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HON. KIM REYNOLDS
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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 $1,022.11, which increases the allocation to $10,069.59. On April 14, 2026, Vehicle #2232 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 # 4326
TOS Job # 3113

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 #2232 on April 14, 2026
Department of Administrative Services
Claim dated May 14, 2026
AOS Claim ID: 4326

The Department's request included a supplemental allocation request of $1,022.11 because additional damages were identified. We recommend Executive Council approval of the supplemental allocation of $1,022.11, which increases the allocation to $10,069.59. 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		$ 10,069.59
Executive Council allocation (Revised)		$ 10,069.59
Less:		
Previous payments	$ 0.00	
This payment	10,069.59	
Total		$ 10,069.59
Remaining Executive Council allocation		$ 0.00

We recommend that reimbursement be made in the amount of $10,069.59. 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: 339179 as of 08/25/2026

Claim Number	DAS Vehicle Number	State Driver	Vehicle Agency	Loss Date	Status	Total Incurred
339179	2232-124217	Brandy McOmber		04/14/2026	Open	9,357.59

ADMIN Only Claim Status

Overall Claim Status	Closed	Total Loss Status	
Overall Claim Status Date	07/28/2026	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	07/28/2026	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	309 - Workforce Development
Object Struck Description		Driver's Agency Number	309
Contributing Circumstances		Driver's Agency Name	IWD
		Driver's Agency Email	michael.littlejohn@iwd.iowa.gov
Accident Description ADMIN	Hail	Vehicle's Agency	
		Vehicle's Agency Number	309
Incident Review Date		Vehicle's Agency Name	IWD
	Populating this field will send an alert to the Driver's Agency Fleet contact that an accident has occurred	Vehicle's Agency Email	michael.littlejohn@iwd.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	9,680.80	8,213.78	Rydell Chevrolet		Yes	✖
07/13/2026 5:51 PM	Supplemental Estimat...	1,855.81	1,855.81	Rydell Chevrolet		Yes	✖
		11,536.61	**10,069.59**				

ADMIN Only Invoicing

Repair Costs

Bodyshop Repair Amount	10,069.59
Towing Amount	
Storage Amount	
Other Amount	
Final Total	10,069.59

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

Bodyshop Payment Date	07/28/2026
Bodyshop Name	Rydell Chevrolet
Bodyshop MA Number	Non-Contract
Communication Preference	Phone Call

ADMIN Only 29C20

Triggers Initial Notification to AOS from the Incident Form!!

Claim Type	Hail
AOS Notification Date	

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

Reimbursement Request Date	08/25/2026
Reimbursement Amount	10,069.59

Triggers Allocation Request to AOS (AON2)

Allocation Request Date	05/14/2026
Allocation Request Amount	9,680.80

Triggers 29C20 status update only (AON3)

AOS Recommendation date	06/01/2026
AOS Claim Number	4326

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	339179	More than 1 driver involved?	
Claimant	Brandy McOmber	More than 1 vehicle involved?	
Accident Date	04/14/2026	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	Brandy	Driver's DoB	
Driver's Last Name	McOmber	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	1G1ZC5ST3PF124217	Tow Required?	
DAS Vehicle Number	2232-124217	Towed by what Company?	
Vehicle License Plate Number (if different than vehicle number)		Towed to where?	
		Vehicle Mileage	
VIN	1G1ZC5ST3PF124217	Brief Description of Vehicle Damage	Hail
Vehicle Year	2023		
Vehicle Make	CHEVROLET		
Vehicle Model	MALIBU		
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	
339179 - 2232 Final Invoice.pdf	Invoices	Invoice - Bodyshop Final		✖
Preliminary_Supplement_1_with_Summary (5).pdf	Estimates	Estimate - Supplemental		✖
CoverSheet for Payment Request 2026-07-23.pdf	Invoices	Invoice - Payment Cover Sheet	Payment Request Cover Sheet	✖
4326 Request for Allocation Letter AOS-Signed.pdf	29C20	29C20 Allocation Letter from AOS		✖
Proof of Payment 339179.png	Proof of Payment	Proof of Payment - Bodyshop		✖
29C20 Reimbursement Request Summary - 2026-07-27.pdf	29C20	29C20 Reimbursement Request Summary		✖

