

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 \$5,371.99, subject to the audit of actual invoices. On March 10, 2023, Vehicle #105663 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 # 3461  
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 3, 2023

Victoria Newton  
Executive Council  
L O C A L

Subject: Deer Damage to Vehicle #105663 on March 10, 2023  
Department of Administrative Services  
Claim dated June 2, 2023  
AOS Claim ID: 3461

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. The Department requested an allocation of \$5,377.94; however, the estimate from the vendor included sales tax of \$5.95. This amount will be deducted from the Department's request. Therefore, we recommend an Executive Council allocation in the amount of \$5,371.99, 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: June 2, 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	#105663/Deer
Event Date	March 10, 2023
Summary	Vehicle 105663 struck a deer. (253355)
Amount Requested	\$5,283.30 - Estimate \$ 94.64 - Tow <b>\$5,377.94 - TOTAL</b>
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



105663



Compose

Inbox 15

Starred

Snoozed

Sent

Drafts 5

More

Labels

29C20 34

Billing 2

Checks Received

Contract issues

Eclaim Confirmati... 12

Pre-Google Mail (Old M...

Restitution Letters 1

Risk Payments 218

Subro

Tort Claims 2

Paid Torts

More

29C20



Risk, DAS <das.risk@iowa.gov> (sent by karl.bubser@iowa.gov) to Tammy, TOS

Please accept this email as initial 24 hr notification for AON, vehicle 105663 struck a deer on 3/10/23. I will forward all information as s

All accidents must be reported via email or phone to Fleet Services within 24 hours. All accident reports and estimates are due 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](mailto:Das.Risk@iowa.gov)  
<https://das.iowa.gov>

Reply

Reply all

Forward

## Vehicle Accident Report

Time and location of accident			
Accident Date (Mo/Day/Year)	Time	No. of Vehicles	
03/09/2023	07:40PM	01	
County	State		
POLK	IOWA		
Vehicle 1 (State vehicle)			
Driver's Name		Work Street Address	
GEORGE WILLIAM DENG		420 WATSON POWELL JR.PKWAY	
Driver's License No./State		City, State, Zip	
828ZZ4050		DES MOINES, IA 50309	
Date of Birth	Department	Work Phone	Home Phone
01/05/1977	BRS/DHHS	515-243-2836	515-718-5224
License Plate No.	VIN	Year, Make, Model	
105663	1FMZK1CG5JKB41857	FORD TRANSIT 2018	
Estimate (\$) of Damage		Description of Damage	
NOT KNOWN AT THIS TIME		WINDSHIELD, SIDE MIRROR, AND DENT ON THE FRONT LEFT MUDGUARD	
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	
<p>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.</p>	
	<p>TRAVELLING EAST FROM WEST ON DOUGLAS AVE AND 56TH STREET. DEER ENTERED THE ROAD FROM NORTH TO SOUTH AND COLIDED IN THE VAN. NO PERSONAL INJURIES SUSTAINED BUT DEER DEAD.</p>

## Accident Information Exchange Sheet

### Other Vehicle information

Driver's Name	
Street Address	
Driver Phone	
Driver's License No./State	
Vehicle Plate No.	
Vehicle year, make, model	
VIN	
Insurance Company Name	
Policy No.	
Agent name	
Agent phone	
Owner's Name/Address (if different)	

Submit this information along with the accident report to DAS Fleet Service within 72 hours of the accident.

Complete the next section, tear at the dotted line and give to the other party involved.

