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 an emergency allocation in the amount of $5,148.83, subject to an audit of actual invoices. On September 1, 2026, Vehicle #111 was damaged by a deer collision. Request was to cover repair costs.

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 # 4498
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: Deer Damage to Vehicle #111 on September 1, 2026
Department of Administrative Services
Claim dated September 2, 2026
AOS Claim ID: 4498

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 $5,148.83, 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

Claim: C270045 as of 09/02/2026

Claim Number	DAS Vehicle Number	State Driver	Vehicle Agency	Loss Date	Status	Total Incurred
C270045	111-250679	McFarland, Trent	Public Safety - for Vehicles Only	09/01/2026	Open	0.00

ADMIN Only Claim Status

Overall Claim Status	New	Total Loss Status	
Overall Claim Status Date	09/02/2026	Total Loss Status Date	
Overall Incident Status	Closed-Claim Created	Restitution Status	
Overall Incident Status Date	09/02/2026	Restitution Status Date	
29C20 Status	Allocation Requested	Subrogation Status	
29C20 Status Date	09/02/2026	Subrogation Status Date	
Repair Status	Under Review	TORT Status	
Repair Status Date	09/02/2026	TORT Status Date	

ADMIN Only

Notification Date	09/02/2026 12:21 PM	Potential Tort?	No
Entry User	Ryan Betts	29C20 Claim?	Yes
Historical Claim?	No	Subrogation?	No
Group ID		Restitution?	No
		Total Loss?	No
Accident Type	Animal	SOI Driver at Fault?	No
Accident Type Description			
Object Struck		Driver's Agency	595 - Public Safety - for Vehicles Only
Object Struck Description		Driver's Agency Number	DPS
Contributing Circumstances	✓ 00-Unknown	Driver's Agency Name	DPS - Vehicle Rollup
		Driver's Agency Email	ryan.betts@das.iowa.gov
Accident Description ADMIN	Deer	Vehicle's Agency	595 - Public Safety - for Vehicles Only
		Vehicle's Agency Number	DPS
Incident Review Date	09/02/2026 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 Rollup
		Vehicle's Agency Email	ryan.betts@das.iowa.gov

Estimate Approvals

Add Estimate

Entry Date	Estimate Type	Estimate Amount	Approved Estimate Amount	Body Shop Name	MA Number	CRS Claim?	
09/02/2026 12:23 PM	Initial Estimate	5,148.83		Karl Chevrolet	21113D	No	✖
		5,148.83					

ADMIN Only Invoicing

Repair Costs

Bodyshop Repair Amount	
Towing Amount	
Storage Amount	
Other Amount	
Final Total	0.00

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

Bodyshop Payment Date	
Bodyshop Name	
Bodyshop MA Number	
Communication Preference	

ADMIN Only 29C20

Triggers Initial Notification to AOS from the Incident Form!!

Claim Type	Deer
AOS Notification Date	09/02/2026

Triggers Allocation Request to AOS (AON2)

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

Reimbursement Request Date	
Reimbursement Amount Requested	

Allocation Request Date 09/02/2026

Allocation Request Amount 5,148.83

Triggers 29C20 status update only (AON3)

AOS Recommendation date

AOS Claim Number

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 Department Name

CRS Claimants

CRS Claim Created

CRS Claim Type

CRS Fee

CRS Date of Loss	
CRS Reviewed	
CRS Review Notes	

Accident Details

Claim Number	C270045	More than 1 driver involved?	No
Claimant	McFarland, Trent	More than 1 vehicle involved?	No
Accident Date	09/01/2026	Accident Description Quick	Deer
Accident Time	1:00 PM	Accident Description Full	Deer
Accident Street/Location	Highway 30		
Accident City	Tipton		
Accident State	Iowa		
Accident Postal	52772		
Accident County	Cedar		
Incident Contact Email Address	rzenor@dps.state.ia.us		
DSP Incident?	Yes		

