



Governor Kim Reynolds
Lt. Governor Adam Gregg
Adam Steen, Director

Date: July 27, 2021

To: Tammy Hollingsworth, Auditor of State
Victoria Newton, Treasurer of State
Executive Council

From: Mariah Flowers, Risk Coordinator
DAS Fleet Services
Department of Administrative Services

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

Vehicle / Event	# 493 - Deer
Event Date	July 7, 2021
Summary	Trooper #493 struck a deer.
Amount Requested	\$6,389.05 - Estimate <u>\$ 566.09 - PDA Invoice</u> \$6,955.14 - Total
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,

Mariah Flowers, Risk Coordinator
DAS Fleet Services
Mariah.Flowers@iowa.gov
515-725-2243

7-7-21 Lt. Aaron Smidt #493 SVD- Car vs Deer/ 29C20 Notification1 message

Guill Bryan <guill@dps.state.ia.us>

Fri, Jul 9, 2021 at 7:58 AM

To: "ExecutiveCouncil@tos.iowa.gov" <ExecutiveCouncil@tos.iowa.gov>, "tammy.hollingsworth@aos.iowa.gov" <tammy.hollingsworth@aos.iowa.gov>, "Risk, DAS" <das.risk@iowa.gov>

Executive Council and Tammy,

Please see attached SVD damage submission on behalf of Lt. Smidt. He struck a deer on 7-7-21 in Greene County sustaining \$6389.05 in damage. Please accept the attached email as the 24hr notification. I apologize for not getting it to you yesterday but I was in training.

ISP would respectfully request 29C20 re-imbusement for this AON event.

Thanks in advance for your consideration. Please let me know if you have any questions.

V/R

498

Lt. Bryan Guill ★498★

Commander Fleet & Supply

Iowa Department of Public Safety

30 NE 48th Place

Des Moines, IA 50313

F&S Main 515-281-3391

Direct 515-281-3118

Cell 515-201-9958

guill@dps.state.ia.us

1033program@dps.state.ia.us

have received this e-mail in error, please notify the sender by return e-mail and destroy all copies of the original message. No representation is made that this e-mail or any attachments are free of viruses. Virus scanning is recommended and is the responsibility of the recipient.

----- Forwarded message -----

From: Smidt Aaron <smidt@dps.state.ia.us>

To: Morenz Neil <morenz@dps.state.ia.us>

Cc:

Bcc:

Date: Thu, 8 Jul 2021 15:13:52 +0000

Subject: Deer strike memo

On 7-7-21 at 2130, I was coming home from the Texas mission briefing and traveling on E26 in Greene county 1/2 mile east of Q Ave when I struck a deer. The deer came out of the south ditch/field drive. I hit the rear quarters of the deer with the front passenger side of the car causing the head to impact the side of the car as well. Damage to push bumper, front bumper, hood and passenger quarter panel. I notified radio of the incident and had Trp. Karrick complete the accident report.

Mileage – 27,900

Lieutenant Aaron Smidt ★493★

Iowa State Patrol

District #7 Commander

2437 235th Street

Fort Dodge, IA 50501

515-972-4213 - Office

515-443-6143 - Cell



12 attachments



IMG_0001.JPG
1831K

IMG_0007.JPG
1234K



IMG_0008.JPG
1478K



IMG_0002.JPG
1944K



IMG_0003.JPG
1932K




IMG_0004.JPG
1817K

IMG_0005.JPG
1324K



IMG_0006.JPG
1491K

 **MARS_Unit_Report-2021016130.pdf**
80K

 **estimate.pdf**
12K

 **Deer strike memo.eml**
15K

 **State Vehicle Damage Report1.0.Form.doc**
107K

State Vehicle Damage Report

Attach this completed form to an email along with the items identified below and send to: **DPS – Vehicle Damage; DAS – Risk**

- One Repair Estimate from Approved State Bid Shop
- DOT MARS Report (if reportable)
- Memo from the Driver of the State Vehicle
- 3-4 photos of the vehicle damage