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### State Vehicle Insurance Information

Driver's Name	GEORGE WILLIAN DENG
Driver's License No./State	828ZZ4050, IOWA
Vehicle Plate No.	105663
Vehicle year, make, model	2018, FORD TRANSIT
VIN	1FMZK1CG5JKB41857

The State of Iowa is self-insured.  
If you have any questions regarding an accident, please contact  
DAS Fleet Services at 515-281-3162 of [DAS.Risk@iowa.gov](mailto:DAS.Risk@iowa.gov)



**PATROL SERVICES BUREAU**

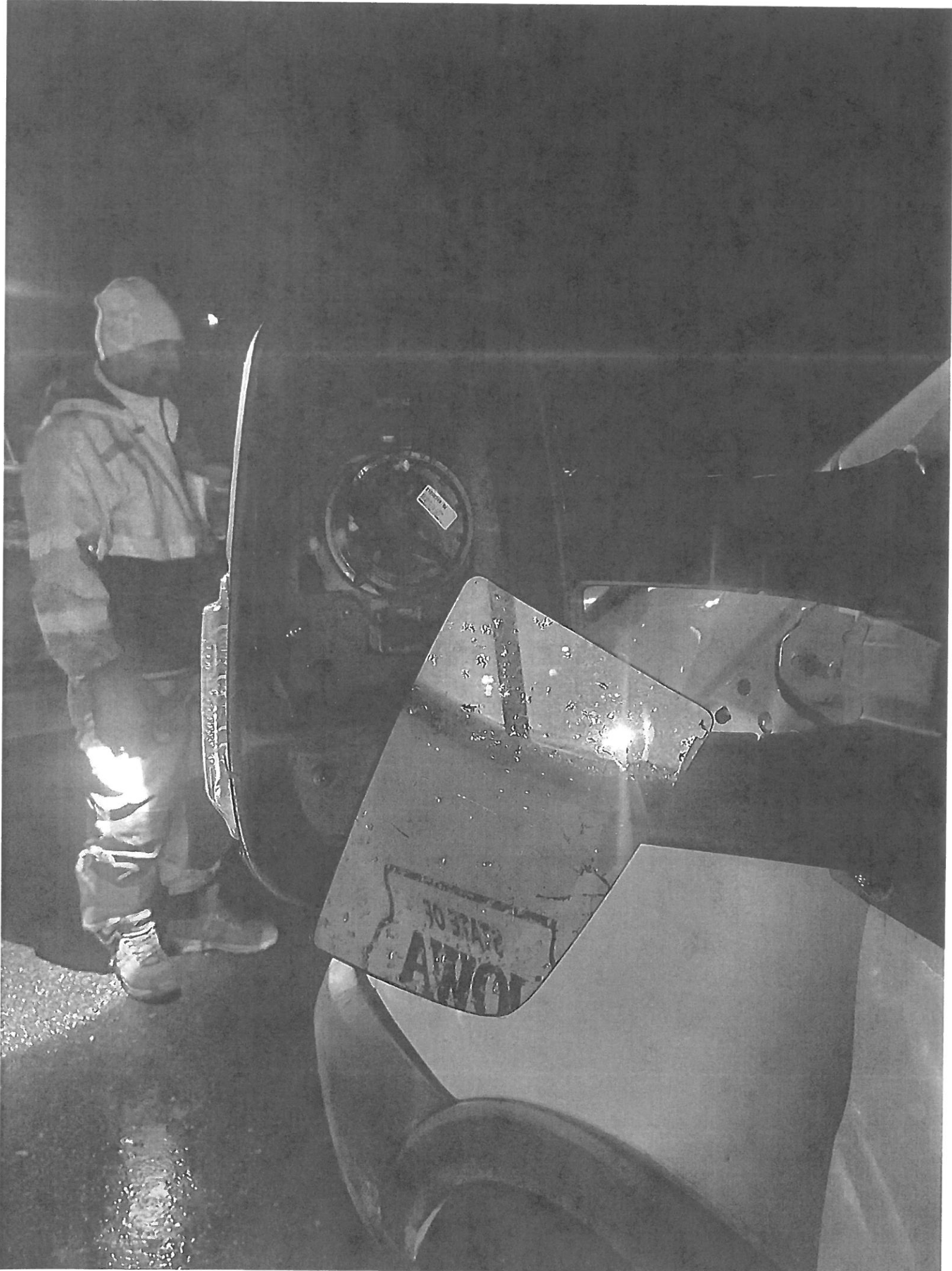
**Des Moines Police Department**  
25 East First Street  
Des Moines, IA 50309

