

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 12<sup>th</sup> 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 \$6,663.71, subject to the audit of actual invoices. On April 4, 2023, Vehicle #105404 was damaged by hail. Request was to cover repair costs.

EXECUTIVE COUNCIL OF IOWA

*Victoria Newton*

Victoria Newton  
Executive Secretary

cc: Adam Steen, Director, Department of Administrative Services  
DAS Fleet Services, Risk  
Joel Lunde, Department of Management

AOS Claim # 3484  
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 #105404 on April 4, 2023  
Department of Administrative Services  
Claim dated July 27, 2023  
AOS Claim ID: 3484

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 \$6,663.71, 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: Adam Steen, Director, Department of Administrative Services  
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	#105404/Hail
Event Date	April 4, 2023
Summary	Vehicle 105404 sustained hail damage. (254708)
Amount Requested	\$6,663.71 - 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](mailto:Mariah.Flowers@iowa.gov)  
515-414-6582



Risk, DAS &lt;das.risk@iowa.gov&gt;

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**29C20**

1 message

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

Mon, Apr 10, 2023 at 11:10 AM

To: Tammy Hollingsworth &lt;Tammy.Hollingsworth@aos.iowa.gov&gt;, TOS ExecutiveCouncil &lt;executivecouncil@tos.iowa.gov&gt;

Please accept this email as initial 24 hr notification for AON, vehicle 105404 received hail damage 4/4/23. I will forward all information as soon as it is received.

Apologies, this was stuck in drafts and didn't get sent on time; I will be more careful in the future--Karl

**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>

# IOWA DOT

## IOWA ACCIDENT REPORT FORM

An accident occurring anywhere within the State of Iowa causing death, personal injury, or total property damage of \$1,500.00 or more must be reported on this accident report form. Please return form to our office as soon as estimates can be obtained.

### Instructions

**Please print or type all information. Use black or dark blue ink.**

**Step 1.** Begin completing the "Report of Motor Vehicle Accident" form by entering accident date, day of week, time, number of vehicles, total number killed, number injured, and the total amount of damage to all vehicles and any property other than vehicles.

**Step 2.** Enter the information pertaining to all drivers and vehicles involved in the accident. Important: Be sure to include the driver's name, driver license number, and driver license state. Also include the vehicle owner's name, license plate number, and license plate state and year. If more than two drivers or two vehicles were involved, use an extra report form or sheet of paper making sure that the extra vehicles and drivers are numbered 3, 4, 5, etc. Total occupants are all persons in the vehicle, driver included.

If you were involved in an accident with a pedestrian, print PEDESTRIAN in the driver space provided for vehicle No. 2 and complete pedestrian information in Step 7. If you were involved in an accident with a pedalcyclist (bicycle, etc.) print 'Bike' in the driver space provided for Vehicle 2 and complete information for Non-Motorist in Step 7.

If one of the vehicles involved was parked at the time of the accident, print PARKED in the driver space and complete the vehicle owner information.

**Step 3.** Please use the following codes when completing the box marked VEHICLE TYPE CODE:

- |  |  |                                      |                                       |
|--|--|--------------------------------------|---------------------------------------|
| 01 - Passenger Car   | 12 - Truck tractor (bobtail)                               | 21 - Motor home/recreational vehicle | 31 - Street legal, low-speed vehicle  |
| 02 - Four-tire truck (pick-up)                                   | 13 - Tractor/semi-trailer                                  |                                      |                                       |
| 03 - Sport utility vehicle                                       | 14 - Tractor/doubles                                       | 22 - School bus (seats >15)          | 32 - Limousine/taxi (seats 8 or less) |
| 04 - Passenger van (seats <9)                                    | 15 - Tractor/triples                                       | 23 - Small school bus (seats 9 - 15) | 33 - Limousine/taxi (seats 9 - 15)    |
| 05 - Passenger van (seats 9 - 15)                                | 16 - Other heavy truck (>10,000 lbs.)<br>(cannot classify) | 24 - Other bus (seats >15)           | 34 - Limousine/taxi (seats >15)       |
| 06 - Cargo/panel van   |  | 25 - Other small bus (seats 9 - 15)  |                                       |
| 07 - Single-unit truck (2-axle, 6-tire)                          | 17 - Motorcycle  | 26 - Farm tractor                    | 35 - Maintenance/construction vehicle |
| 08 - Single-unit truck (> = 3 axles)                             | 18 - 3-wheeled, enclosed                                   | 27 - Farm equipment                  | 36 - Train                            |
| 09 - Other light truck (<=10,000 lbs.)                           | 19 - 3-wheeled, unenclosed                                 | (explain in narrative)               | 98 - Other (explain in narrative)     |
| 10 - Vehicle <=10,000 lbs., placarded<br>for hazardous materials | 20 - Moped   | 28 - All-terrain vehicle (ATV)       | 99 - Unknown                          |
| 11 - Truck/Trailer   |  | 29 - Snowmobile                      |                                       |
|  |  | 30 - Golf cart                       |                                       |

