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 # 4411
TOS Job # 3130

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: Damages to Vehicle #120 Due to Hitting a Deer on June 30, 2026
Department of Administrative Services
Claim dated July 6, 2026
AOS Claim ID: 4411

The Department's request included a supplemental allocation request of $1,656.73 because additional damages were identified. We recommend Executive Council approval of the supplemental allocation of $1,656.73, which increases the allocation to $6,572.13. 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		$ 6,572.13
Executive Council allocation (Revised)		$ 6,572.13
Less:		
Previous payments	$ 0.00	
This payment	6,572.13	
Total		$ 6,572.13
Remaining Executive Council allocation		$ 0.00

We recommend that reimbursement be made in the amount of $6,572.13. 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: 344560 as of 09/18/2026

Claim Number	DAS Vehicle Number	State Driver	Vehicle Agency	Loss Date	Status	Total Incurred
344560	120-277790	Matthew Raes		06/30/2026	Open	5,860.13

ADMIN Only Claim Status

Overall Claim Status:	Closed	Total Loss Status:	
Overall Claim Status Date:	09/08/2026	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:	09/08/2026	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:	Deer		
Object Struck:		Driver's Agency:	595-1 - Public Safety - Administrative Services
Object Struck Description:		Driver's Agency Number:	595
Contributing Circumstances:		Driver's Agency Name:	DPS
		Driver's Agency Email:	jadams@dps.state.ia.us
Accident Description ADMIN:	Deer	Vehicle's Agency:	
		Vehicle's Agency Number:	595
Incident Review Date:		Vehicle's Agency Name:	DPS
	Populating this field will send an alert to the Driver's Agency Fleet contact that an accident has occurred	Vehicle's Agency Email:	jadams@dps.state.ia.us

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	4,915.40	4,830.26	Karl Chevrolet	21113D	Yes	✖
07/22/2026 1:16 PM	Supplemental Estimat...	1,741.87	1,741.87	Karl Chevrolet	21113D	Yes	✖
		6,657.27	**6,572.13**				

ADMIN Only Invoicing

Repair Costs

Bodyshop Repair Amount:	6,572.13
Towing Amount:	
Storage Amount:	
Other Amount:	
Final Total:	6,572.13

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

Bodyshop Payment Date:	09/08/2026
Bodyshop Name:	Karl Chevrolet
Bodyshop MA Number:	21113D
Communication Preference:	Email

ADMIN Only 29C20

Triggers Initial Notification to AOS from the Incident Form!!

Claim Type:	

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

Reimbursement Request Date:	09/18/2026

AOS Notification Date:

Triggers Allocation Request to AOS (AON2)

Allocation Request Date: 07/06/2026

Allocation Request Amount: 4,915.40

Triggers 29C20 status update only (AON3)

AOS Recommendation date: 07/16/2026

AOS Claim Number: 4411

Reimbursement Amount Requested: 6,572.13

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:	344560	More than 1 driver involved?	
Claimant:	Matthew Raes	More than 1 vehicle involved?	
Accident Date:	06/30/2026	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:	Matthew	Driver's DoB:	
Driver's Last Name:	Raes	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:	1GBSKLED2NR277790	Tow Required?	
DAS Vehicle Number:	120-277790	Towed by what Company?	
Vehicle License Plate Number (if different than vehicle number)		Towed to where?	
		Vehicle Mileage:	
VIN:	1GBSKLED2NR277790	Brief Description of Vehicle Damage:	Deer
Vehicle Year:	2022		
Vehicle Make:	CHEVROLET		
Vehicle Model:	TAHOE		
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:	
Vehicle 2 Towed by what Company?		Agent's Name:	
		Agent's Phone:	
Vehicle 2 Towed to where?		Agent's Email:	

Vehicle 2 Mileage:

Vehicle 2 Description of Damage:

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	
29C20 Allocation Request - 2026-07-09.pdf	29C20	29C20 Allocation Request Summary		✖
Allocation Request Abstract.pdf	29C20	29C20 Allocation Request Summary	29C20 Allocation Request Abstract	✖
344560 - 120 Final Invoice.pdf	Invoices	Invoice - Bodyshop Final		✖
344560 - 120 Supplement1.pdf	Estimates	Estimate - Supplemental		✖
Payment Request Cover Sheet.pdf	Invoices	Invoice - Payment Cover Sheet	Payment Request Cover Sheet	✖
344560 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