***Sworn Officers only: Complete a Line of Duty Form #432037 and send to DOT if 10-50 was reportable!!!

STATE VEHICLE: (Mark if Act of Nature ☐) CASE #: 2021016130

Date: <small>(Month/Day/Year)</small>	07/07/2021	Time: <small>(Time plus a.m./p.m.)</small>	9:38 p.m.
Vehicle Plate #:	493	Vehicle Mileage:	27927
Vehicle Description: <small>(Yr/Make/Model/ & Vin#)</small>	2020 Dodge Charger 2C3CDXKT0LH127479		
Assigned To:	Lt Aaron Smidt	Badge #	493
Driven By:	Lt. Aaron Smidt	Badge #	493
Driver's Lic #:	792ZZ0286	Damage:	\$6389.
Vehicle Towed: <small>(Yes / No)</small>	No	Towed By:	n/a
Towed To:	n/a	Towing Cost:	\$n/a
Seat Belt: <small>(Yes / No)</small>	Yes	Type of Vehicle: <small>(Marked/Semi /Unmarked)</small>	Marked
Injured/Injuries:	No		
Occupants: <small>(Other than driver)</small>	0		

VEHICLE #2:

DL #:		State:	
Vehicle Lic. #		State:	
Driver's Name:			
Driver's Address:			
Owner's Name:			
Owner's Address:			
Owner's Phone:			

Insurance Info: (Carrier/Policy #/Phone)			
Veh Description: (Yr/Make/Model & Vin#)			
Damage:	\$	Seat Belt: (Yes / No)	No
Injured/Injuries:			
Occupants: (Other than driver)			
Occupant(s) Wearing Seat Belt: (Yes/No)	Yes		

OTHER INFORMATION:

Witnesses:	
Accident Location: (Street/Hwy)	E25 and 170 th St Greene County
County:	Greene
Weather/Road Conditions:	clear/dry
Narrative: While traveling back to residence from a meeting in Des Moines, Lt Smidt was westbound on E26 in Greene county when a deer ran across the path of his vehicle. The deer was struck causing damage to Lt. Smidt's vehicle.	
Property Damage other than Vehicles:	
Cost:	\$
Citations Issued To: (List Charge(s) and Statute Code(s))	

Investigating Officer:	Trooper Rob Karrick ISP90
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VEHICLE #3: (If needed) (For more vehicles, please make extra copies of this portion)

DL #:		State:	
Vehicle Lic. #		State:	
Driver's Name:			
Driver's Address:			
Owner's Name:			

Owner's Address:			
Owner's Phone:			
Insurance Info: (Carrier/Policy #/Phone)			
Veh Description: (Yr/Make/Model & Vin#)			
Damage:	\$	Seat Belt: (Yes / No)	Yes
Injured/Injuries:			
Occupants: (Other than driver)			
Occupant(s) Wearing Seat Belt: (Yes/No)	Yes		



Law Enforcement Case Numbers:

2021016130

Date of Accident 07/07/2021		Time of Accident 21:38 Hrs.		County GREENE - 37		Accident occurred within corporate limits of (city)				2021070700								
UNIT 1	Driver's Name - Last SMIDT					First AARON				Middle WAYNE								
	Address 2437 235TH ST					City FORT DODGE				State IA	Zip 50501							
	Date of Birth 11/16/1973		Driver's License Number 792ZZ0286		CDL Yes No <input checked="" type="radio"/> <input type="radio"/>	Citation Charge 1		Citation Charge 2										
	Male <input checked="" type="radio"/> Female <input type="radio"/>	State IA	Class C	Endorsements	Restrictions	Citation Charge 3		Citation Charge 4										
	Alcohol Test Given: 1		Test Results:	Drug Test Given: 1	Test Result:	Re-exam: Yes No <input type="radio"/> <input type="radio"/>	Reason for Re-Exam Request:											
COMMERCIAL	Owner's Name - Last STATE OF IOWA					First				Middle								
	Address 109 SE 13TH ST					City DES MOINES				State IA	Zip 50319							
	License Plate No. 493	State IA	Year 2021	VIN: 2C3CDXKT0LH127479		Color SIL	Year 2020	Make DODG	Model CHARGER POLI	Style SEDAN								
	Trailer Plate No.	State	Year	VIN:		Tow 1	Tow #	Towed To		Approx. Cost to Repair or Replace \$5,000.00								
	Insurance Company Name STATE OF IOWA					Insurance Co. Phone Number		Insurance Policy Number										
	Initial Travel Direction	Veh. Act.	Veh. Config. 01	Cargo Body Type 01	Veh. Defect	Point of Initial Impact	Most Damaged Area	Extent of Damage	Total Occ. in Veh. 1									
	Special Veh. Func	Emergency Status	Bus Use	Driver Condition	Vision Obscured	Contributing Circumstances Driver (up to two) 88		Driver Distractions 02	Speed Limit									
	Traffic Controls	Horizontal Alignment	Vertical Alignment	SEQUENCE OF EVENTS	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event									
	Carrier Name/Lessee																	
	Street Address					City				State	Zip Code							
PERSONS INJURED	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		Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Ejection Path	Trapped/extricated	Source of Transport	Died at scene/enroute			
	Trailer Plate:	State	Year	VIN														
	Converter Dolly	Dolly Plate:	State	Plate Year	VIN													
	DRIVER OF UNIT 1			Phone Number:											01		01	
				Transported to:														
	Name			Phone Number			DOB:											
	Address			Transported to:														
	Name			Phone Number			DOB:											
Address			Transported to:															
Name			Phone Number			DOB:												
Address			Transported to:															
Name			Phone Number			DOB:												
Address			Transported to:															

