

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. MICHAEL L. NAIG
SECRETARY OF AGRICULTURE



Executive Council of Iowa

CAPITOL BUILDING
DES MOINES, IOWA 50319
PHONE: 515 281-5368

September 5, 2023

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 the Department of Public Safety's request for an emergency allocation in the amount of \$5,538.42, subject to an audit of actual invoices. On May 7, 2023, State Patrol Vehicles #305 and #191 were damaged by hail. Request was to cover repair costs.

EXECUTIVE COUNCIL OF IOWA

Victoria Newton

Victoria Newton
Executive Secretary

cc: Jeannie Adams, Iowa State Patrol, Department of Public Safety
DAS Fleet Services, Department of Administrative Services
Joel Lunde, Department of Management

AOS Claim # 3526
TOS Job # _____



OFFICE OF AUDITOR OF STATE
STATE OF IOWA

Rob Sand
Auditor of State

State Capitol Building
Des Moines, Iowa 50319-0004
Telephone (515) 281-5834 Facsimile (515) 281-6518

August 4, 2023

Victoria Newton
Executive Council
L O C A L

Subject: Hail Damage to Vehicle #305 & #191 on May 7, 2023
Department of Public Safety – Iowa State Patrol
Claim dated June 20, 2023
AOS Claim ID: 3526

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 Public Safety – Iowa State Patrol is covered by Chapter 29C.20 of the Code of Iowa. Therefore, we recommend an Executive Council allocation in the amount of \$5,538.42, subject to an audit of actual invoices.

Sincerely,

A handwritten signature in blue ink, appearing to read "Ernest H. Ruben, Jr.".

Ernest H. Ruben, Jr., CPA
Deputy Auditor of State

cc: Jeannie Adams, Iowa State Patrol, Department of Public Safety
Mariah Flowers, Fleet Services Manager, Department of Administrative Services
Joel Lunde, Department of Management



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

Date: June 20, 2023

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

From: Mariah Flowers, Fleet Manager
DAS Fleet Services
Department of Administrative Services

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

Vehicle / Event	#305, 191/Hail
Event Date	May 7, 2023
Summary	Vehicles 305 and 191 sustain hail damage. (256363, 256409)
Amount Requested	\$4,098.42 - Estimate (#305) <u>\$1,440.00 - Estimate (#191)</u> \$5,538.42 - 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,

A handwritten signature in black ink, appearing to read "Mariah Flowers".

Mariah Flowers, Fleet Manager
DAS Fleet Services
Mariah.Flowers@iowa.gov
515-414-6582

5/8/23, 2:56 PM

State of Iowa Mail - 29C20



305

191

Risk, DAS <das.risk@iowa.gov>

29C20

Risk, DAS <das.risk@iowa.gov>

Mon, May 8, 2023 at 2:56 PM

Draft To: TOS ExecutiveCouncil <executivecouncil@tos.iowa.gov>, Jeannie R Adams <jadams@dps.state.ia.us>, Tammy Hollingsworth <Tammy.Hollingsworth@aos.iowa.gov>

Please accept this email as initial 24 hr notification for AON, vehicle 305 and 191 received hail damage on 5/7/23. I will forward all information as soon as it is received.

State Vehicle Damage Report

Attach this completed form to an email along with the items identified below and send to: vehicledamage@dps.state.ia.us, DAS.risk@iowa.gov, Area Captain & Post #3 Supervisors

- 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 #: 2023012147

Date: <small>(Month/Day/Year)</small>	5-7-23	Time: <small>(Time plus a.m./p.m.)</small>	9:00 p.m.
Vehicle Plate #:	JJU471	Vehicle Mileage:	27,866
Vehicle Description: <small>(Yr/Make/Model/ & Vin#)</small>	2021 Chevy Tahoe IGNSKLED0MR407244		
Assigned To:	Nate Elwood	Badge #	305
Driven By:		Badge #	
Driver's Lic #:		Damage:	\$5064.69
Vehicle Towed: <small>(Yes / No)</small>	No	Towed By:	
Towed To:		Towing Cost:	\$0
Seat Belt: <small>(Yes / No)</small>	Yes	Type of Vehicle: <small>(Marked/Semi /Unmarked)</small>	Unmarked
Injured/Injuries:			
Occupants: <small>(Other than driver)</small>			

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)	107 Broad Avenue, Stanton, Ia		
County:	Montgomery		
Weather/Road Conditions:	Hail		
Narrative: Trp. Elwoods patrol vehicle received hail damage while parked at his residence. Estimate was completed on 5-9-23.			
Property Damage other than Vehicles:			
Cost:	\$		
Citations Issued To: (List Charge(s) and Statute Code(s))			

Investigating Officer:	Lt. Wesack #412
------------------------	-----------------

VEHICLE #3:

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)			



MEMORANDUM

TO: Lt. Wesack #412

FROM: Trooper Elwood #305

DATE: May 7, 2023

SUBJECT: Vehicle Damage

On 05/07/2023 my patrol car was parked in my driveway at my residence in Stanton, Iowa. A severe thunderstorm rolled through at approximately 9pm, which resulted in my patrol vehicle sustaining approximately \$5064 in hail damage.