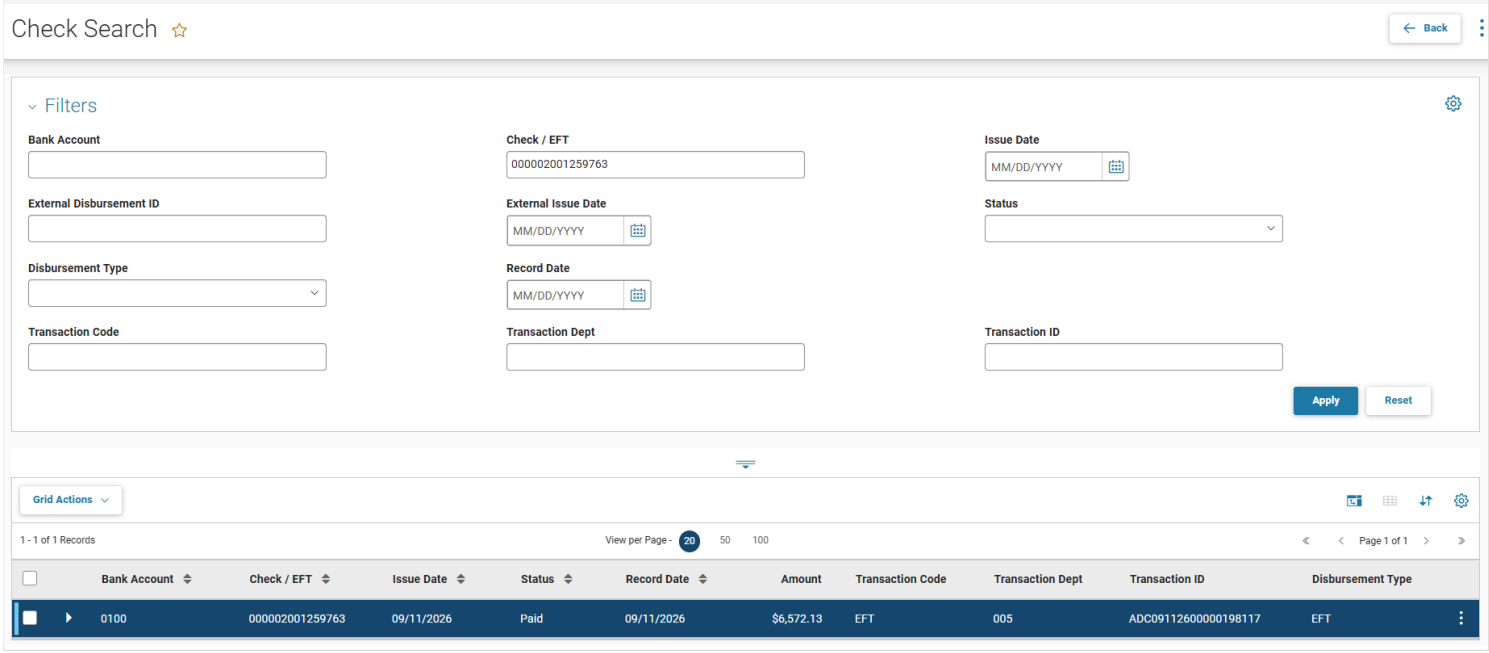
Environment:

Files

File	Description	Folder	Attached By	Attach Date	Size
29C20 Reimbursement Request Summary - 2026-07-27.pdf		29C20	Ryan Betts	09/18/2026	159kb
344560 Proof of Payment.png		Proof of Payment	Ryan Betts	09/18/2026	74kb
Payment Request Cover Sheet.pdf	Payment Request Cover Sheet	Invoices	Ryan Betts	09/08/2026	43kb
344560 - 120 Supplement1.pdf		Estimates	Ryan Betts	09/08/2026	185kb
344560 - 120 Final Invoice.pdf		Invoices	Ryan Betts	09/08/2026	603kb
Allocation Request Abstract.pdf	29C20 Allocation Request Abstract	29C20	Ryan Betts	07/23/2026	560kb
29C20 Allocation Request - 2026-07-09.pdf		29C20	Ryan Betts	07/23/2026	152kb