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Sheet 2 of 3

Form 4433003 (11-13)

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

Law Enforcement Case Numbers:

2021016130

L O C A T I O N	Date of Accident 07/07/2021	Time of Accident 21:38 Hrs.	County GREENE - 37	Accident occurred within corporate limits of (city)		Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>	
	Literal Description E026/170TH					County: 37	Route:	
	If accident occurred outside of city limits show general vicinity <div style="display: flex; justify-content: space-around; align-items: center;"> NNEESESSWWNW </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/> </div> of nearest city					X Coordinate: 390402.937		
	On Road, Street or Highway:			At Intersection with:			Y Coordinate: 4662502.5	
	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 necessary of					If Divided Highway, Provide Route (Cardinal) Travel Direction		
<div style="display: flex; justify-content: space-around; align-items: center;"> NNEESESSWWNW </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/> </div> and <div style="display: flex; justify-content: space-around; align-items: center;"> NNEESESSWWNW </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/> </div>					<div style="display: flex; justify-content: space-around; align-items: center;"> NBSBEBWB </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/> </div>			
Milepost Number		Definable intersection, bridge, or railroad crossing						

ACCIDENT ENVIRONMENT				ROADWAY CHARACTERISTICS																													
Location of First Harmful Event		Weather Conditions (up to two)		Major Contributing Circumstances Environment								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	
Manner of Crash/Collision		Surface Conditions		Roadway																													
Light Conditions				Type of Roadway Junction/Feature																													
First Harmful Event (Crash)		WORKZONE RELATED?		Yes <input type="radio"/> No <input type="radio"/>		Activity		Location		Type		Workers Present																					

N O M O T O R I S T S	Name 001		Phone Number		DOB:																											
	Address:				Alcohol Test Given				Test Results:				Drug Test Given				Result				Charged				Yes <input type="radio"/> No <input type="radio"/>							
	Transported to:				Transported by:																											
	Name		Phone Number		DOB:																											
	Address:				Alcohol Test Given				Test Results:				Drug Test Given				Result				Charged				Yes <input type="radio"/> No <input type="radio"/>							
Transported to:				Transported by:																												

N P O R N O V P E E H R I T C Y U L D A M R G	If Property other than vehicles damaged explain		Object Damaged		Estimate of Damage	
	Owner's Last Name		First Name		Middle Name	
	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		
Address		City		State Zip Code		
Was owner or tenant notified? 1 = Yes 2 = No 9 = Unknown						

W I T N E S S	Last Name		First Name		Address		City		State		Zip Code		Phone Number	
	Last Name		First Name		Address		City		State		Zip Code		Phone Number	
	Last Name		First Name		Address		City		State		Zip Code		Phone Number	
	Last Name		First Name		Address		City		State		Zip Code		Phone Number	
	Last Name		First Name		Address		City		State		Zip Code		Phone Number	

Is This a Secondary Crash? Y <input type="radio"/> N <input checked="" type="radio"/>		Type of Primary Incident		Roadway Clearance Date 07/07/2021		Incident Clearance Date 07/07/2021	
Signature of Officer TROOPER R KARRICK		Badge Number 090		Time Officer Notified of Accident 21:38 Hrs.		Roadway Clearance Time 22:35 Hrs.	
Name of Agency IOWA STATE PATROL - DIST 07		Date of Report 07/07/2021		Time Officer Arrived At Scene 22:27 Hrs.		Total Roadway Clearance Time 000:57	
Report Reviewed By		Date of Review		Investigation made at scene? Y <input type="radio"/> N <input checked="" type="radio"/>		T.I. No. Other Technical Investigating Agency	

INVESTIGATING OFFICER'S REPORT
OF MOTOR VEHICLE ACCIDENT

Law Enforcement Case Numbers:

2021016130

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

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E26 wb



unit 1 driver struck deer as it ran across the road.