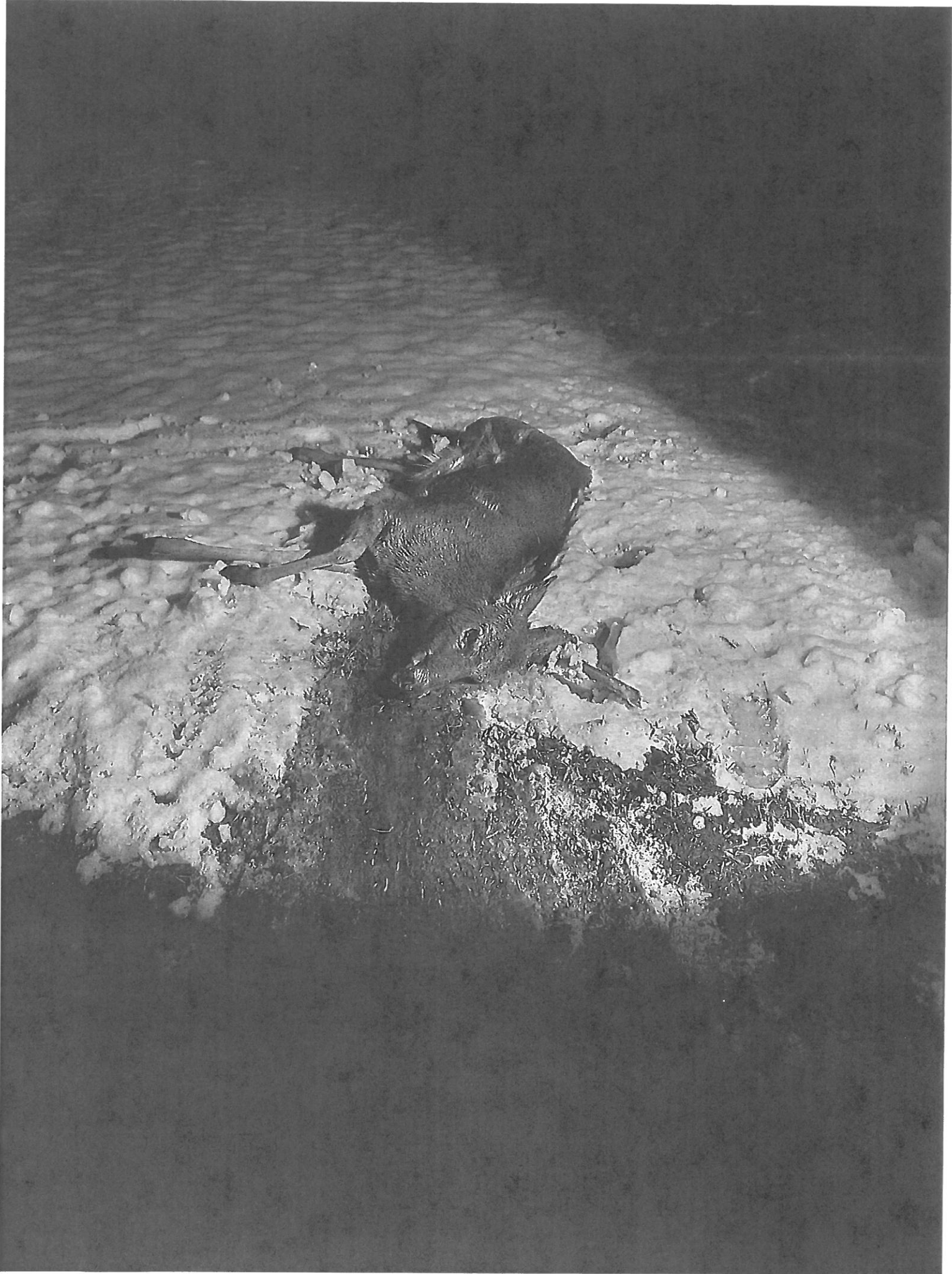
**Officer:** LOFTUS 5284  
**Case No.:** 23-6394