**Step 4.** The location of the accident is very important. Please be as specific as possible.

**Step 5.** To the best of your ability, complete the Accident Codes section for **your own vehicle** using codes provided on page 2 of this form.

**Step 6.** If there is damage to property other than the vehicles involved complete the property damage information.

**Step 7.** Injury information should be entered in the space provided. Make sure that the vehicle number in which the injured party was riding is complete, describe the nature of the injury, and check the box under the column most appropriate for the injury severity.

NOTE: Include all drivers whether injured or not. The codes are:

#### Injury Status

- 01 - Fatal
- 02 - Suspected serious/incapacitating
- 03 - Suspected minor/non-incapacitating
- 04 - Possible (complaint of pain/injury)
- 05 - Uninjured
- 07 - Fatal, not crash-related
- 09 - Unknown

#### Ejection Path

- 01 - Not ejected/not applicable
- 02 - Through front windshield
- 03 - Through side window
- 04 - Through side door
- 05 - Through roof
- 06 - Through back window
- 07 - Through back door/tailgate opening
- 98 - Other (explain in narrative)
- 99 - Unknown

#### Occupant Protection

- 01 - Not applicable
- 02 - None used
- 03 - Shoulder and lap belt used
- 04 - Lap belt only used
- 05 - Shoulder belt only used
- 06 - Child safety seat (forward-facing)
- 07 - Child safety seat (rear-facing)
- 08 - Child safety seat (type unknown)
- 09 - Booster seat
- 10 - Helmet (DOT compliant)
- 11 - Helmet (other)
- 98 - Other (explain in narrative)
- 99 - Unknown

#### Seating Position

1	2	3	1 <sup>st</sup> Row
4	5	6	2 <sup>nd</sup> Row
7	8	9	3 <sup>rd</sup> Row
10	11	12	4 <sup>th</sup> Row
13	14	15	5 <sup>th</sup> Row

#### Airbag Deployment

- 01 - Not applicable
- 02 - Airbag turned off
- 03 - Not deployed
- 04 - Deployed front of person
- 05 - Deployed side of person
- 06 - Deployed both front/side
- 07 - Deployed curtain
- 98 - Other deployment (explain in narrative)
- 99 - Unknown

#### Type Non-Motorist (see non-motorist section below)

- 01 - Pedestrian
- 02 - Pedalcyclist (bicycle, tricycle, unicycle pedal car)
- 03 - Pedalcycle passenger
- 04 - In or on building
- 05 - Horse and buggy
- 06 - Skater, personal conveyance, and wheelchair
- 98 - Other (explain in narrative)
- 99 - Unknown

Seating position codes continued on Page 2

(Instructions continued on page 2)

**Step 8.** To the best of your ability, complete the accident diagram and description as briefly as possible. Important: If you are vehicle No. 1 in Step 2 make sure that your vehicle is vehicle No. 1 in the description and diagram. Indicate if there has been a Peace Officer investigation.

**Step 9.** Complete the insurance information on the back of the report. Failure to complete insurance coverage information may result in a suspension of your driving and registration privileges.