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

State Driver Details

Driver's First Name	Trent	Driver's DoB	01/01/1900
Driver's Last Name	McFarland	Driver's Phone Number	(999) 999-9999
Drivers License Number	162CC9512		
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	1GBSKLEDXRR250679	Tow Required?	No
DAS Vehicle Number	111-250679	Towed by what Company?	
Vehicle License Plate Number (if different than vehicle number)		Towed to where?	
VIN	1GBSKLEDXRR250679	Vehicle Mileage	24,650
Vehicle Year	2024	Brief Description of Vehicle Damage	Damage to driver's side QP/Front Door - Deer hit side of vehicle, not front impact.
Vehicle Make	CHEVROLET		
Vehicle Model	TAHOE		
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	07-Open Country (Rural)	Surface Conditions	01-Dry
Weather Conditions	01-Clear	Vision Obscured	01-Not Obscured

Light Conditions	01-Daylight	Apparent Driver Conditions	01-Apparently Normal
		Other Comments from Driver	

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	
DAS Fleet - State Vehicle Accident Details.pdf	Other / Misc.	Memos/Other Docs	DAS Fleet - State Vehicle Accident Details
Pic #1.jpg	Accident Details	Accident Photos	
Pic #2.jpg	Accident Details	Accident Photos	
IMG_0141.jpg	Accident Details	Accident Photos	
Trooper McFarland #111 Vehicle Damage Report 9-1-26.doc	Accident Details	Memos/Other Docs	
MARS_Unit_Report-202600202054.pdf	Accident Details	Police Accident Report	
IMG_0137.jpg	Accident Details	Accident Photos	
111 MEMO 9-1-26.doc	Accident Details	Memos/Other Docs	
[Iowa DOT] 432037. Certification of Officer Involved in a Motor Vehicle Accident While in the Line of Duty.pdf	Accident Details	Memos/Other Docs	
ISP 111 (2).pdf	Estimates	Estimate - Initial	
29C20 Allocation Request Summary - 2026-07-27.pdf	29C20	29C20 Allocation 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 Allocation Request Summary - 2026-07-27.pdf		29C20	Ryan Betts	09/02/2026	157kb
ISP 111 (2).pdf		Estimates	Ryan Betts	09/02/2026	199kb
ISP 111 (2).pdf		Estimates	Ryan Betts	09/02/2026	199kb
[Iowa DOT] 432037. Certification of Officer Involved in a Motor Vehicle Accident While in the Line of Duty.pdf		Accident Details	Ryan Betts	09/02/2026	140kb
[Iowa DOT] 432037. Certification of Officer Involved in a Motor Vehicle Accident While in the Line of Duty.pdf		Accident Details	Ryan Betts	09/02/2026	140kb
111 MEMO 9-1-26.doc		Accident Details	Ryan Betts	09/02/2026	32kb
111 MEMO 9-1-26.doc		Accident Details	Ryan Betts	09/02/2026	32kb
IMG_0137.jpg		Accident Details	Ryan Betts	09/02/2026	121kb
MARS_Unit_Report-202600202054.pdf		Accident Details	Ryan Betts	09/02/2026	149kb
MARS_Unit_Report-202600202054.pdf		Accident Details	Ryan Betts	09/02/2026	149kb
Trooper McFarland #111 Vehicle Damage Report 9-1-26.doc		Accident Details	Ryan Betts	09/02/2026	112kb
Trooper McFarland #111 Vehicle Damage Report 9-1-26.doc		Accident Details	Ryan Betts	09/02/2026	112kb
IMG_0141.jpg		Accident Details	Ryan Betts	09/02/2026	258kb
Pic #1.jpg		Accident Details	Ryan Betts	09/02/2026	90kb
Pic #2.jpg		Accident Details	Ryan Betts	09/02/2026	96kb
DAS Fleet - State Vehicle Accident Details.pdf	DAS Fleet - State Vehicle Accident Details	Other / Misc.	Ryan Betts	09/02/2026	270kb
DAS Fleet - State Vehicle Accident Details.pdf	DAS Fleet - State Vehicle Accident Details	Other / Misc.	Ryan Betts	09/02/2026	270kb
AON Initial Notification 2026-07-27.pdf		29C20	Ryan Betts	09/02/2026	167kb
AON Initial Notification 2026-07-27.pdf		29C20	Ryan Betts	09/02/2026	167kb