All Makes Collision Center

Invoice

524 23rd Ave
 Council Bluffs, IA 51501
 Phone (712) 256-3195

No: 1853
 Scheduled In Date: 5/22/2023
 Completed Date: 5/24/2023
 Service Rep: Kortnie Getzschman
 Page 1
 PO No:

Name state of iowa	Service Item 21 Chevrolet Tahoe Police 4 DR Wagon Lic: _____ Unit# 305 VIN: 1GNSKLED0MR407244 Color: Mileage In: Mileage Out: Paint Code : _____	Insurance Information Claim No: Policy No: Date of Loss: Deductible: 0.0000
Insurance Company Ext:	Insured Claim # APDS018256303-001 Ext:	Adjuster

Type	Description	Qty	Each	Amount	Sales Tax%	Sales Tax	Total
BL	Body Labor	4.1	50.00	205.00	7.00%	0.00	205.00
NP	NonTaxable Part			123.42	0.00%	0.00	123.42
NS	NonTaxable Sublet			3,770.00	0.00%	0.00	3,770.00
ESTIMATE TOTALS				\$4,098.42		\$0.00	\$4,098.42

Type	Description	Qty	Each	Amount	Sales Tax%	Sales Tax	Total
BL	Body Labor	4.1	50.00	205.00	7.00%	0.00	205.00
NP	NonTaxable Part			123.42	0.00%	0.00	123.42
NS	NonTaxable Sublet			3,770.00	0.00%	0.00	3,770.00
INVOICE TOTALS				\$4,098.42		\$0.00	\$4,098.42

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: _____

©Copyright Solera inc. 2023. All rights reserved

* We were able to PDR hood & not replace AS to why the amount is less

State Vehicle Damage Report

Attach this completed form to an email along with the items identified below and send to: vehicledamage@dps.state.ia.us, DAS.risk@iowa.gov, Area Captain & Post #3 Supervisors

- 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 #: 2023012148

Date: <small>(Month/Day/Year)</small>	5-7-23	Time: <small>(Time plus a.m./p.m.)</small>	8:00 p.m.
Vehicle Plate #:	GZM634	Vehicle Mileage:	110328
Vehicle Description: <small>(Yr/Make/Model/ & Vin#)</small>	2019 Dodge Charger 2C3CDXKT2KH622779		
Assigned To:	Rose Ives	Badge #	191
Driven By:		Badge #	
Driver's Lic #:		Damage:	\$1440
Vehicle Towed: <small>(Yes / No)</small>	No	Towed By:	
Towed To:		Towing Cost:	\$0
Seat Belt: <small>(Yes / No)</small>	Yes	Type of Vehicle: <small>(Marked/Semi /Unmarked)</small>	Marked
Injured/Injuries:			
Occupants: <small>(Other than driver)</small>			

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)	405 North Chestnut Street, Glenwood, Ia		
County:	Mills		
Weather/Road Conditions:	Hail		
Narrative: Trp. Ives #191 received hail damage while parked at her residence on 5-7-23. Estimate was completed on 5-9-23.			
Property Damage other than Vehicles:			
Cost:	\$		
Citations Issued To: (List Charge(s) and Statute Code(s))			

Investigating Officer:	
------------------------	--

VEHICLE #3:

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)			



MEMORANDUM

TO: Lt. Guill

FROM: Lt. Wesack #412

DATE: 14:20

SUBJECT: Trp. Ives #191 Hail Storm Damage

On 05/08/2023 after inspecting Trp. Ives #191 patrol vehicle form the 5-7-23 hail storm it appeared she had received minor hail damage. She is of on extended sick leave. An estimate was completed at All Makes Collsiion in Council Bluffs on 5-9-23.

Thanks,

Lt. Wesack #412

All Makes Collision Center

524 23rd Ave
 Council Bluffs, IA 51501
 Phone (712) 256-3195

Invoice

No: 1856

Scheduled In Date: None
 Completed Date: 5/16/2023
 Service Rep: Kortnie Getzschman
 Page 1
 PO No:

Name state of iowa	Service Item 19 Dodge Charger Daytona 4 DR Sedan Lic: 191 Unit# VIN: 2C3CDXKT2KH622779 Color: Mileage In: Mileage Out: Paint Code : _____	Insurance Information Claim No: Policy No: Date of Loss: Deductible: 0.0000
Insurance Company Ext:	Insured Claim# APDS018256409-001 Ext:	Adjuster

Type	Description	Qty	Each	Amount	Sales Tax%	Sales Tax	Total
BL	Body Labor	4.5	50.00	225.00	7.00%	0.00	225.00
NS	NonTaxable Sublet			1,215.00	0.00%	0.00	1,215.00
ESTIMATE TOTALS				\$1,440.00		\$0.00	\$1,440.00
Type	Description	Qty	Each	Amount	Sales Tax%	Sales Tax	Total
BL	Body Labor	4.5	50.00	225.00	7.00%	0.00	225.00
NS	NonTaxable Sublet			1,215.00	0.00%	0.00	1,215.00
INVOICE TOTALS				\$1,440.00		\$0.00	\$1,440.00

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: _____

©Copyright Solera inc. 2023. All rights reserved