**Step 10.** Sign the accident report and tear at the perforated line and return accident report to:

Iowa Department of Transportation  
Driver & Identification Services  
6310 SE Convenience Boulevard  
Ankeny, IA 50021

### ACCIDENT CODES (See Step 5)

#### Seating Position Codes (cont.)

- 16 - In 6th row or greater
- 17 - In enclosed passenger/cargo area
- 18 - In unenclosed passenger/cargo area
- 19 - Sleeper
- 20 - Trailing unit
- 21 - Riding on exterior of vehicle
- 22 - Hanging onto vehicle
- 23 - Passenger of motorcycle/moped/ATV
- 98 - Other vehicle-related (explain in narrative)
- 99 - Unknown

#### A Initial Travel Direction

- 01 - North
- 02 - East
- 03 - South
- 04 - West
- 99 - Unknown



#### B Vehicle Action

- 01 - Movement essentially straight
- 02 - Turning Left
- 03 - Turning right
- 04 - Making U-turn
- 05 - Overtaking/passing
- 06 - Changing lanes
- 07 - Entering traffic lane (merging)
- 08 - Leaving traffic lane
- 09 - Backing
- 10 - Slowing/stopping (decelerating)
- 11 - Stopped in traffic
- 12 - Legally parked
- 13 - Illegally parked/unattended
- 14 - Negotiating a curve
- 15 - Starting in road
- 16 - Accelerating in road
- 17 - Leaving a parked position
- 18 - Entering a parked position
- 98 - Other (explain in narrative)
- 99 - Unknown

#### C Driver Condition

- 01 - Apparently normal
- 02 - Emotional (e.g., depressed, angry)
- 03 - Asleep/fatigued
- 04 - Illness/fainted
- 05 - Medical condition (seizure, reaction)
- 06 - Under the influence of alcohol
- 07 - Under the influence of drugs/meds
- 08 - Physical impairment
- 09 - Walks with a cane/crutches
- 10 - Paraplegic/wheelchair restricted
- 11 - Impaired due to previous injury
- 12 - Hearing impaired/deaf
- 13 - Visually impaired
- 98 - Other (explain in narrative)
- 99 - Unknown

#### D Vision Obscured

- 01 - Not obscured
- 02 - Trees/crops
- 03 - Embankment
- 04 - Hillcrest
- 05 - Building(s)
- 06 - Sign/billboard
- 07 - Parked vehicle(s)
- 08 - Moving vehicle(s)
- 09 - Person/object in or on vehicle
- 10 - Blinded by sun or headlights
- 11 - Broken/dirty windshield
- 12 - Frosted windows/windshield
- 13 - External mirrors
- 14 - Blowing snow
- 15 - Fog/smoke/dust
- 16 - Splash/spray of passing vehicle
- 17 - Inadequate vehicle lighting
- 18 - Exterior angle/blind spot on vehicle
- 98 - Other (explain in narrative)
- 99 - Unknown

#### E Traffic Controls

- 01 - No controls present
- 02 - Traffic signals
- 03 - Flashing traffic control signal
- 04 - Stop signs
- 05 - Yield signs
- 06 - No passing zone (marked)
- 07 - Warning sign
- 08 - School zone signs
- 09 - Railway crossing device
- 10 - Traffic director (person)
- 11 - Work zone sign
- 12 - Inoperative (not functioning properly)
- 13 - Traffic sign missing
- 98 - Other (explain in narrative)
- 99 - Unknown

#### F First Harmful Event

- Non-collision events:
- 20 - Overturn/rollover
  - 21 - Jackknife
  - 22 - Non-contact vehicle (phantom)
  - 23 - Vehicle went airborne
  - 24 - Fell/jumped from vehicle
  - 95 - Other non-collision (explain in narrative)

#### Collision with:

- 30 - Thrown or falling object
- 31 - Animal
- 32 - Non-motorist (do not fill as a unit)
- 33 - Vehicle in traffic
- 34 - Re-entering roadway
- 35 - Parked motor vehicle
- 36 - Work zone maintenance equipment
- 37 - Railway vehicle/train
- 38 - Struck/struck by object/cargo/person from other vehicle
- 96 - Other non-fixed object (explain in narrative)

#### F First Harmful Event (cont.)

##### Collision with fixed object:

- 40 - Bridge overhead structure
- 41 - Bridge pier or support
- 42 - Bridge/bridge rail parapet
- 43 - Curb/island/raised median
- 44 - Ditch
- 45 - Embankment
- 46 - Ground
- 47 - Culvert/pipe opening
- 48 - Guardrail - face
- 49 - Guardrail - end
- 50 - Concrete traffic barrier (median or right side)
- 51 - Other traffic barrier (explain in narrative)
- 52 - Cable barrier
- 53 - Impact attenuator/crash cushion
- 54 - Utility pole/light support
- 55 - Traffic sign support
- 56 - Traffic signal support
- 57 - Other post/pole/support (explain in narrative)