Images

Pic #1.jpg



Pic #2.jpg



IMG_0141.jpg



IMG_0137.jpg



Date: September 2, 2026

To: AOS, Auditor of State

Executive Council, Treasurer of State

Re: 29C20 Initial Notification

Vehicle / Event	111-250679 / Deer
Event Date	09/01/2026 at
Summary	Deer
State Driver	Trent McFarland

This document provides the initial 24 hour notification for an AON claim and provides the high level details provided in the initial report.

Additional details will be forthcoming from DAS Fleet Risk Management.

If you have any questions or concerns, 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

Form 4433003 (11-13)

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Form Number: **202600202054**

MAIL REPORTS TO: Iowa Department of Transportation, Office of Driver Services, P.O. Box 9204, Des Moines, Iowa 50306-9204

Date of Accident	Time of Accident	County	Accident occurred within corporate limits of (city)
09/01/2026	**13:19** Hrs.	**CEDAR - 16**	**LOWDEN - 4555**

UNIT 1

Driver's Name - Last	First	Middle
MCFARLAND	**TRENT**	**LOGAN**

Address	City	State	Zip
22365 20TH AVE	**STOCKTON**	**IA**	**52769**

Date of Birth	Driver's License Number	CDL	Citation Charge 1	Citation Charge 2
03/07/1991	**162CC9512**	Yes ○ No ●		

Male	Female	State	Class	Endorsements	Restrictions	Citation Charge 3	Citation Charge 4
●	○	**IA**	**C**				

Alcohol Test Given:	Test Results:	Drug Test Given:	Test Result:	Re-exam: Yes ○ No ●	Reason for Re-Exam Request:
1		**1**			

Owner's Name - Last	First	Middle
STATE OF IOWA		

Address	City	State	Zip
215 E 7TH ST	**DES MOINES**	**IA**	**50319**

License Plate No.	State	Year	VIN:	Color	Year	Make	Model	Style
111	**IA**	**2099**	**1GBSKLEDXRR250679**	**GRY**	**2024**	**CHEV**	**TAHOE**	**LL**

Trailer Plate No.	State	Year	VIN:	Tow	Tow #	Towed To	Approx. Cost to Repair or Replace
				1			**$2,500.00**

Insurance Company Name	Insurance Co. Phone Number	Insurance Policy Number
SELF INSURED	**(563) 284-9501**	

Initial Travel Direction	Veh. Act.	Veh. Config.	Cargo Body Type	Veh. Defect	Point of Initial Impact	Most Damaged Area	Extent of Damage	Total Occ. in Veh.
		03	**01**					**01**

Special Veh. Func	Emergency Status	Bus Use	Driver Condition	Vision Obscured	Contributing Circumstances Driver (up to two)	Driver Distractions	Speed Limit
					88	**02**	

Traffic Controls	Horizontal Alignment	Vertical Alignment	SEQUENCE OF EVENTS	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event
				31				**31**

COMMERCIAL

Carrier Name/Lessee			
Street Address	City	State	Zip Code

Number of Axles	Gross Vehicle Weight Rating	US DOT Number	MC Number	Underride/Override

Haz Mat Involvement	Haz Mat Placard	Placard Number	Haz. Mat Released	Haz Mat Class	Haz Mat Name