Images

344560 Proof of Payment.png



1-35 AT EXIT 90
1101 S.E. ORALABOR
ANKENY, IOWA 50021
PHONE (515) 299-4402
TOLL FREE 1-800-622-8264

www.karlchevrolet.com

0101ICTCB659616

CELL: 712-254-0550

CUSTOMER NO.	ADVISOR		TAG NO.	INVOICE DATE	INVOICE NO.
8641	JOSEPH SINGLETON	4310	3997	07/28/26	CTCB659616
	LABOR RATE	LICENSE NO. / MILEAGE		COLOR	STOCK NO.
STATE OF IOWA		80,004		GRAY MET/JE	84157
510 SE 12TH	YEAR / MAKE / MODEL			DELIVERY DATE	DELIVERY MILES
DES MOINES, IA 50319	22/CHEVROLET TRUCK/TAHOE/4DR 4WD			10/21/22	12
	VEHICLE I.D. NO.			SELLING DEALER NO.	PRODUCTION DATE
[redacted]	1GBSKLED2NR277790				
	F.T.E. NO.	P.O. NO.		R.O. DATE	
	CITY			07/16/26	
	COMMENTS				
					MO: 80004

JOB# 1 CHARGES

LABOR

J# 1 96CTZ BODY REPAIR TECH(S):4819 1600.20
REPAIR LF DAMAGE

PARTS	QTY	FP	NUMBER	DESCRIPTION	LIST PRICE	UNIT PRICE	
	1		87813939	FASCIA 7.831 N	877.70	838.22	838.22
	1		85633891	GRILLE 1.266 N	888.51	772.62	772.62
	1		85594225	GUIDE 7.831 N	31.83	27.68	27.68
	1		85035240	HEADLAMP 2.725 N	1165.11	1138.14	1138.14
	1		84856829	LINER 8.153 N	184.10	160.09	160.09
	1		87813942	FASCIA 7.831 N	1029.09	969.86	969.86
	1		84776452	LAMP 2.575 N	41.24	35.86	35.86
	1		84813518	HARNESS 2.195 N	178.96	155.62	155.62
	-1		87813939	CORE RETURN	75.00	75.00	-75.00
	-1		85035240	CORE RETURN	125.00	125.00	-125.00
	-1		87813942	CORE RETURN	75.00	75.00	-75.00
						TOTAL - PARTS	3823.09

MISC	CODE	DESCRIPTION	CONTROL NO	
	DISB	DISC BODY PARTS SPLIT		-771.16
	1HG	HAZARDOUS AND GLASS		5.00
			TOTAL - MISC	-766.16

JOB# 1 TOTALS

LABOR	1600.20
PARTS	3823.09
MISC	-766.16
JOB# 1 JOURNAL PREFIX CTCB JOB# 1 TOTAL	4657.13

JOB# 2 CHARGES

LABOR

J# 2 95CTZ BODYSHOP REFINISH TECH(S):5137 1008.00
REFINISH F COVER LFENDER

MISC	CODE	DESCRIPTION	CONTROL NO	
	1PM	PAINT & MATERIAL		832.00
			TOTAL - MISC	832.00

JOB# 2 TOTALS

LABOR	1008.00
MISC	832.00
JOB# 2 JOURNAL PREFIX CTCB JOB# 2 TOTAL	1840.00

JOB# 3 CHARGES

LABOR

J# 3 93CTZ PRE SCAN FOR CODES TECH(S):5137 37.50
PRE SCAN VEHICLE FOR CODES

THE SELLING DEALER MAKES NO WARRANTY OF ANY KIND WHATSOEVER AS TO THE MERCHANTABILITY OF THE PRODUCTS LISTED HEREON OR AS TO THEIR FITNESS FOR ANY PARTICULAR PURPOSE. ANY WARRANTY WHICH MAY EXIST IS AN AGREEMENT SOLELY BETWEEN THE MANUFACTURER AND THE PURCHASER.

