

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

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 \$2,860.90, subject to the audit of actual invoices. On September 14, 2022, Vehicle #642 was damaged by a small animal. 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, Risk
Joel Lunde, Department of Management

AOS Claim # 2377
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 22, 2023

Victoria Newton
Executive Council
L O C A L

Subject: Damage to Vehicle #642 Due to Hitting a Small Animal on September 14, 2022
Department of Public Safety – Iowa State Patrol
Claim dated July 27, 2023
AOS Claim ID: 2377

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 \$2,860.90, subject to an audit of actual invoices.

Sincerely,

A handwritten signature in blue ink, appearing to read "Ernest H. Ruben, Jr.", is positioned above the typed name.

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: July 27, 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	#642/small animal
Event Date	September 14, 2022
Summary	Vehicle 642 struck a small animal. (244639)
Amount Requested	\$2,860.90 - Estimate
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, Fleet Manager
DAS Fleet Services
Mariah.Flowers@iowa.gov
515-414-6582



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

Fwd: 9/14/22 accident

1 message

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

Thu, Sep 15, 2022 at 11:58 AM

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

Please accept this email as initial 24 hr notification for AON, vehicle 642 struck a small animal on 9/14/2022.

All accidents must be reported via email or phone to Fleet Services within 24 hours. All accident reports and estimates are due within 72 hours of an accident. Agencies have 60 days to complete repairs to vehicles once approval is given.

Thank you,

**DAS Fleet Services, Risk**

Iowa Department of Administrative Services
Division of Business and Property Services
Office: 515-725-2243
Das.Risk@iowa.gov
<https://das.iowa.gov>

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

From: **Kotrous Tyler** <kotrous@dps.state.ia.us>

Date: Thu, Sep 15, 2022 at 11:30 AM

Subject: 9/14/22 accident

To: vehicledamage <vehicledamage@dps.state.ia.us>, das.risk@iowa.gov <das.risk@iowa.gov>

Cc: Dales David <dales@dps.state.ia.us>, Lamp Scott <selamp@dps.state.ia.us>

To whom it may concern:

Please see the attached files and let me know if you have any questions. Due to it being over \$1,500 on the estimate, I will also forward the DOT MARS report and Line of Duty Form #432037 to DOT Office of Driver Services.

Thank you.

Tyler

Special Agent Tyler Kotrous I-190
Iowa Department of Public Safety
Division of Criminal Investigation
Special Enforcement Operations Bureau

2200 River Road
Council Bluffs, IA 51501

C: 402-657-4106
O: 712-396-3140
F: 712-396-3143
EM: kotrous@dps.state.ia.us

****Notice**** This e-mail message (including any file attachments transmitted with it) is for the sole use of the intended recipient(s) and may contain confidential and legally privileged information. Any unauthorized use or disclosure of this e-mail by an unintended recipient is prohibited. If you 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.

8 attachments



9.14.22 front end impala.jpg
102K



9.14.22 front corner impala damage.jpg
3868K




9.14.22 front side view damage.jpg
3517K




9.14.22 zoomed in damage.jpg
3091K

 **9.14.22 State Vehicle Damage Report SA Tyler Kotrous #I-190.doc**
95K

 **MARS_Unit_Report-2022022836.pdf**
90K

 **9.14.22 vehicle damage memo.docx**
48K

 **9.14.22 vehicle damage estimate ALL MAKES COLLISION.pdf**
1337K

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 #: 2022022836

Date: <small>(Month/Day/Year)</small>	09/14/2022	Time: <small>(Time plus a.m./p.m.)</small>	715 a.m.
Vehicle Plate #:	JHF398	Vehicle Mileage:	71,800
Vehicle Description: <small>(Yr/Make/Model/ & Vin#)</small>	2019 Chevrolet Impala LT 2G11Z5S38K9114795		
Assigned To:	Tyler Kotrous	Badge #	I-190
Driven By:	Tyler Kotrous	Badge #	I-190
Driver's Lic #:	140CC5336	Damage:	\$3,152.04
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>	Unmarked
Injured/Injuries:	None		
Occupants: <small>(Other than driver)</small>	None		

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)	
Injured/Injuries:			
Occupants: (Other than driver)			
Occupant(s) Wearing Seat Belt: (Yes/No)	Yes		

OTHER INFORMATION:

Witnesses:	N/A
Accident Location: (Street/Hwy)	Iowa Highway 191, south of Portsmouth
County:	Shelby
Weather/Road Conditions:	65 degrees and dry
<p>Narrative: On 9/14/2022, at approximately 0715 hours I was driving my state vehicle (2019 Chevrolet Impala #642) northbound on Iowa Highway 191 south of Portsmouth, Iowa, when I struck a small animal with the front driver's side of my car. When I arrived at my destination in Denison, I examined my car for damage and saw the driver's side front bumper was broken in several places.</p> <p>On 9/14/2022, I stopped at All Makes Collision in Council Bluffs for an estimate. Chris Cogan provided me with an estimate totaling \$3,152.04.</p>	
Property Damage other than Vehicles:	None
Cost:	\$0
Citations Issued To: (List Charge(s) and Statute Code(s))	