- 58 - Fire hydrant
- 59 - Mailbox
- 60 - Tree
- 61 - Landscape/shrubbery
- 62 - Snow bank
- 63 - Fence
- 64 - Wall
- 65 - Building
- 97 - Other fixed object (explain in narrative)

##### Miscellaneous events:

- 70 - Fire/explosion
- 71 - Immersion
- 72 - Hit and run
- 73 - Eluding law enforcement
- 74 - Gas inhalation/asphyxiation
- 75 - Vehicle out of gear/rolled
- 98 - Other (explain in narrative)
- 99 - Unknown

#### G Location of Accident

- 01 - On roadway
- 02 - Shoulder
- 03 - Median
- 04 - Roadside
- 05 - Gore
- 06 - Outside trafficway
- 07 - In parking lane/zone
- 08 - Continuous left turn lane
- 09 - Separator
- 98 - Other (explain in narrative)
- 99 - Unknown

#### H Manner of Crash/Collision

- 01 - Non-collision (single vehicle)
- 02 - Head-on (front to front)
- 03 - Rear end (front to rear)
- 04 - Angle, oncoming left turn
- 05 - Broadside (front to side)
- 06 - Sideswipe, same direction
- 07 - Sideswipe, opposite direction
- 08 - Rear to rear
- 09 - Rear to side
- 98 - Other (explain in narrative)
- 99 - Unknown

#### I Light Conditions

- 01 - Daylight
- 02 - Dusk
- 03 - Dawn
- 04 - Dark, roadway lighted
- 05 - Dark, roadway not lighted
- 06 - Dark, unknown roadway lighting
- 09 - Unknown

#### J Weather Conditions (up to two)

- 01 - Clear
- 02 - Cloudy
- 03 - Fog, smoke, smog
- 04 - Freezing rain/drizzle
- 05 - Rain
- 06 - Sleet, hail
- 07 - Snow
- 08 - Blowing snow
- 09 - Severe winds
- 10 - Blowing sand, soil, dirt
- 98 - Other (explain in narrative)
- 99 - Unknown

#### K Surface Conditions

- 01 - Dry
- 02 - Wet
- 03 - Ice/Frost
- 04 - Snow
- 05 - Slush
- 06 - Mud, dirt
- 07 - Water (standing or moving)
- 08 - Sand
- 09 - Oil
- 10 - Gravel
- 98 - Other (explain in narrative)
- 99 - Unknown

#### L Type of Roadway Junction

##### Non-Intersection

- 01 - Non-junction/no special feature
- 02 - Bike lanes
- 03 - Railroad grade crossing
- 04 - Driveway access (within)
- 05 - Driveway access (related, not in)
- 06 - Alley
- 07 - Crossover-related
- 96 - Other non-intersection (explain in narrative)

##### Intersection-related

- 10 - Roundabout
- 11 - Traffic circle
- 12 - Four-way intersection
- 13 - T-intersection
- 14 - Y-intersection
- 15 - Five points or more
- 16 - L-intersection
- 17 - Shared use path or trail
- 18 - Intersection with ramp
- 97 - Other intersection (explain in narrative)

##### Interchange-related

- 20 - On-ramp merge area
- 21 - Off-ramp, diverge area
- 22 - On-ramp
- 23 - Off-ramp
- 24 - Mainline, between ramps
- 98 - Other interchange (explain in narrative)
- 99 - Unknown



### REPORT OF MOTOR VEHICLE ACCIDENT

See instructions on completing (please print or type)

