

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 Department of Administrative Services request for an emergency allocation in the amount of \$3,431.39, subject to the audit of actual invoices. On June 19, 2023, Vehicle #2793 was damaged by a deer. 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 # 3555
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: Deer Damage to Vehicle #2793 on June 19, 2023
Department of Administrative Services
Claim dated July 5, 2023
AOS Claim ID: 3555

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 \$3,431.39, 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



Department of
Administrative Services

Empowering People
Collaboration
Customer Service

Governor Kim Reynolds
Lt. Governor Adam Gregg

Adam Steen, Director

Date: July 5, 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	#2793/Deer
Event Date	June 19, 2023
Summary	Vehicle #2793 struck a deer. (260756)
Amount Requested	\$3,431.39 - 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,

A handwritten signature in black ink, appearing to read "M. Flowers", is written over the printed name.

Mariah Flowers, Fleet Manager

DAS Fleet Services

Mariah.Flowers@iowa.gov

515-414-6582



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

29C20

1 message

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

Mon, Jun 19, 2023 at 8:41 AM

To: DAS Risk <das.risk@iowa.gov>, 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 **2793** struck a deer on 6/19/23. I will forward all information as soon as it is received.

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>

Vehicle Accident Report

Time and location of accident

Accident Date (Mo/Day/Year)	Time	No. of Vehicles
JUNE 19, 2023	6:15 AM	1
County	State	
POWESHIEK	IOWA	

Vehicle 1 (State vehicle)

Driver's Name		Work Street Address	
VERLAN VOS		400 E. 14th Street	
Driver's License No./State		City, State, Zip	
702 XX 2646		DES MOINES, IA 50319	
Date of Birth	Department	Work Phone	Home Phone
09-30-1957	EDUCATION	515 669 4994	641 325 1327
License Plate No.	VIN	Year, Make, Model	
2793	1G11Z5534K109217	2010 CHEVY IMPALA	
Estimate (\$) of Damage		Description of Damage	
		FRONT OF VEHICLE	

Vehicle 2 (other vehicle) if more than two vehicles-use additional forms

Driver's Name		Street Address	
Driver's License No./State		City, State, Zip	
Date of Birth	Work Phone	Home Phone	License Plate No.
Description of Damage			

Property Damage other than vehicle (fence, utility pole, etc)

Owner's Name, Address and Phone	Description of Property Damaged

Injured Persons (attach additional sheets if necessary)

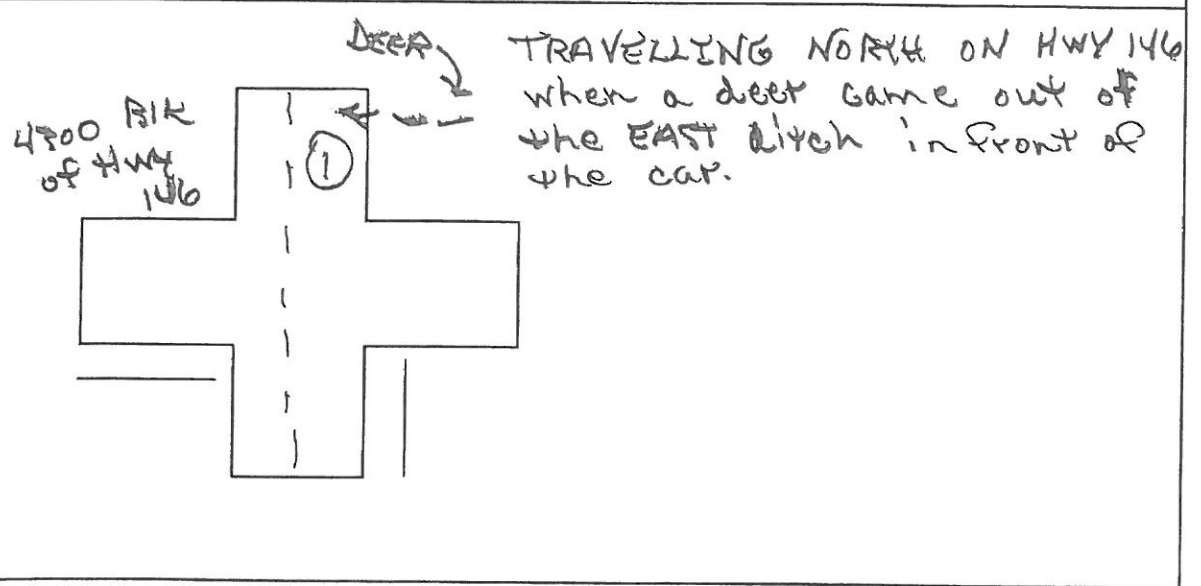
Vehicle No. 1/ Name and Address	Describe Injuries
Vehicle No. 2/ Name and Address	Describe Injuries