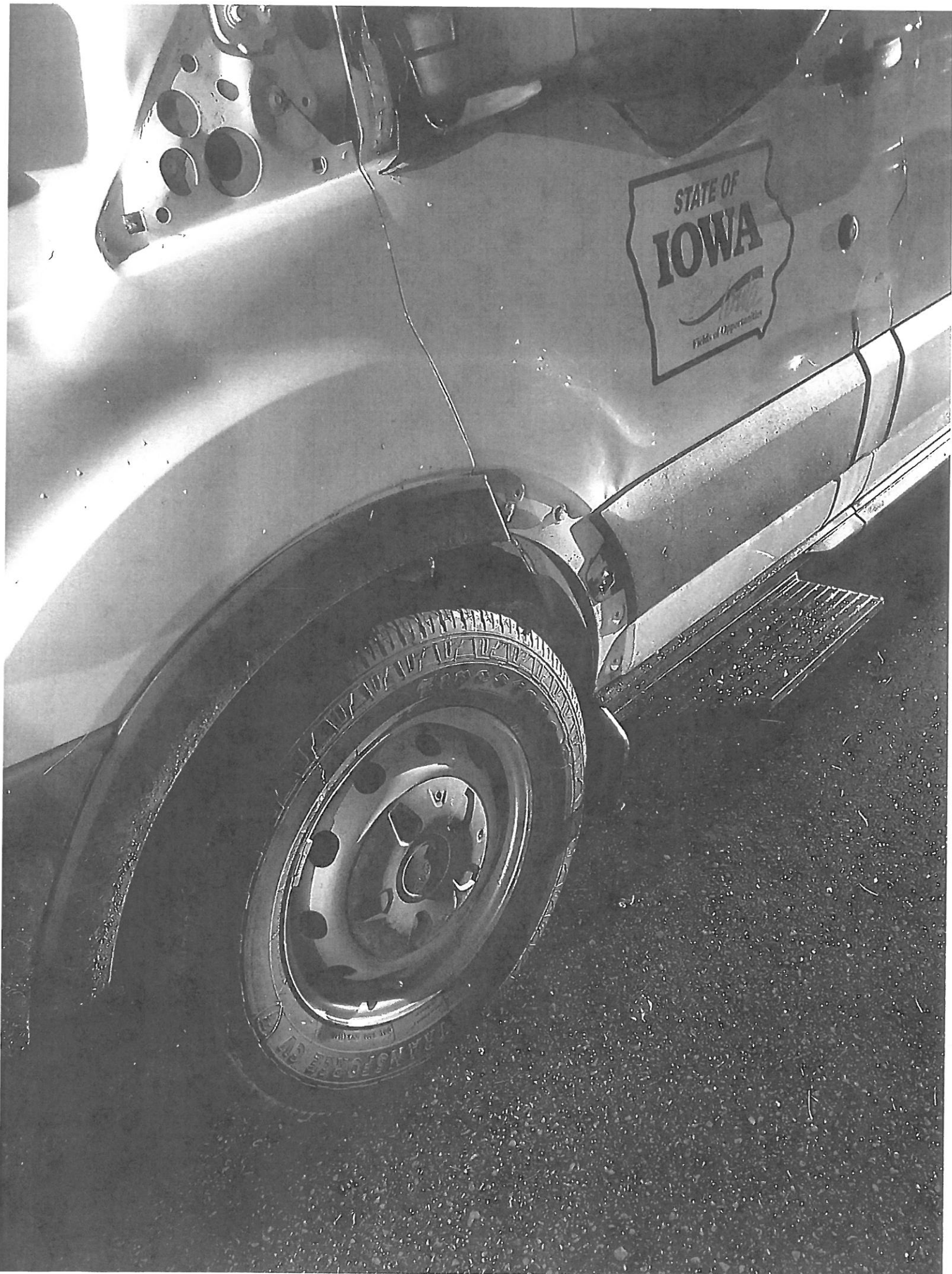
**Emergency/Crimes in Progress.....911**  
**Non-Emergency/Anonymous Calls.....515-283-4811**  
(including Animal Control)