Did accident occur on private property?  Yes  No

**Step 1.**

Accident Date (Mo/Day/Year) 04/04/2023	Day of Week TUESDAY	Time UNK	<input type="checkbox"/> AM <input type="checkbox"/> PM	Number of Vehicles 1	Total Killed 0	Total Injured 0	Total Estimated Damage \$
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Step 2. No. 1 (YOUR VEHICLE)				No. 2 (OTHER VEHICLE)			
Date of Birth 12/01/1967	Sex F	Dr. Lic. State IA	Driver License Number 492WW7189	Date of Birth	Sex	Dr. Lic. State	Driver License Number
Last Name of Driver 1 AHLBERG		First Name TINA		Last Name of Driver 2		First Name	
Number and Street 19460 L AVE		City HOLLAND	State IA	Number and Street		City	State
Last Name of Owner 1 STATE OF IOWA		First Name		Last Name of Owner 2		First Name	
Number and Street		City	State	Number and Street		City	State
No. of Occupants 1	Plate Number 105404	State of Registration IA	Year	No. of Occupants	Plate Number	State of Registration	Year
Vehicle Identification Number (VIN) 3FA6P0G7XKR255059		Estimated Cost of Repairs		Vehicle Identification Number (VIN)		Estimated Cost of Repairs	
Vehicle Year and Make 2019 FORD FUSION		Step 3. Vehicle Type Code 01		Vehicle Year and Make		Step 3. Vehicle Type Code	

**Step 4. LOCATION OF ACCIDENT**

County GRUNDY Accident occurred within corporate limits of (city) NO

If accident occurred outside of city limits, describe distance to city  
HOME OFFICE 1.5 miles  N  NE  E  SE  S  SW  W  NW of nearest city HOLLAND

Name of Road, Street, or Highway ADDRESS ABOVE 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.

Feet or Miles  N  NE  E  SE  S  SW  W  NW and Feet or Miles  N  NE  E  SE  S  SW  W  NW of

Milepost Number or Definable intersection, bridge, or railroad crossing

**Step 5. Accident codes (on page 2) for your own vehicle:**

<b>A</b> Direction of Travel <input type="checkbox"/>	<b>B</b> Vehicle Action <input type="checkbox"/> 12	<b>C</b> Driver Condition <input type="checkbox"/> 98	<b>D</b> Vision Obscured <input type="checkbox"/>
<b>E</b> Traffic Controls <input type="checkbox"/>	<b>F</b> First Harmful Event <input type="checkbox"/>	<b>G</b> Location of Accident <input type="checkbox"/>	<b>H</b> Manner of Crash <input type="checkbox"/>
<b>I</b> Light Conditions <input type="checkbox"/>	<b>J</b> Weather Conditions <input type="checkbox"/> 06 <input type="checkbox"/> 09	<b>K</b> Surface Conditions <input type="checkbox"/>	<b>L</b> Type of Roadway Junction/Feature <input type="checkbox"/>

**Step 6. Identify Damaged Property Other Than Vehicles** Owner Amount of Damage

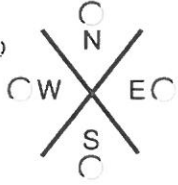
**Step 7. Injury Section: Fill Out Space Below For Every Person Injured Or Killed In The Accident**  
(Attach additional sheets if necessary)

Name and Address	In Vehicle Number	Date of Birth	Gender	Describe Injuries	Insert Correct Code (See Step 7 of Instructions)							Date of Death
					Seating Position	Type Non-Motorist	Injury Status	Occupant Protection	Airbag Deployment	Ejection		

**Step 8.**

Indicate On This Diagram What Happened  
Use one of these outlines to sketch the scene of your accident, writing in street or highway names or numbers.

- Initial Travel Direction**  
(prior to coded Vehicle Action)
- 1 - North
  - 2 - East
  - 3 - South
  - 4 - West
  - 9 - Unknown



Original Direction of Travel: (Example: Vehicle going north then turning left, code 'N' for Original Direction of Travel)

Vehicle 1 \_\_\_\_\_ Vehicle 2 \_\_\_\_\_  
\_\_\_\_\_ Street or Highway

	Street or Highway
	Street or Highway

**Description**

VEHICLE WAS PARKED AT MY HOME OFFICE. HAIL DAMAGED THE HOOD AND DECK LID OF THE VEHICLE.

Did Peace Officer investigate?  Yes  No Department \_\_\_\_\_

If you did not have automobile liability insurance coverage for this accident, please check this box

If you had automobile liability insurance coverage for this accident, please complete insurance information below.