Trailer Plate:	State	Year	VIN

Trailer Plate:	State	Year	VIN

Converter Dolly	Dolly Plate:	State	Plate Year	VIN

PERSONS IN UNIT 1 INJURED

	Phone Number	DOB:	Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Ejection Path	Trapped/extricated	Source of Transport	Died at scene/enroute
DRIVER OF UNIT **1**	**(563) 284-9501**										**01**	
Transported to:					Transported by:							
Name	Phone Number	DOB:										
Address	Transported to:				Transported by:							
Name	Phone Number	DOB:										
Address	Transported to:				Transported by:							
Name	Phone Number	DOB:										
Address	Transported to:				Transported by:							
Name	Phone Number	DOB:										
Address	Transported to:				Transported by:							

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

MAIL REPORTS TO: Iowa Department of Transportation, Office of Driver Services, P.O. Box 9204, Des Moines, Iowa 50306-9204

Form Number: **202600202054**

LOCATION

Date of Accident	Time of Accident	County	Accident occurred within corporate limits of (city)	Legal Intervention?	Private Property?
09/01/2026	**13:19** Hrs.	**CEDAR - 16**	**LOWDEN - 4555**	☐	☐

Literal Description: **US 30 WB MM 293 (2334 HWY 30)**

County: **16** Route:

If accident occurred outside of city limits show general vicinity: N ○ NE ○ E ○ SE ○ S ○ SW ○ W ○ NW ○ of nearest city

X Coordinate: **673368.875**

On Road, Street or Highway:

At Intersection with:

Y Coordinate: **4635183**

Note: Unless accident occurred at an intersection which is completely described above, use the space below to give the exact location from a milepost or definable intersection, bridge, or railroad crossing, using two distances and directions if neccessary of

N ○ NE ○ E ○ SE ○ S ○ SW ○ W ○ NW ○ and N ○ NE ○ E ○ SE ○ S ○ SW ○ W ○ NW ○

If Divided Highway, Provide Route (Cardinal) Travel Direction: NB ○ SB ○ EB ○ WB ○

Milepost Number

Or Definable intersection, bridge, or railroad crossing

ACCIDENT ENVIRONMENT

Location of First Harmful Event

Weather Conditions (up to two)

Manner of Crash/Collision **01**

Light Conditions

Surface Conditions

ROADWAY CHARACTERISTICS

Major Contributing Circumstances Environment **06**

Roadway

Type of Roadway Junction/Feature

FRA No.

First Harmful Event (Crash)	WORKZONE RELATED?	Yes	No	Activity	Location	Type	Workers Present
31		○	○				

NON MOTORISTS

Name	Phone Number	DOB:	Sex	Struck by Unit No.	Injury Status	Non-Motorist Type	Location (prior to impact)	Action (prior to crash)	Condition	Safety Equipment	Contributing Circumstances	Source of Transport	Died at scene/enroute
001													

Address:	Alcohol Test Given	Test Results:	Drug Test Given	Result	Charged	Yes	No
						○	○

Transported to:

Transported by:

Name	Phone Number	DOB:	Sex	Struck by Unit No.	Injury Status	Non-Motorist Type	Location (prior to impact)	Action (prior to crash)	Condition	Safety Equipment	Contributing Circumstances	Source of Transport	Died at scene/enroute

Address:	Alcohol Test Given	Test Results:	Drug Test Given	Result	Charged	Yes	No
						○	○

Transported to:

Transported by:

NON VEHICULAR PROPERTY DMG

If Property other than vehicles damaged explain	Object Damaged	Estimate of Damage

Owner's Last Name	First Name	Middle Name	Phone Number

Address	City	State	Zip Code	Was owner or tenant notified? 1 = Yes 2 = No 9 = Unknown

If Property other than vehicles damaged explain	Object Damaged	Estimate of Damage

Owner's Last Name	First Name	Middle Name	Phone Number

Address	City	State	Zip Code	Was owner or tenant notified? 1 = Yes 2 = No 9 = Unknown

WITNESS

Last Name	First Name	Address	City	State	Zip Code	Phone Number

Is This a Secondary Crash?	Type of Primary Incident	Roadway Clearance Date	Incident Clearance Date
Y ○ N ◉		**09/01/2026**	**09/01/2026**

Signature of Officer	Badge Number	Time Officer Notified of Accident	Roadway Clearance Time	Incident Clearance Time
TROOPER M STEGALL	**374**	**13:40** Hrs.	**13:40** Hrs.	**14:00** Hrs.