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

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		

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Law Enforcement Case Number:

2022022836

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

Date of Accident 09/14/2022	Time of Accident 07:15 Hrs.	County SHELBY - 83	Accident occurred within corporate limits of (city)		
UNIT 1	Driver's Name - Last KOTROUS		First TYLER		Middle
	Address 2200 RIVER ROAD		City COUNCIL BLUFFS		State IA
	Date of Birth 07/16/1982		Driver's License Number 140CC5336		Citation Charge 1
	Male <input checked="" type="radio"/> Female <input type="radio"/>		State IA		Citation Charge 2
	Class C		Endorsements		Citation Charge 3
	Restrictions		CDL Yes <input type="radio"/> No <input checked="" type="radio"/>		Citation Charge 4
	Alcohol Test Given: 1		Test Results: 1		Drug Test Given: 1
	Test Result:		Re-exam: Yes <input type="radio"/> No <input checked="" type="radio"/>		Reason for Re-Exam Request:
	Owner's Name - Last STATE OF IOWA		First		Middle
	Address 215 EAST 7TH STREET		City DESMOINES		State IA
Zip 50319		License Plate No. JHF398		Year 2022	
VIN: 2G11Z5S38K9114795		Color GRY		Year 2019	
Make CHEV		Model IMPALA		Style 4 DOOR	
Trailer Plate No.		State		Year	
VIN:		Tow 1		Tow #	
Towed To		Approx. Cost to Repair or Replace \$3,152.00			
Insurance Company Name STATE OF IOWA		Insurance Co. Phone Number		Insurance Policy Number	
Initial Travel Direction		Veh. Act. 01		Veh. Config. 01	
Cargo Body Type		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 88		Contributing Circumstances Driver (up to two)	
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	
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 INJURED	DRIVER OF UNIT 1		Phone Number: (402) 657-4106		Sex
			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

Law Enforcement Case Number: 2022022836	
Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>
County: 83	Route: _____
X Coordinate: 289544.812	
Y Coordinate: 4611906.5	
If Divided Highway, Provide Route (Cardinal) Travel Direction	
NB <input type="checkbox"/>	SB <input type="checkbox"/>
EB <input type="checkbox"/>	WB <input type="checkbox"/>

LOCATION	Date of Accident 09/14/2022	Time of Accident 07:15 Hrs.	County SHELBY - 83	Accident occurred within corporate limits of (city)		
	Literal Description 900TH ST					
	If accident occurred outside of city limits show general vicinity <div style="display: flex; justify-content: space-around; align-items: center;"> NNEESESSWWNW </div> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> of nearest city					
	On Road, Street or Highway:			At Intersection with:		
	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 or					
<div style="display: flex; justify-content: space-around; align-items: center;"> NNEESESSWWNW </div> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> and <div style="display: flex; justify-content: space-around; align-items: center;"> NNEESESSWWNW </div> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>						
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											
Manner of Crash/Collision		Surface Conditions		Roadway											
Light Conditions		Surface Conditions		Type of Roadway Junction/Feature											
				FRA No.											

First Harmful Event (Crash)	WORKZONE RELATED?	Yes	No	Activity	Location	Type	Workers Present	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	
31		<input type="radio"/>	<input type="radio"/>																

NONMOTORISTS	Name 001	Phone Number	DOB:																	
	Address:		Alcohol Test Given	Test Results:	Drug Test Given	Result	Charged	Yes	No											
	Transported to:		Transported by:																	
	Name																			
Address:																				
Alcohol Test Given																				
Test Results:																				
Drug Test Given																				
Result																				
Charged																				
Yes																				
No																				

PROPERTY	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	

PROPERTY	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	

WITNESSES	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 09/14/2022	Incident Clearance Date 09/14/2022
Signature of Officer SERGEANT K HAAS	Badge Number 345	Time Officer Notified of Accident 10:14 Hrs.	Roadway Clearance Time 08:15 Hrs.
Name of Agency IOWA STATE PATROL - DIST 03	Date of Report 09/15/2022	Time Officer Arrived At Scene 10:14 Hrs.	Incident Clearance Time 08:15 Hrs.
Report Reviewed By	Date of Review	Total Roadway Clearance Time 001:00	Total Incident Clearance Time 001:00
	Investigation made at scene? Y <input checked="" type="radio"/> N <input type="radio"/>	T.I. No.	Other Technical Investigating Agency

INVESTIGATING OFFICER'S REPORT
OF MOTOR VEHICLE ACCIDENT

Form 4433003 (11-13)

Law Enforcement Case Number:

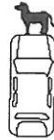
2022022836

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

D
I
A
G
R
A
M



191 North bound 1 mile south of Ports



N
A
R
R
A
T
I
V
E

Vehicle #1 was north bound on HW 191 1 mile south of Portsmouth when an animal ran into the road. Vehicle #1 struck the animal with the front end of the vehicle and continued north.