Witness

Name	Address/Phone
Name	Address/Phone

Accident Diagram

Complete diagram below, include a description of what happened.
 Use the outline below to sketch the scene of your accident,
 writing in street or highway names or numbers.
 Use number 1 to indicate the State vehicle.



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:

2023015759

L O C A T I O N	Date of Accident 06/19/2023	Time of Accident 06:30 Hrs.	County POWESHIEK - 79	Accident occurred within corporate limits of (city)		Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>	
	Literal Description NB HWY 146 SOUTH OF 420TH AVE					County: 79	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: 522706.25		
	On Road, Street or Highway:				At Intersection with:		Y Coordinate: 4614045.5	
	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 or if					If Divided Highway, Provide Route (Cardinal) Travel Direction		

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				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"/>																

N O N 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		No					
	Transported to:		Transported by:																	
	Name	Phone Number	DOB:																	

N P R O P E R T Y	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																	

U L D R A M A R G	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														

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 06/19/2023	Incident Clearance Date 06/19/2023
Signature of Officer TROOPER N KUBOUSHEK	Badge Number 402	Time Officer Notified of Accident 06:38 Hrs.	Roadway Clearance Time 07:34 Hrs.
Name of Agency IOWA STATE PATROL - DIST 11	Date of Report 06/19/2023	Time Officer Arrived At Scene 07:28 Hrs.	Incident Clearance Time 07:45 Hrs.
Report Reviewed By	Date of Review	Investigation made at scene? Y <input checked="" type="radio"/> N <input type="radio"/>	Total Roadway Clearance Time 000:56
		T.I. No.	Total Incident Clearance Time 001:07
		Other Technical Investigating Agency	

INVESTIGATING OFFICER'S REPORT
OF MOTOR VEHICLE ACCIDENT

Form 4433003 (11-13)

Law Enforcement Case Number:

2023015759

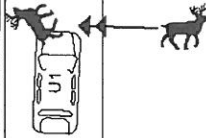
MAIL REPORTS TO: Iowa Department of Transportation, Office of Driver Services, P.O. Box 9204, Des Moines, Iowa 50306-9204

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POWESHIEK CO.
Not to scale

NB hwy 146 south of 420th ave



N
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UNIT 1 was traveling north bound on highway 146 just south of 420th ave when a deer came from the east bound ditch running west. The deer ran into traffic and UNIT 1 struck the deer with the front driver side.

QUALITY CLAIMS SOLUTIONS

Workfile ID: 8290cfe9

105 N Krohn Place
 SIOUX FALLS, SD 57103
 Phone: (877) 237-3727, FAX:(866) 371-2844
 qcs@qcsdirect.com

For:

QUALITY CLAIMS SOLUTIONS

DAS Fleet Services

Estimate of Record**Owner: STATE OF IOWA****Job Number:**

Written By: Wayne Malsam

Insured: STATE OF IOWA	Policy #: NOT PROVIDED	Claim #: APDSOI0260756-001
Type of Loss: Collision	Date of Loss: 6/23/2023 12:00 PM	Days to Repair: 0
Point of Impact: 12 Front		

Owner: STATE OF IOWA ANKENY, IA 50021	Inspection Location: KARL CHEVROLET COLLISION CENTER ANK 1101 SOUTHEAST ORLABOR ROAD Ankeny, IA 50021 Other (515) 299-4337 Evening	Repair Facility:
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VEHICLE

2020 CHEV Impala LT1 4D SED 6-3.6L Flex Fuel Direct Injection

VIN: 1G11Z5S34LU107217	Production Date:	Interior Color:
License:	Odometer: 93,238	Exterior Color:
State:	Condition:	