Name of Agency	Date of Report	Time Officer Arrived At Scene	Total Roadway Clearance Time	Total Incident Clearance Time
IOWA STATE PATROL - DIST 12	**09/01/2026**	**13:40** Hrs.	**000:00**	**000:20**

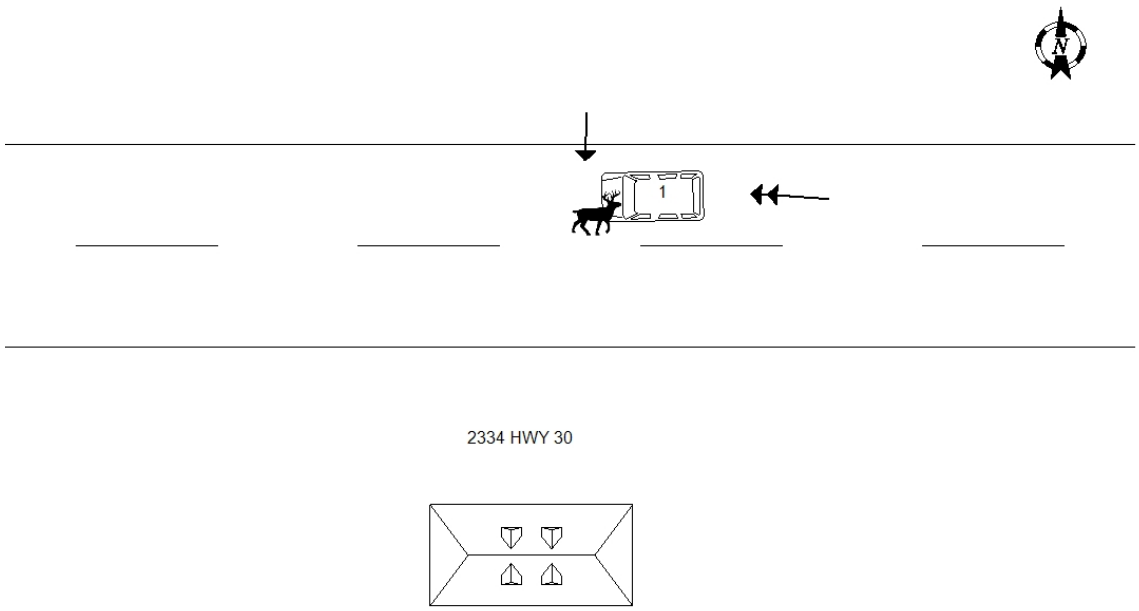
Report Reviewed By	Date of Review	Investigation made at scene?	T.I. No.	Other Technical Investigating Agency
B VOTROUBEK	**09/02/2026**	Y ○ N ◉		

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Form 4433003 (11-13)

MAIL REPORTS TO: Iowa Department of Transportation, Office of Driver Services, P.O. Box 9204, Des Moines, Iowa 50306-9204 Form Number: **202600202054**

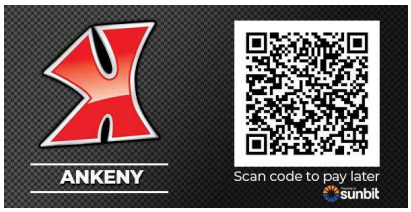
DIAGRAM



NARRATIVE

Unit 1 was traveling westbound on HWY 30 when a deer ran south across the roadway in front of Unit 1. Unit 1 struck the deer with the front of the vehicle. The deer was spun around and struck the driver's side quarter panel of Unit 1.

No injuries.