**Karl Chevrolet Collision Center  
Ankeny**

Workfile ID: 57CSU04C  
PartsShare: 7ffkqk  
Federal ID: 42-1092272

Your Dealer for Life  
1101 Southeast Oralabor Road, Ankeny, IA 50021  
Phone: (515) 299-4337  
FAX: (515) 964-2293

**Final Bill**

**RO Number: 922091**

Customer:	Insurance:	Adjuster:	Estimator:	Michael Wright
STATE OF IOWA	STATE OF IOWA	Phone:	Create Date:	3/13/2023
		Claim:	APDSOI0253355-00	
			1	
		Loss Date:		
(515) 299-4479		Deductible:		

2018 FORD Transit Passenger Wagon T-150 XLT Medium Roof 130" WB w/Sliding Right Hand Door 3D VAN 6-3.5L Turbocharged Gasoline Gasoline Direct Injection WHITE

VIN: 1FMZK1CG5JKB41857	Interior Color: GREY	Mileage In: 126,976	Vehicle Out: 3/31/2023
License: 105663	Exterior Color: WHITE	Mileage Out:	
State: IA	Production Date: 8/2018	Condition:	Job #:

Line	Ver	Operation	Description	Qty	Extended Price \$	Part Type	Labor	Type	Paint
1	E01		<b>FRONT BUMPER &amp; GRILLE</b>						
2	E01	Overhaul	O/H bumper assy			OEM	3.0	Body	
3	E01		<b>FRONT LAMPS</b>						
4	E01	Remove/Install	RT Headlamp assy w/o chrome trim from 09/02/2015				0.2	Body	
5	E01	Remove/Install	LT Headlamp assy w/o chrome trim from 09/02/2015				0.2	Body	
6	E01		<b>HOOD</b>						
7	S01	Repair	Hood				6.0	Body	2.8
8	E01		Add for Clear Coat						1.1
9	E01	Remove/Install	LT Vent grille				0.2	Body	
10	E01	Remove/Install	RT Vent grille				0.2	Body	
11	E01	Remove/Install	R&I hood assy				0.6	Body	
12	S01	Remove/Replace	RT Hinge	1	63.83	OEM	0.3	Body	0.3
13	S01		Add for Clear Coat						0.1
14	E01		<b>FENDER</b>						
15	E01	Remove/Replace	LT Fender	1	386.00	A/M	1.4	Body	2.0
16	E01		Overlap Major Adj. Panel						(0.4)
17	E01		Add for Clear Coat						0.3
18	E01		Add for Edging						0.5
19	E01		Add for Clear Coat						0.1
20	S01	Remove/Install	RT R&I fender assy				1.3	Body	

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: 922091**

2018 FORD Transit Passenger Wagon T-150 XLT Medium Roof 130" WB w/Sliding Right Hand Door 3D VAN 6-3.5L Turbocharged Gasoline Gasoline Direct Injection WHITE