[CONTINUED ON NEXT PAGE]

The Reynolds and Reynolds Company ERAINTINVE
SF684131 Q (12/22)

1-35 AT EXIT 90
1101 S.E. ORALABOR
ANKENY, IOWA 50021
PHONE (515) 299-4402
TOLL FREE 1-800-622-8264

www.karlchevrolet.com

0101ICTCB659616

CELL: 712-254-0550

CUSTOMER NO.	ADVISOR	TAG NO.	INVOICE DATE	INVOICE NO.
8641	JOSEPH SINGLETON 4310	3997	07/28/26	CTCB659616

STATE OF IOWA
510 SE 12TH
DES MOINES, IA 50319

[redacted]

LABOR RATE	LICENSE NO.	MILEAGE	COLOR	STOCK NO.
		80,004	GRAY MET/JE	84157

YEAR / MAKE / MODEL	DELIVERY DATE	DELIVERY MILES
22/CHEVROLET TRUCK/TAHOE/4DR 4WD	10/21/22	12

VEHICLE I.D. NO.	SELLING DEALER NO.	PRODUCTION DATE
1 G B S K L E D 2 N R 2 7 7 7 9 0		

F.T.E. NO.	P.O. NO.	R.O. DATE
CITY		07/16/26

COMMENTS

MO: 80004

JOB# 3 TOTALS----------

	LABOR	37.50
JOB# 3 JOURNAL PREFIX CTCB JOB# 3 TOTAL		37.50

JOB# 4 CHARGES----------

LABOR----------

J# 4 93CTZ001 POST SCAN TECH(S):4788 37.50

POST SCAN
JUDE POST SCAN PER OEM GUIDELINES
JUDE POST SCAN ALL CODES CLEARED

JOB# 4 TOTALS----------

	LABOR	37.50
JOB# 4 JOURNAL PREFIX CTCB JOB# 4 TOTAL		37.50

COMMENTS----------
CLM# 344560

TOTALS----------

TOTAL LABOR....		2683.20
TOTAL PARTS....		3823.09
TOTAL SUBLET...		0.00
TOTAL G.O.G....		0.00
TOTAL MISC CHG.		837.00
TOTAL MISC DISC		-771.16
TOTAL TAX.....		0.00
TOTAL INVOICE $		**6572.13**

HERE AT KARL CHEVROLET INC WE APPRECIATE YOUR BUSINESS.
IF YOU ARE SATISFIED, PLEASE TELL A FRIEND. IF YOU ARE NOT SATISFIED PLEASE TELL US.

PAYMENT METHODS:
[ ] CASH [ ] VISA/MC [ ] AMERICAN EXPRESS
[ ] CHECK W/#..... [ ] ACCT. REC.

CUSTOMER REQUIRED WHEELS RETORQUED 50-100 MILES FROM SERVICE
24 MONTH UNLIMITED MILE WARRANTY ON ALL GM PARTS INSTALLED
GSP LIFETIME WARRANTY PARTS ARE IDENTIFIED BY AN ASTERIK (*)
PARTS REPLACED DURING THE FACTORY WARRANTY PERIOD HAVE A 12 MONTH OR REMAINDER OF BUMPER TO BUMPER WHICHEVER IS GREATEST
AFTERMARKET PARTS WARRANTIES EXCLUDE LABOR
OUR SERVICE DEPARTMENT IS OPEN 6 DAYS A WEEK,
MON-THUR 6:30 AM-6 PM, FRI 6:30 AM-6 PM, SAT 7:00 AM-12PM
CERTIFIED LUBE CENTER M-FRI 6AM-6PM SAT 7AM-4PM

_____
CUSTOMER SIGNATURE

THE SELLING DEALER MAKES NO WARRANTY OF ANY KIND WHATSOEVER AS TO THE MERCHANTABILITY OF THE PRODUCTS LISTED HEREON OR AS TO THEIR FITNESS FOR ANY PARTICULAR PURPOSE. ANY WARRANTY WHICH MAY EXIST IS AN AGREEMENT SOLELY BETWEEN THE MANUFACTURER AND THE PURCHASER.

The Reynolds and Reynolds Company ERAINTINVE
SF684131 Q (12/22)

Date: September 18, 2026

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

Re: REIMBURSEMENT REQUEST - 29C20

AOS Claim #	4411
DAS Claim #	344560
Vehicle / Event	120-277790 /
Event Date	06/30/2026 at
Summary	Deer
Amount Requested	6,572.13

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