Karl Chevrolet Collision Center Ankeny

Your Dealer for Life
1101 Southeast Oralabor Road, Ankeny, IA 50021
Phone: (515) 299-4337
FAX: (515) 964-2293

Workfile ID:	b21f6aab
Federal ID:	42-1092272
State ID:	42-1092272
Federal EPA:	iado65212904
State EPA:	iado65212904

Preliminary Estimate

Customer: IOWA STATE PATROL 111

Written By: Mike Mitchell

Insured:	IOWA STATE PATROL 111	Policy #:		Claim #:	
Type of Loss:		Date of Loss:		Days to Repair:	0
Point of Impact:	12 Front				

Owner:
IOWA STATE PATROL 111

Inspection Location:
Karl Chevrolet Collision Center Ankeny
1101 Southeast Oralabor Road
Ankeny, IA 50021
Repair Facility
(515) 299-4337 Business

Insurance Company:
STATE OF IOWA

VEHICLE

2024 CHEV Tahoe Commercial 4WD (Fleet) 4D UTV 8-5.3L Gasoline Direct Injection Sterling Gray Metall

VIN:	1GBSKLEDXRR250679	Interior Color:	Jet Black	Mileage In:	25,093	Vehicle Out:	
License:	111	Exterior Color:	Sterling Gray Metall	Mileage Out:			
State:		Production Date:	4/2024	Condition:	Good	Job #:	

TRANSMISSION
Automatic Transmission
Overdrive
4 Wheel Drive

POWER
Power Steering
Power Brakes
Power Windows
Power Locks
Power Mirrors
Heated Mirrors
Power Driver Seat
Power Passenger Seat

DECOR
Dual Mirrors
Privacy Glass
Console/Storage

CONVENIENCE
Air Conditioning
Intermittent Wipers
Tilt Wheel
Cruise Control
Rear Defogger
Keyless Entry
Alarm
Message Center
Steering Wheel Touch Controls
Rear Window Wiper
Telescopic Wheel
Climate Control
Dual Air Condition
Backup Camera
Parking Sensors
Remote Starter

RADIO
AM Radio
FM Radio
Stereo
Search/Seek
Auxiliary Audio Connection

SAFETY
Drivers Side Air Bag
Passenger Air Bag
Anti-Lock Brakes (4)
4 Wheel Disc Brakes
Traction Control
Stability Control
Front Side Impact Air Bags
Head/Curtain Air Bags
Communications System
Hands Free Device
Xenon or L.E.D. Headlamps
Positraction
Lane Departure Warning