21	E01	Repair	RT Fender				5.0	Body	2.0
22	E01		Overlap Major Adj. Panel						(0.4)
23	E01		Add for Clear Coat						0.3
24	E01	Remove/Install	RT Wheel opng mldg				0.0	Body	
25	E01	Remove/Replace	LT Wheel opng mldg	1	52.00	A/M	0.0	Body	
26	S01	Remove/Replace	LT Upper molding single rear wheels from 05/04/2016	1	74.72	OEM	0.0	Body	
27	E01		<b>WINDSHIELD (C&amp;K AUTO GLASS)</b>						
28	S01	Sublet	Windshield FORD, w/mirror, w/rear camera w/o lane departure	1	140.00	Glass			
29	S01	Remove/Replace	Windshield FORD, w/mirror, w/rear camera w/o lane departure	1	356.20	Glass	0.0	Body	
30	S01	Remove/Replace	Mirror inside w/rear camera	1	768.00	OEM	0.0	Body	
31	S01		<b>ROOF</b>						
32	S01	Repair	Front roof pnl				2.0	Body	
33	E01		<b>FRONT DOOR</b>						
34	E01	Repair	LT Outer panel medium, high roof				6.0	Body	2.4
35	E01		Overlap Major Non-Adj. Panel						(0.2)
36	E01		Add for Clear Coat						0.4
37	E01	Blend	RT Outer panel medium, high roof						1.2
38	S01	Remove/Replace	LT Side molding	1	89.66	OEM	0.3	Body	
39	E01	Remove/Install	RT Side molding				0.3	Body	
40	E01	Remove/Replace	LT Wheel opng mldg	1	35.00	A/M	0.2	Body	
41	E01	Remove/Install	RT Wheel opng mldg				0.2	Body	
42	S01	Remove/Replace	LT Mirror assy medium, high roof w/power, w/heat	1	670.25	OEM	1.0	Body	
43	E01	Remove/Install	RT R&I mirror				0.3	Body	
44	E01	Remove/Install	LT Handle, outside				0.3	Body	
45	E01	Remove/Install	RT Handle, outside				0.3	Body	
46	E01	Remove/Install	LT R&I trim panel				0.5	Body	
47	E01	Remove/Install	RT R&I trim panel				0.5	Body	
48	E01	Remove/Install	LT Lock cylinder				0.2	Body	
49	E01	Remove/Install	RT Lock cylinder				0.2	Body	
50	S01	Remove/Install	RT R&I door assy				1.2	Body	
51	S01	Remove/Install	LT R&I door assy				1.2	Body	
52	E01		<b>MISCELLANEOUS OPERATIONS</b>						
53	E01	Sublet	Hazardous waste removal	1	3.00	Other			
54	E01	Remove/Replace	Corrosion protection	1	10.00	A/M	0.3	Body	
55	E01	Refinish	Color tint						0.5
56	E01		Post Repair Scan- Per OEM Guideline				0.5	Body	
57	E01		REMOVE DECALS				1.0	Body	

Estimate Totals	Discount \$	Markup \$	Rate \$	Total Hours	Total \$
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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: 922091**

2018 FORD Transit Passenger Wagon T-150 XLT Medium Roof 130" WB w/Sliding Right Hand Door 3D VAN 6-3.5L Turbocharged Gasoline Gasoline Direct Injection WHITE

Parts	(584.86)		1,920.80
Sublet/Miscellaneous			143.00
Labor, Body		55.00	34.9
Labor, Refinish		100.00	13.0
<b>Subtotal</b>			<b>5,283.30</b>
Sales Tax			0.00
<b>Grand Total</b>			<b>5,283.30</b>
<b>Net Total</b>			<b>5,283.30</b>

Estimate Version	Total \$
Original	4,763.59
Supplement S01	519.71

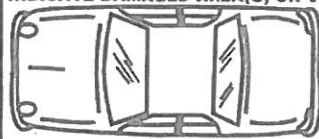
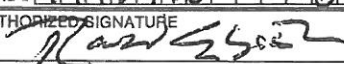
Insurance Total \$:	0.00
Received from Insurance \$:	0.00
Balance due from Insurance \$:	0.00
Customer Total \$:	5,283.30
Received from Customer \$:	0.00
Balance due from Customer \$:	5,283.30