N
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Date: 7/ 8/2021 08:49 AM
 Estimate ID: 3471
 Estimate Version: 0
 Preliminary
 Profile ID: State of Iowa

Carlson Auto Body & Repair

540 High St, Rockwell City, IA 50579
 (712) 297-5517
 Email: carlsonauto@hotmail.com

Damage Assessed By: Weston Carlson
 Classification: None

Deductible: UNKNOWN

Owner: IOWA STATE PATROL

Mitchell Service: 911667

Description: 2020 Dodge Charger Police
 Body Style: 4D Sed
 VIN: 2C3CDXKT0LH127479
 Mileage: 27,928
 OEM/ALT: O

Drive Train: 5.7L Inj 8 Cyl 5A AWD
 License: 493

Search Code: None

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	102671	BDY	REMOVE/REPLACE	Frt Bumper License Plate Bracket	68238771AC	28.70	INC
2	AUTO	BDY	OVERHAUL	Frt Bumper Cover Assy			4.0 #
3	102899	BDY	REMOVE/REPLACE	Frt Bumper Cover	** QUAL REPL PART	608.00 *	INC #
4	AUTO	REF	REFINISH	Frt Bumper Cover			C 2.7 #
5	100945	BDY	REMOVE/REPLACE	Frt Bumper Energy Absorber	** QUAL REPL PART	83.00 *	INC #
6	AUTO	BDY	REMOVE/INSTALL	Frt Bumper Cover			INC #
7	101091	BDY	REMOVE/REPLACE	Grille	** QUAL REPL PART	299.00 *	INC #
8	101094	BDY	REMOVE/REPLACE	Grille Nameplate	68227437AA	53.95	INC
9	103553	BDY	REMOVE/REPLACE	R Frt Combination Lamp Assembly	68410312AD	947.00	INC #
10	AUTO	BDY	CHECK/ADJUST	Headlamps			0.4
11	100559	BDY	REMOVE/REPLACE	Hood Panel (Alum)	** QUAL REPL PART	952.00 *	1.6
12	AUTO	REF	REFINISH	Hood Outside			C 2.8
13	AUTO	REF	REFINISH	Add For Hood Underside			C 1.4
14	101057	MCH	REMOVE/REPLACE	A/C Condenser/Trans Cooler -M	** QUAL REPL PART	236.00 *	1.3 #
15	AUTO	MCH	REMOVE/REPLACE	Evacuate & Recharge A/C -M			1.4
16	101042	BDY	REMOVE/REPLACE	R Fender Panel	** QUAL REPL PART	268.00 *	0.9 #
17	AUTO	REF	REFINISH	R Fender Outside			C 1.6
18	AUTO	REF	REFINISH	R Add To Edge Fender			C 0.5
19	100524	BDY	REMOVE/REPLACE	Frt Body Upper Crossmember	** QUAL REPL PART	254.00 *	2.0 #
20	AUTO	MCH	REMOVE/REPLACE	Add To R&L/R&R Mechanical Components -M			0.5 #
21	AUTO	REF	REFINISH	Upr Rad Supt Crossmember			1.5
22	100447	BDY	REMOVE/REPLACE	Frt Body Closing Panel	** QUAL REPL PART	144.00 *	INC #
23	101211	BDY	REMOVE/REPLACE	Low Note Horn Assy	68238001AC	32.20	INC #
24	102049	BDY	REMOVE/INSTALL	R Rocker Moulding			INC
25	100003	REF	BLEND	R Frt Door Outside			C 1.0
26	102089	BDY	REMOVE/INSTALL	R Frt Rear View Mirror			INC #
27	102091	BDY	REMOVE/INSTALL	R Frt Otr Door Belt Moulding			1.1 #
28	100838	BDY	REMOVE/INSTALL	R Frt Door Trim Panel			INC
29	101826	BDY	REMOVE/INSTALL	R Frt Otr Door Handle			0.3 #
30	AUTO	REF	ADD'L OPR	Clear Coat			2.5
31	933018	REF	ADD'L OPR	Mask For Overspray		10.00 *	
32	900500	BDY *	ADD'L LABOR OP	R&I Stickers & Adhesive	Existing		0.8*
33	900500	BDY *	REMOVE/REPLACE	Bumper Guard & Brackets	New	0.00 *	2.0*
34				PROVIDED BY ISP??			
35	900500	BDY *	REMOVE/REPLACE	Siren	New	0.00 *	0.0*