Key Workflow Contacts

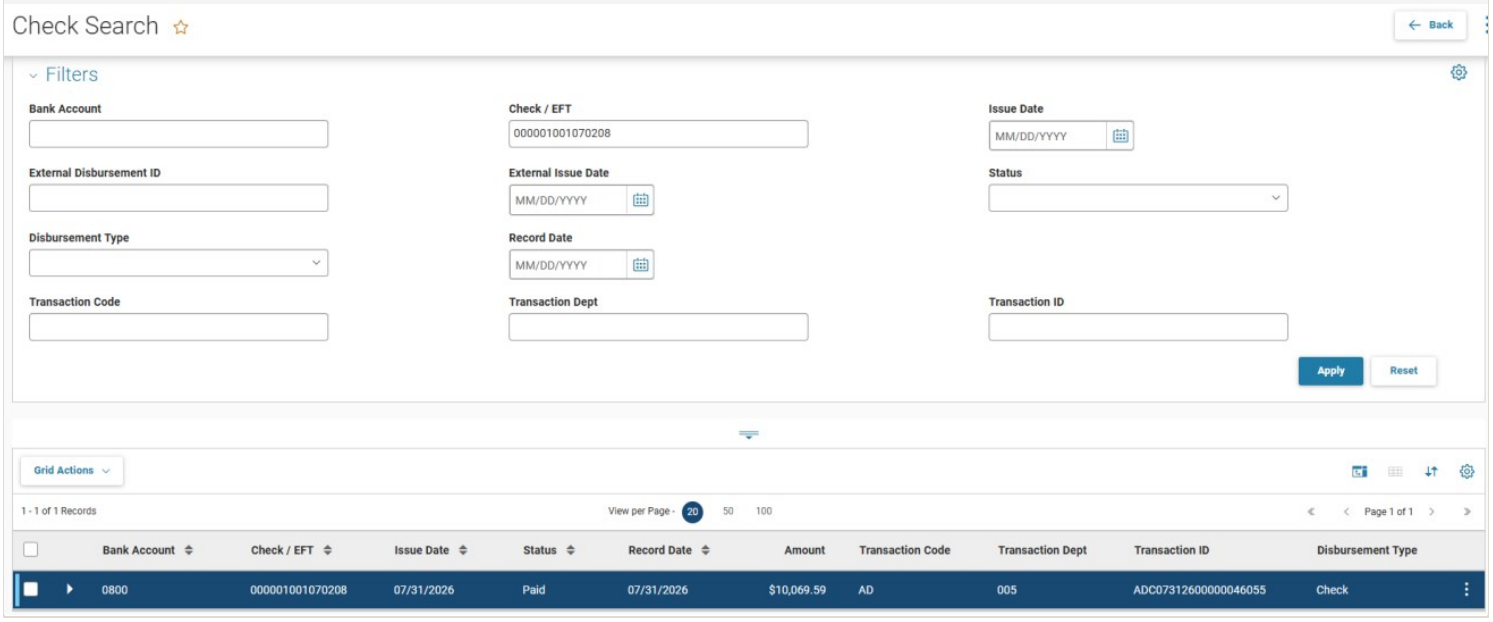
Fleet Admin MGR Contact	Fucaloro, Mariah
Fleet Admin Contact	Betts, Ryan
Fleet Finance Contact	Wear, Kyle
Fleet Inbox	Betts, Ryan
AOS 29C20 Contact	AOS,
TOS 29C20 Contact	ExecutiveCouncil@TOS.Iowa.Gov,
DPS Primary Contact	Adams, Jeannie
Fleet Salvage Dispatch Contact	Kieffer, Michelle
Fleet MA Contact	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	08/25/2026	158kb
4326 Request for Allocation Letter AOS-Signed.pdf		29C20	Ryan Betts	08/25/2026	128kb
Proof of Payment 339179.png		Proof of Payment	Ryan Betts	08/25/2026	72kb
CoverSheet for Payment Request 2026-07-23.pdf	Payment Request Cover Sheet	Invoices	Ryan Betts	07/28/2026	43kb
Preliminary_Supplement_1_with_Summary (5).pdf		Estimates	Ryan Betts	07/28/2026	94kb
339179 - 2232 Final Invoice.pdf		Invoices	Ryan Betts	07/28/2026	64kb

Images

Proof of Payment 339179.png



CUSTOMER #: 6360

703375

RYDELL CHEVROLET, INC.