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



**CROW TOW**  
826 SE 21st Street  
Des Moines, IA 50317  
(515) 276-9869

# ROAD SERVICE

TIME OF CALL 9:50 AM	DATE IN 8/24	DATE OUT	TIME START A.M. P.M.	TIME FINISH A.M. P.M.	REQUESTED BY	P.O./CASE #	OFFICER NAME
NAME RASHED EBRAHIM						PHONE # X 515-227-4478	
ADDRESS 2017 59th ST.							
CITY Des Moines						STATE IA	ZIP 50322
YEAR 18	MAKE/MODEL Ford Transit		COLOR WHT	ODOMETER	DRIVER		
MARKER PLATE 108 1443	STATE IA	VIN # 1PM2K1CGSJK B41857	REGISTERED OWNER				
LOCATION OF VEHICLE 36th St. & Douglas Ave							
TOWED TO 420 Watson Powell Jr way							
INSPECTED BY INSURANCE CO.		APPRAISER NAME		DATE	DRIVER		
RELEASED BY		DATE	PHONE #				
<b>REASON FOR TOW</b>		<b>TYPE OF TOW</b>		PERSONAL'S TAKEN BY		DATE	PHONE #
<input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> BREAK DOWN <input type="checkbox"/> ABANDONED <input type="checkbox"/> UNREGISTERED <input type="checkbox"/> NO START <input type="checkbox"/> OUT OF GAS <input type="checkbox"/> FLAT TIRE <input type="checkbox"/> FIRE LANE <input type="checkbox"/> LOCK OUT <input type="checkbox"/> NO TRESPASS <input type="checkbox"/> TOW ZONE <input type="checkbox"/> ARREST <input type="checkbox"/> STOLEN <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> SNOW REMOVAL <input type="checkbox"/> _____		<input type="checkbox"/> SLING/HOIST <input checked="" type="checkbox"/> FLAT BED/RAMP <input type="checkbox"/> WHEEL LIFT <input type="checkbox"/> _____		_____		_____	_____
<b>SPECIAL EQUIPMENT USED</b>		<b>TOWED PER ORDER OF</b>		<b>VEHICLE STORAGE TIME</b>			
<input type="checkbox"/> WINCH <input type="checkbox"/> FLARES <input type="checkbox"/> DOLLIES <input type="checkbox"/> SCOTCH BLOCKS <input type="checkbox"/> RAMPS <input type="checkbox"/> _____ <input type="checkbox"/> SNATCH BLOCKS <input type="checkbox"/> _____		<input type="checkbox"/> STATE POLICE <input type="checkbox"/> LOCAL POLICE <input checked="" type="checkbox"/> OWNER OF A CAR <input type="checkbox"/> DEALER		FROM _____ TO _____ DAYS @ \$ _____ <b>INDICATE DAMAGED AREA(S) ON VEHICLE:</b>  KEYS LEFT <input checked="" type="checkbox"/> N RADIO <input checked="" type="checkbox"/> N			
<b>METHOD OF PAYMENT</b>		<b>OTHER SERVICES</b>		<b>MILEAGE</b>		<b>TOWING CHARGE</b>	
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK    DRIVER'S LIC. # 088 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> EXP. DATE 8/24 CREDIT CARD # 44489601080815657		<input type="checkbox"/> SWEEP <input type="checkbox"/> FIRST AID <input type="checkbox"/> REMOVE AXLE <input type="checkbox"/> SECURE LOOSE PARTS		FINISH _____		85 05	
AUTHORIZED SIGNATURE X  DATE _____		<input type="checkbox"/> SNATCH BLOCKS <input type="checkbox"/> _____		START _____		<b>MILEAGE</b>	
DRIVER SIGNATURE Krist Bockings    DATE _____		<input type="checkbox"/> SNATCH BLOCKS <input type="checkbox"/> _____		TOTAL _____		<b>LABOR</b>	
				FINISH _____		<b>EXTRA PERSON</b>	
				START _____		<b>SPECIAL EQUIPMENT</b>	
				TOTAL _____		<b>STORAGE</b>	
				FINISH _____		<b>EXTRA PERSON</b>	
				START _____		CC 3 64	
				TOTAL _____		<b>SUBTOTAL</b> 88 69	
				FINISH _____		<b>TAX</b> 5 95	
				START _____		<b>TOTAL</b> 94 64	
				TOTAL _____			

This company cannot be responsible for damages caused by faulty tires, bumper brackets, other unknown defective vehicle conditions, or other factors beyond its control. To the fullest extent allowed by law, this company assumes no responsibility for loss or damage by theft, fire or any other causes beyond its control, to any vehicle placed with it for storage or repair. To the fullest extent allowed by law, the undersigned agrees to release and hold this company harmless from any claims or damages resulting from towing or services rendered, whether sounding in negligence or contract.

© 2011 Zip's AW Direc

**THANK YOU!**  
PRODUCT 8760-3

53998

132243