Failure To Complete Insurance Coverage Information Requested Below May Result In A Suspension Of Your Driving And/Or Registration Privileges.

**Step 9.**

Name of Insurance Company (**Not Agent**) Providing Insurance To Cover Your Liability For Damage Or Injury To Others:  
PROGRESSIVE

Name of Agent Who Sold Policy CHAD AHLBERG

Agent Address 19458 L AVE HOLLAND IA 50642

Policy No. 966327061 Policy Period: From 02282023 Agent Phone No. 3192692245

V.I.N. No. (if not previously given) \_\_\_\_\_

Name of Driver TINA AHLBERG

Name of Owner STATE OF IOWA

Name of Policyholder TINA AHLBERG

**Step 10.**

Date April 05, 2023	Signature of Driver of Vehicle No. 1	If Signed By Person Other Than Driver, Give Reason
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**IMPORTANT:** This accident should also be reported directly to your insurance company. Failure to report may jeopardize your automobile liability insurance.





# WITHAM COLLISION CENTER

FORD-CHEVROLET-VW-KIA  
2033 LAPORTE RD, WATERLOO, IA 50702  
Phone: (319) 236-7217

Workfile ID: d0c723da  
PartsShare: 7htdKJ  
Federal ID: 42-1060951

## Final Bill

### RO Number: 535808

Customer:	Insurance:	Adjuster:	Estimator:	Witham collision
STATE OF IOWA #105404	QUALITY CLAIMS SOLUTIONS	Phone:	Create Date:	4/10/2023
		Claim:	APDSOI0254708-00	
			1	
		Loss Date:		
(515) 601-4001		Deductible:		

2019 FORD Fusion S FWD 4D SED 4-2.5L Gasoline Sequential MPI

VIN: 3FA6P0G7XKR255059	Interior Color:	Mileage In:	Vehicle Out:
License:	Exterior Color:	Mileage Out:	
State: IA	Production Date:	Condition:	Job #:

Line	Ver	Operation	Description	Qty	Extended Price \$	Part Type	Labor	Type	Paint
1	E01		PRE SCAN				1.0	Mech	
2	E01		POST SCAN				1.0	Mech	
3	E01		<b>FRONT LAMPS</b>						
4	E01	Remove/Install	RT Headlamp assy w/o signature lamps				0.3	Body	
5	E01	Remove/Install	LT Headlamp assy w/o signature lamps				0.3	Body	
6	S01		<b>HOOD</b>						
7	S01	Remove/Install	R&I hood assy				0.6	Body	
8	S01	PDR	HOOD	1	641.25	Other			
9	S01	Remove/Install	Insulator				0.2	Body	
10	E01		<b>FENDER</b>						
11	E01	Remove/Install	RT Fender liner w/o turbo w/2.5 liter DOHC				0.3	Body	
12	E01	Remove/Install	LT Fender liner w/o turbo w/2.5 liter DOHC				0.3	Body	
13	S01	PDR	LT FENDER	1	125.00	Other			
14	S01	PDR	RT FENDER	1	265.00	Other			
15	E01		<b>ROOF</b>						
16	S01	PDR	ROOF	1	1,100.00	Other			
17	E01	Remove/Install	R&I headliner				2.8	Body	
18	E01		<b>PILLARS, ROCKER &amp; FLOOR</b>						
19	S01	PDR	LT ROOF RAIL	1	268.75	Other			
20	S01	PDR	RT ROOF RAIL	1	518.75	Other			
21	E01	PDR	RT Aperture panel NOTE: PDR 10 quarter	1	150.00	Other			
22	E01		ADD FOR OVERSIZED	1	100.00	Other			

T = Taxable Item, RPD = Related Prior Damage, AA = Appearance Allowance, UPD = Unrelated Prior Damage, PDR = Paintless Dent Repair, A/M = Aftermarket, Rechr = Rechromed, Reman = Remanufactured, OEM = New Original Equipment Manufacturer, Recor = Re-cored, RECOND = Reconditioned, LKQ = Like Kind Quality or Used, Diag = Diagnostic, Elec = Electrical, Mech = Mechanical, Ref = Refinish, Struc = Structural