TRANSMISSIONAutomatic Transmission
Overdrive**POWER**Power Steering
Power Brakes
Power Windows
Power Locks
Power Mirrors
Heated Mirrors
Power Driver Seat**DECOR**Dual Mirrors
Console/Storage**CONVENIENCE**Air Conditioning
Intermittent Wipers
Tilt Wheel
Cruise Control
Rear Defogger
Keyless Entry
Alarm
Message Center
Steering Wheel Touch Controls
Telescopic Wheel
Climate Control
Remote Starter
Backup Camera**RADIO**AM Radio
FM Radio
Stereo
Search/Seek
Auxiliary Audio Connection
Premium Radio
Satellite Radio**SAFETY**Drivers Side Air Bag
Passenger Air Bag
Anti-Lock Brakes (4)
4 Wheel Disc Brakes
Front Side Impact Air BagsCommunications System
Hands Free Device**SEATS**Cloth Seats
Bucket Seats**WHEELS**

Aluminum/Alloy Wheels

PAINT

Clear Coat Paint

OTHERTraction Control
Stability Control
Signal Integrated Mirrors
Power Trunk/Liftgate

Estimate of Record

Owner: STATE OF IOWA

Job Number:

2020 CHEV Impala LT1 4D SED 6-3.6L Flex Fuel Direct Injection

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		FRONT BUMPER & GRILLE					
2		O/H bumper assy				2.9	
3	Repl	Bumper cover w/o adaptive cruise, w/o active shutter w/o premier	22990028	1	640.43	Incl.	3.4
4		Add for Clear Coat					1.4
5		Add for d/time r/lamp				0.3	
6		Add for actv shutter				0.3	
7	**	Repl A/M Upper grille LT w/o midnight pkg -25% Note: keystone City: ANKENY State: IA Phone: 515-727-7857	84720375	1	<u>310.50</u>	Incl.	
8		Repl Emblem gold	84690302	1	68.20	Incl.	
9	**	Repl A/M Lower grille all w/o midnight pkg -25%	23455348	1	<u>325.50</u>	Incl.	
10		FRONT LAMPS					
11	**	Repl A/M LT Headlamp assy -25%	84573235	1	<u>654.75</u>	0.5	
12		Aim headlamps				0.5	
13		FENDER					
14	*	Rpr LT Fender				4.0	2.2
15		Add for Clear Coat					0.9
16	**	Repl A/M LT Fender liner -25%	84204441	1	<u>54.00</u>	0.4	
17		FRONT DOOR					
18	Blnd	LT Outer panel w/o molding					1.0
19	R&I	LT Belt molding				0.3	
20	Repl	LT Nameplate "IMPALA"	84445338	1	49.90	0.3	
21	R&I	LT R&I mirror				0.3	
22	R&I	LT Handle, outside w/passive entry w/o chrome				0.4	
23	R&I	LT R&I trim panel				0.5	
24	#	Hazardous Waste		1	3.00 X		
25	#	Corrosion Protection		1	5.00	0.1	
26	#	Cover Car		1	5.00	0.2	
27	#	Flex Agent		1	5.00		
28		VEHICLE DIAGNOSTICS					
29	*	Repl Post-repair scan		1	m	0.5	
SUBTOTALS					2,121.28	11.5	8.9

Estimate of Record

Owner: STATE OF IOWA

Job Number:

2020 CHEV Impala LT1 4D SED 6-3.6L Flex Fuel Direct Injection

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			2,118.28
Parts Discount	\$ 758.53	-28.0 %	-212.39
Body Labor	11.5 hrs @	\$ 55.00 /hr	632.50
Paint Labor	8.9 hrs @	\$ 100.00 /hr	890.00
Miscellaneous			3.00
Subtotal			3,431.39
Total Cost of Repairs			3,431.39
Deductible			0.00
Total Adjustments			0.00
Net Cost of Repairs			3,431.39

MyPriceLink Estimate ID / Quote ID:

1101580808398839808 / 125376699

THIS IS NOT AN AUTHORIZATION TO BEGIN REPAIRS.

SUPPLEMENTS - Please be advised that the INSURANCE COMPANY requires notice of any supplements prior to the work being performed. Failure to notify INSURANCE COMPANY and allow INSURANCE COMPANY to review the supplemental charges may result in non-payment of the supplemental items.

ESTIMATE AUDIT - THIS DOCUMENT IS NOT AN APPRAISAL. INQUIRIES SHOULD BE DIRECTED TO THE INSURANCE COMPANY LISTED AT THE TOP OF THIS DOCUMENT.

REPAIR SHOPS CAN CONTACT QCS AUDITOR FOR ANY REPAIR RELATED INQUIRIES AT 1-877-237-3727.

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.