ESTIMATE RECALL NUMBER: 07/08/2021 08:43:39 3471

Mitchell Data Version: OEM: APR_21_V

Software Version: 7.1.241

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Page 1 of 2

Date: 7/ 8/2021 08:49 AM
 Estimate ID: 3471
 Estimate Version: 0
 Preliminary
 Profile ID: State of Iowa

36
 37 AUTO ADD'L COST PROVIDED BY ISP?? Hazardous Waste Disposal 5.00 *

* - Judgment Item
 # - Labor Note Applies
 C - Included in Clear Coat Calc

Estimate Totals

I. Labor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals	II. Part Replacement Summary	Amount
Body	13.1	62.00	0.00	0.00	812.20 T	Taxable Parts	3,905.85
Refinish	14.0	100.00	10.00	0.00	1,410.00 T		
Mechanical	3.2	80.00	0.00	0.00	256.00 T	Total Replacement Parts Amount	3,905.85
Taxable Labor					2,478.20		
Labor Summary	30.3				2,478.20		
						IV. Adjustments	Amount
III. Additional Costs					Amount	Customer Responsibility	0.00
Taxable Costs					5.00		
Total Additional Costs					5.00		
						I. Total Labor:	2,478.20
						II. Total Replacement Parts:	3,905.85
						III. Total Additional Costs:	5.00
						Gross Total:	6,389.05
						IV. Total Adjustments:	0.00
						Net Total:	6,389.05

This is a preliminary estimate.
Additional changes to the estimate may be required for the actual repair.

Due upon receipt

INVOICE

INVOICE NUMBER	INVOICE DATE
844-0166280	07/09/2021

BILL TO
Attn: MIKE LONG DAS FLEET SERVICES 109 SE 13TH ST DES MOINESIA 50139

CLIENT CODE
DAS105001
BUSINESS LINE / LOSS TYPE
A - Commercial Auto

FOR INQUIRIES:
PDA Sioux City, IA #844 pdasiouxcity@pdaorg.net (712) 276-4990

SUBMIT PAYMENT TO:
Property Damage Appraisers, Inc. 75-1160563 Dept #161, P.O. Box 1000 Memphis, TN 38148-0161 <i>Please reference the invoice number and enclose a copy of the invoice on all payments.</i>

INSURED	CLAIMANT	ASSIGNMENT DATE	PDA ASSIGNMENT #
STATE OF IOWA		07/08/2021	844-107-0010
CLAIM #	POLICY #	LOSS DATE	REFERENCE #
APDSOI0222686-001			

SERVICE FEE: (1 Unit(s) @ \$186.00)	\$ 186.00
Mileage: (191.00 miles) @ \$1.25	\$ 238.75
Long Distance Drive Time/Mile: 191.00 miles @\$0.74/mile	\$ 141.34

ACH Payment Info:
Bank: First Horizon Bank
ABA (US): 084000026 Bank
Account: 220002525824
Email Remit Information to:
achbackup@pdaorg.net

Click [here](https://pdaclientportal.com) to pay your invoice at PDAClientPortal.com

Same-Day Service. Guaranteed. PDA now offers expedited service for standard auto claims in select markets.

WE HAVE CHANGED OUR BANK REMITTANCE INFORMATION AS NOTED ABOVE PLEASE UTILIZE OUR PORTAL FOR ALL OTHER ELECTRONIC PAYMENTS.

Terms: Professional fees due upon receipt. Interest accrues at 1% per month.
Please include the invoice number on all payments.

TOTAL CHARGES:	566.09
	:
INVOICE TOTAL:	\$ 566.09