**RO Number: 535808**

2019 FORD Fusion S FWD 4D SED 4-2.5L Gasoline Sequential MPI

23	E01		<b>FRONT DOOR</b>				
24	S01	PDR	LT FRONT DOOR	1	125.00	Other	
25	S01	PDR	RT FRONT DOOR	1	155.00	Other	
26	E01	Remove/Install	RT R&I trim panel				0.5 Body
27	E01	Remove/Install	LT R&I trim panel				0.5 Body
28	E01	Remove/Replace	RT Belt molding	1	139.75	OEM	0.3 Body
29	E01		<b>REAR DOOR</b>				
30	S01	PDR	LT REAR DOOR	1	125.00	Other	
31	S01	PDR	RT REAR DOOR	1	155.00	Other	
32	E01	Remove/Install	RT R&I trim panel				0.5 Body
33	E01	Remove/Install	LT R&I trim panel				0.5 Body
34	E01	Remove/Replace	RT Belt molding	1	141.67	OEM	0.3 Body
35	E01	Remove/Replace	LT Belt molding	1	113.85	OEM	0.3 Body
36	E01		<b>QUARTER PANEL</b>				
37	S01	PDR	LT QUARTER	1	215.00	Other	
38	E01	Remove/Install	RT Wheelhouse liner w/o 2.7 liter turbo				0.4 Body
39	E01	Remove/Install	LT Wheelhouse liner w/o 2.7 liter turbo				0.4 Body
40	S01	PDR	RT QUARTER	1	425.00	Other	
41	E01	Remove/Replace	RT Qtr glass FORD titanium/chrome	1	359.13	Glass	1.6 Body
42	E01		<b>TRUNK LID</b>				
43	S01	PDR	TRUNK LID	1	650.00	Other	
44	E01	Remove/Install	R&I trunk lid				0.9 Body
45	S01	Remove/Install	Trunk lid trim				0.0 Body
46	E01		<b>REAR LAMPS</b>				
47	E01	Remove/Install	RT Tail lamp assy				0.2 Body
48	E01	Remove/Install	LT Tail lamp assy				0.2 Body
49	E01		<b>MISCELLANEOUS OPERATIONS</b>				
50	E01		Corrosion protection	1	10.00	Other	0.3 Body
51	E01		Hazardous waste removal	1	4.00	Other	

<b>Estimate Totals</b>	<b>Discount \$</b>	<b>Markup \$</b>	<b>Rate \$</b>	<b>Total Hours</b>	<b>Total \$</b>
Parts	(75.44)				5,711.71
Labor, Body			60.00	11.7	702.00
Labor, Mechanical			125.00	2.0	250.00
<b>Subtotal</b>					<b>6,663.71</b>
Sales Tax					0.00
<b>Grand Total</b>					<b>6,663.71</b>
<b>Net Total</b>					<b>6,663.71</b>

<b>Estimate Version</b>	<b>Total \$</b>
Original	5,917.86

T = Taxable Item, RPD = Related Prior Damage, AA = Appearance Allowance, UPD = Unrelated Prior Damage, PDR = Paintless Dent Repair, A/M = Aftermarket, Rechr = Rechromed, Reman = Remanufactured, OEM = New Original Equipment Manufacturer, Recor = Re-cored, RECOND = Reconditioned, LKQ = Like Kind Quality or Used, Diag = Diagnostic, Elec = Electrical, Mech = Mechanical, Ref = Refinish, Struc = Structural

# Final Bill

## RO Number: 535808

2019 FORD Fusion S FWD 4D SED 4-2.5L Gasoline Sequential MPI

Supplement S01	745.85
Insurance Total \$:	6,663.71
Received from Insurance \$:	0.00
Balance due from Insurance \$:	6,663.71
Customer Total \$:	0.00
Received from Customer \$:	0.00
Balance due from Customer \$:	0.00

T = Taxable Item, RPD = Related Prior Damage, AA = Appearance Allowance, UPD = Unrelated Prior Damage, PDR = Paintless Dent Repair, A/M = Aftermarket, Rechr = Rechromed, Reman = Remanufactured, OEM = New Original Equipment Manufacturer, Recor = Re-cored, RECOND = Reconditioned, LKQ = Like Kind Quality or Used, Diag = Diagnostic, Elec = Electrical, Mech = Mechanical, Ref = Refinish, Struc = Structural