1325 E. San Marnan Drive · P.O. Box 2306
WATERLOO, IOWA 50704-2306
Ph. 319-234-4605
www.rydellauto.com

GM CONSOLIDATED BILLING
MAP-WHEELS 800-477-2211
ENTERPRISE FLEET 800-325-8838
LEASE PLAN 800-323-6644, IA 50702
HOME:319-961-9858 CONT:319-961-9858
BUS: 319-939-3157 CELL:608-234-2782

INVOICE

CHEVROLET

Raybestos The I best in brakes

SERVICE ADVISOR: 3484 KALI WILKINSON

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/ OUT	TAG
	23	CHEVROLET MALIBU	1G1ZC5ST3PF124217	2232	63444/63444	T9480

DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
14NOV22 IS 14NOV22 DD			17:00 23JUN26	INSPAY		CASH	06JUL26

R.O. OPENED	READY	OPTIONS:
15:06 23JUN26	08:52 06JUL26	DLR:111658 1)FLEET#22295 2)IA DAS 3)NON-TAXABLE 4)UNIT#2232

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A BODY *** REPAIR AS PER ESTIMATE***							
	1600		REPAIR - MALIBU				
		1005	CCDB			400.00	400.00
1	84273742		HOOD		797.03	797.03	797.03
1	42903900		MOLDING		278.88	235.66	235.66
1	42903899		MOLDING		278.88	235.66	235.66
1	84205398		MOLDING		164.95	164.95	164.95
1	84205397		MOLDING		183.66	151.41	151.41
1	42903904		MOLDING		179.99	179.99	179.99
1	42903903		MOLDING		225.79	225.79	225.79
1	84205394		MOLDING		138.80	114.43	114.43
1	84205393		MOLDING		142.30	117.31	117.31
SUBL PDR HAIL PO#300020							
			CCDB			6702.36	6702.36
PARTS: 2222.23 LABOR: 400.00 OTHER: 6702.36 TOTAL LINE A: 9324.59							
B PAINT ***REPAIR AS PER ESTIMATE***							
	1700		PAINT- MALIBU				
		15	CCDP			424.00	424.00
MISC PAINT MATERIALS							
			CCDP			321.00	321.00
PARTS: 0.00 LABOR: 424.00 OTHER: 321.00 TOTAL LINE B: 745.00							
C NECESSARY BODY SHOP MATERIALS							
	1900		NECESSARY BODY SHOP MATERIALS				
		3484	CCDB			0.00	0.00
PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE C: 0.00							
STATE OF IOWA - TAX EXEMPT							

Thank you for your business

Your complete satisfaction is our #1 concern. If you have any questions, comments, or if we can be of further assistance please contact us.

Some of the parts or fluids installed on your vehicle may not have been provided by GM. GM does not warrant the installation of these parts or the damage these modifications may cause. Ask your service consultant to provide you with the warranty coverage on these Non GM parts used during this repair.

SERVICE HOURS

Monday - Friday 7:00 am - 6:00 pm
Saturday 7:00 am - 5:00 pm

STATEMENT OF DISCLAIMER

The factory warranty constitutes all of the warranties with respect to the sale of this item\items. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.THERE WILL BE A $30 FEE CHARGED ON ALL RETURNED CHECKS.

CUSTOMER SIGNATURE

DESCRIPTION	TOTALS
LABOR AMOUNT	824.00
PARTS AMOUNT	2222.23
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	6702.36
MISC. CHARGES	321.00
TOTAL CHARGES	10069.59
LESS INSURANCE	0.00
SALES TAX	0.00
PLEASE PAY THIS AMOUNT	10069.59

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CUSTOMER COPY

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 14, 2026

Kristi Onstot
Executive Council

Subject: Hail Damage to Vehicle #2232 on April 14, 2026
Department of Administrative Services
Claim dated May 14, 2026
AOS Claim ID: 4326

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. The Department requested an allocation of $9,680.80; however, the estimate from the vendor includes sales tax of $633.32. This amount will be deducted from the Department's request. Therefore, we recommend an Executive Council allocation in the amount of $9,047.48, 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 25, 2026

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

Re: REIMBURSEMENT REQUEST - 29C20

AOS Claim #	4326
DAS Claim #	339179
Vehicle / Event	2232-124217 / Hail
Event Date	04/14/2026 at
Summary	Hail
Amount Requested	10,069.59

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