Kim Reynolds
Governor
Adam Gregg
Lt. Governor



Department of Public Safety

Stephan K. Bayens
Commissioner

To whom it may concern:

On 9/14/2022, at approximately 0715 hours I was driving my state vehicle (2019 Chevrolet Impala #642) northbound on Iowa Highway 191 south of Portsmouth, Iowa, when I struck a small animal with the front driver's side of my car. When I arrived at my destination in Denison, I examined my car for damage and saw the driver's side front bumper was broken in several places. On 9/14/2022, I stopped at All Makes Collision in Council Bluffs for an estimate. Chris Cogan provided me with an estimate totaling \$3,152.04.

Attached is the State vehicle damage report, one repair estimate from All Makes Collision, and photos of the damage.

Special Agent Tyler Kotrous I-190
Iowa Department of Public Safety
Division of Criminal Investigation
Special Enforcement Operations Bureau
2200 River Road
Council Bluffs, IA 51501

C: 402-657-4106
O: 712-396-3140
F: 712-396-3143
EM: kotrous@dps.state.ia.us

All Makes Collision Center

Invoice

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

No: 1473

Scheduled In Date: 9/29/2022
 Completed Date: 9/30/2022
 Service Rep: CHRIS COGAN
 Page 1
 PO No:

Name

state of iowa

Service Item

19 Chevrolet Impala 1LT 4 DR Sedan
 Lic: Unit#
 VIN: 2G11Z5S38K9114795 Color: GRAY
 Mileage In: Mileage Out:
 Paint Code : _____

Insurance Information

Claim No: APDSOI0244639-001
 Policy No: UNIT# 642
 Date of Loss:
 Deductible: 0.0000

Insurance Company

Ext:

Insured

Ext:

Adjuster

.

Line No	Operation	Description	Part No	Type	Amount	Labor Type	Labor Units	Refinish Units
1	Remove/Replace	Cover,Front Bumper	ECONOMY PART	NP	650.42	BL	2.9	
2	Refinish	Cover,Front Bumper	Refinish					4.8
3	Remove/Replace	Defl,Front Bumper Lwr	ECONOMY PART	NP	27.98		incl.	incl.
4	Remove/Replace	Defl,Front Bumper Lwr LT	22990243	NP	30.25		incl.	incl.
5	Remove/Replace	Filler,Front Bumper LT	22738853	NP	105.72		incl.	incl.
6	Remove/Replace	Grille Assembly	84720375	NP	451.45		incl.	incl.
7	Remove/Replace	Lamp Assembly,Running LT	ECONOMY PART	NP	222.30		incl.	incl.
8	Remove/Replace	Radiator	23453634	NP	341.62	BL	2.3	
9	Remove/Replace	Condenser,A/C	ECONOMY PART	NP	227.76	ML	0.4	
10	Remove/Replace	Skirt,Inner Fender LT	ECONOMY PART	NP	68.40	BL	0.4	
11	Remove/Replace	HAZARDOUS WASTE	AfterMarket	NP	3.00			

Type	Description	Qty	Each	Amount	Sales Tax%	Sales Tax	Total
RL	Refinish Labor	4.8	90.00	432.00	7.00%	0.00	432.00
ML	Mechanical Labor	0.4	50.00	20.00	7.00%	0.00	20.00
BL	Body Labor	5.6	50.00	280.00	7.00%	0.00	280.00
NP	NonTaxable Part			2,128.90	0.00%	0.00	2,128.90

ESTIMATE TOTALS				\$2,860.90		\$0.00	\$2,860.90
------------------------	--	--	--	-------------------	--	---------------	-------------------

Type	Description	Qty	Each	Amount	Sales Tax%	Sales Tax	Total
RL	Refinish Labor	4.8	90.00	432.00	7.00%	0.00	432.00
ML	Mechanical Labor	0.4	50.00	20.00	7.00%	0.00	20.00
BL	Body Labor	5.6	50.00	280.00	7.00%	0.00	280.00
NP	NonTaxable Part			2,128.90	0.00%	0.00	2,128.90

INVOICE TOTALS				\$2,860.90		\$0.00	\$2,860.90
-----------------------	--	--	--	-------------------	--	---------------	-------------------

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. 2022. All rights reserved