ROOF
Luggage/Roof Rack

SEATS
Cloth Seats
3rd Row Seat

WHEELS
20" Or Larger Wheels

PAINT
Clear Coat Paint
Metallic Paint

TRUCK
Trailer Hitch
Trailering Package
Running Boards/Side Steps

Get live updates at www.carwise.com/e/5rGg3v

Customer: IOWA STATE PATROL 111

2024 CHEV Tahoe Commercial 4WD (Fleet) 4D UTV 8-5.3L Gasoline Direct Injection Sterling Gray Metall

Line		Oper	Description	Part Number	Qty	Extended Price $	Labor	Paint
1	#	R&I	REMOVE AND ADJUST SETINA GUARD AS NEEDED				3.0	
2	**FRONT BUMPER & GRILLE**							
3		R&I	R&I bumper cover				1.7	
4		Repl	Grille assy	85617308	1	727.53	0.4	
5	**FRONT LAMPS**							
6		Repl	LT Headlamp assy	85123917	1	1,166.73	0.5	
7			Aim headlamps				0.5	
8	**HOOD**							
9	*	Rpr	Hood (ALU)				8.0	3.2
10			Add for Clear Coat					1.3
11	*		Add for Underside(Complete)					1.0
12		R&I	R&I hood assy				0.6	
13		R&I	Insulator				0.3	
14		R&I	Front w'strip center				0.3	
15		R&I	RT Front w'strip outer				0.3	
16		R&I	LT Front w'strip outer				0.3	
17	**FENDER**							
18		Repl	LT Fender	84384210	1	893.90	2.4	2.2
19			Overlap Major Non-Adj. Panel					-0.2
20			Add for Clear Coat					0.4
21			Add for Edging					0.5
22			Add for Clear Coat					0.1
23	#	Rpr	CUT HOLE IN NEW FENDER FOR FLOOD LIGHT				2.0	
24	**ENGINE**							
25		R&I	Air inlet grille				0.3	
26	**PILLARS, ROCKER & FLOOR**							
27	*	R&I	LT Step bar assy chrome				0.7	
28		R&I	LT Frt rocker mldg w/o pwr assist step				0.8	
29	**FRONT DOOR**							
30	*	Blnd	LT Door shell w/o body side moldings (ALU)					1.2
31	*	R&I	LT Belt molding chrome				0.3	
32		R&I	LT Upper molding chrome				0.2	
33		R&I	LT Front applique				0.2	
34		R&I	LT Rear applique				0.2	
35		R&I	LT R&I mirror				0.4	
36		R&I	LT Run w'strip				0.2	
37		R&I	LT Handle, outside w/o chrome				0.4	
38		R&I	LT R&I trim panel				0.4	
39		R&I	LT Window molding				0.2	
40		R&I	LT R&I door assy				1.2	

Customer: IOWA STATE PATROL 111

2024 CHEV Tahoe Commercial 4WD (Fleet) 4D UTV 8-5.3L Gasoline Direct Injection Sterling Gray Metall

41	**MISCELLANEOUS OPERATIONS**								
42	#		Pre-scan	1			0.5	M	
43	#		Post scan	1	70.00		0.5	M	
44	#		Hazardous Waste Removal	1	3.50				
45	**	Repl	A/M Corrosion protection	1	10.00	T	0.3		
			SUBTOTALS		**2,871.66**		**27.1**		**9.7**

ESTIMATE TOTALS

Category	Basis		Rate	Cost $
Parts				2,861.66
Parts Discount	$ 2,788.16		-20.0 %	-557.63
Body Labor	26.1 hrs	@	$ 63.00 /hr	1,644.30
Paint Labor	9.7 hrs	@	$ 115.00 /hr	1,115.50
Mechanical Labor	1.0 hrs	@	$ 75.00 /hr	75.00
Miscellaneous				10.00
Subtotal				5,148.83
Grand Total				**5,148.83**

MyPriceLink Estimate ID / Quote ID:

1524414626060574720 / 155036791

THIS IS A PRELIMINARY ESTIMATE. ACTUAL COST TO REPAIR MAY BE DIFFERENT

LIMITED LIFETIME WARRANTY--SEE BODY SHOP PERSONNEL FOR DETAILS

***IF AFTERMARKET PARTS (PARTS MADE BY A SOURCE OTHER THAN THE ORIGINAL MANUFACTURER OF THAT PART) ARE USED THEY WILL BE IDENTIFIED BY "QUAL.REPL.PART" IN THE MFG. PART NO. COLUMN

DUE TO MANY UNFORESEEN CIRCUMSTANCES IN THE REPAIRING OF VEHICLES, WE REGRET THAT WE CAN ONLY ESTIMATE, NOT PROMISE, A COMPLETION TIME.

ESTIMATE

YOU HAVE THE RIGHT TO A WRITTEN OR ORAL ESTIMATE IF THE EXPECTED COST OF REPAIRSOR SERVICE WILL BE MORE THAN FIFTY DOLLARS. YOUR BILL WILL NOT BE HIGHER THAN THEESTIMATE BY MORE THAN TEN PERCENT UNLESS YOU APPROVE A HIGHER AMOUNT BEFOREREPAIRS ARE FINISHED. INITIAL YOUR CHOICE:

____Written estimate.
____Oral estimate.
____No estimate.
____Call me if repairs and service will be more than $_____
.

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF AFTERMARKET CRASH PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. ANY WARRANTIES APPLICABLE TO THESE REPLACEMENT PARTS ARE PROVIDED BY THE MANUFACTURER OR DISTRIBUTOR OF THESE PARTS RATHER THAN THE MANUFACTURER OF YOUR VEHICLE.

Customer: IOWA STATE PATROL 111

2024 CHEV Tahoe Commercial 4WD (Fleet) 4D UTV 8-5.3L Gasoline Direct Injection Sterling Gray Metall

Estimate based on MOTOR CRASH ESTIMATING GUIDE and potentially other third party sources of data. Unless otherwise noted, (a) all items are derived from the Guide DR1GC21, CCC Data Date 09/01/2026, and potentially other third party sources of data; and (b) the parts presented are OEM-parts. OEM parts are manufactured by or for the vehicle's Original Equipment Manufacturer (OEM) according to OEM's specifications for U.S. distribution. OEM parts are available at OE/Vehicle dealerships or the specified supplier. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships with discounted pricing. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor data provided by third party sources of data may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. The symbol (<>) indicates the refinish operation WILL NOT be performed as a separate procedure from the other panels in the estimate. Non-Original Equipment Manufacturer aftermarket parts are described as Non OEM, A/M or NAGS. Used parts are described as LKQ, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries.

Some 2024 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The CCC ONE estimator has a list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

The following is a list of additional abbreviations or symbols that may be used to describe work to be done or parts to be repaired or replaced:

SYMBOLS FOLLOWING PART PRICE:
m=MOTOR Mechanical component. s=MOTOR Structural component. T=Miscellaneous Taxed charge category. X=Miscellaneous Non-Taxed charge category.

SYMBOLS FOLLOWING LABOR:
D=Diagnostic labor category. E=Electrical labor category. F=Frame labor category. G=Glass labor category. M=Mechanical labor category. S=Structural labor category. (numbers) 1 through 4=User Defined Labor Categories.

OTHER SYMBOLS AND ABBREVIATIONS:
Adj.=Adjacent. Algn.=Align. ALU=Aluminum. A/M=Aftermarket part. Blnd=Blend. BOR=Boron steel. CAPA=Certified Automotive Parts Association. CFC=Carbon Fiber.
D&R=Disconnect and Reconnect. HSS=High Strength Steel. HYD=Hydroformed Steel. Incl.=Included. LKQ=Like Kind and Quality. LT=Left. MAG=Magnesium. Non-Adj.=Non Adjacent. NSF=NSF International Certified Part. O/H=Overhaul. Qty=Quantity. Refn=Refinish. Repl=Replace. R&I=Remove and Install. R&R=Remove and Replace. Rpr=Repair. RT=Right. SAS=Sandwiched Steel. Sect=Section. STS=Stainless Steel. Subl=Sublet. UHS=Ultra High Strength Steel. N=Note(s) associated with the estimate line.

CCC ONE Estimating - A product of CCC Intelligent Solutions Inc.

The following is a list of abbreviations that may be used in CCC ONE Estimating that are not part of the MOTOR CRASH ESTIMATING GUIDE:
BAR=Bureau of Automotive Repair. EPA=Environmental Protection Agency. NHTSA= National Highway Transportation and Safety Administration. PDR=Paintless Dent Repair. VIN=Vehicle Identification Number.

IOWA | Department of Administrative Services

KIM REYNOLDS, GOVERNOR
CHRIS COURNOYER, LT. GOVERNOR

MARK CAMPBELL, DIRECTOR

Date: September 2, 2026

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

Re: ALLOCATION REQUEST - 29C20 Claim for Executive Council Consideration

Vehicle / Event	111-250679 / Animal
Event Date:	09/01/2026 at 1:00 PM
Summary	Deer
Amount Requested	5,148.83
Supporting Documentation	29C20 Email Notification, Accident Report, Repair Estimate(s), Photos

If you have any questions or are in need of 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
Office Phone: (515) 281-8008
das.risk@das.iowa.gov