

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 \$3,004.65, subject to the audit of actual invoices. On May 24, 2023, Vehicle #362 was damaged by a fox. 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 # 3544  
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: Damage to Vehicle #362 due to Hitting a Fox on May 24, 2023  
Department of Administrative Services  
Claim dated June 20, 2023  
AOS Claim ID: 3544

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 \$3,004.65, 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 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	#362/Fox
Event Date	May 24, 2023
Summary	Vehicle 362 struck a fox. (258214)
Amount Requested	\$3,004.65 - 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

## 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](mailto:vehicledamage@dps.state.ia.us) ; [das.risk@iowa.gov](mailto:das.risk@iowa.gov)

- 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 #: 2023013801**

Date: <small>(Month/Day/Year)</small>	05/24/23	Time: <small>(Time plus a.m./p.m.)</small>	11:45 PM
Vehicle Plate #:	362	Vehicle Mileage:	96,297
Vehicle Description: <small>(Yr/Make/Model/ &amp; Vin#)</small>	2019 Dodge Charger VIN: 2C3CDXKT3KH622774		
Assigned To:	Ranae Trail	Badge #	362
Driven By:	Ranae Trail	Badge #	362
Driver's Lic #:	650XX0430	Damage:	\$
Vehicle Towed: <small>(Yes / No)</small>	No	Towed By:	
Towed To:		Towing Cost:	\$
Seat Belt: <small>(Yes / No)</small>	Yes	Type of Vehicle: <small>(Marked/Semi /Unmarked)</small>	Marked
Injured/Injuries:	None		
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)	
Injured/Injuries:			
Occupants: (Other than driver)			
Occupant(s) Wearing Seat Belt: (Yes/No)			

**OTHER INFORMATION:**

Witnesses:			
Accident Location: (Street/Hwy)	Douds Rd. South of Libertyville.		
County:	Jefferson		
Weather/Road Conditions:	Clear/dry		
UNIT 1 WAS NORTHBOUND ON DOUDS ROAD. A FOX RAN FROM THE EAST DITCH, ATTEMPTING TO CROSS THE ROAD. UNIT 1 STRUCK THE FOX.			
Property Damage other than Vehicles:	None		
Cost:	\$		
Citations Issued To: (List Charge(s) and Statute Code(s))			

Investigating Officer:	Sgt Andreasen #161
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**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

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

Law Enforcement Case Number:  
**2023013801**

<b>L O C A T I O N</b>	Date of Accident <b>05/24/2023</b>	Time of Accident <b>23:45</b> Hrs.	County <b>JEFFERSON - 51</b>	Accident occurred within corporate limits of (city)	Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>
	Literal Description <b>DOUDS RD S OF LIBERTYVILLE</b>				County: <b>51</b>	Route:
	If accident occurred outside of city limits show general vicinity <div style="display: flex; justify-content: space-around; align-items: center;"> <span>N</span><span>NE</span><span>E</span><span>SE</span><span>S</span><span>SW</span><span>W</span><span>NW</span> </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: <b>578793.312</b>	
	On Road, Street or Highway:			At Intersection with:	Y Coordinate: <b>4532668</b>	
	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 of				If Divided Highway, Provide Route (Cardinal) Travel Direction	

<b>ACCIDENT ENVIRONMENT</b>	<b>ROADWAY CHARACTERISTICS</b>
Location of First Harmful Event	Weather Conditions (up to two)
Manner of Crash/Collision	Major Contributing Circumstances Environment
Light Conditions	Roadway
Surface Conditions	Type of Roadway Junction/Feature
	FRA No.

First Harmful Event (Crash) <b>31</b>	WORKZONE RELATED? <input type="checkbox"/>	Yes <input type="radio"/> No <input type="radio"/>	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
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<b>N O M O T O R I S T S</b>	Name <b>001</b>	Phone Number	DOB:															
	Address:		Alcohol Test Given	Test Results:	Drug Test Given	Result	Charged	Yes	No									
	Transported to:		Transported by:															
	Name		Phone Number	DOB:														

<b>N P R O P E R T Y</b>	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	

<b>U L D A M R G</b>	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	

<b>W I T N E S S</b>	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 <b>05/24/2023</b>	Incident Clearance Date <b>05/24/2023</b>
Signature of Officer <b>SERGEANT J ANDREASEN</b>	Badge Number <b>161</b>	Time Officer Notified of Accident <b>00:14</b> Hrs.	Roadway Clearance Time <b>23:45</b> Hrs.
Name of Agency <b>IOWA STATE PATROL - DIST 13</b>	Date of Report <b>05/26/2023</b>	Time Officer Arrived At Scene Hrs.	Total Roadway Clearance Time <b>000:00</b>
Report Reviewed By	Date of Review	Investigation made at scene? Y <input type="radio"/> N <input checked="" 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:

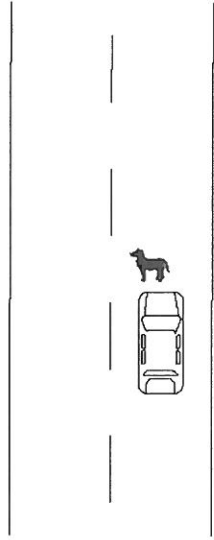
2023013801

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

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UNIT 1 WAS NORTHBOUND ON DOUDS ROAD. A FOX RAN FROM THE EAST DITCH, ATTEMPTING TO CROSS THE ROAD. UNIT 1 STRUCK THE FOX.



**COPELAND AUTO BODY, INC.**

506 E 2nd St, P.O. Box 109, Hedrick, IA 52563  
Phone: (641) 653-2140  
FAX: (641) 653-4301

Workfile ID: a44b2afd  
PartsShare: 7nwR5h  
Federal ID: 42-1488559

**Preliminary Estimate**

**Customer: State Of Iowa**

**Job Number:**

Written By: Steve Copeland

Insured: State Of Iowa Policy #: Claim #: 362\_FOX\_HIT  
Type of Loss: Date of Loss: Days to Repair: 0  
Point of Impact: 12 Front

**Owner:** State Of Iowa  
**Inspection Location:** COPELAND AUTO BODY, INC.  
506 E 2nd St  
P.O. Box 109  
Hedrick, IA 52563  
Repair Facility  
(641) 653-2140 Business  
**Insurance Company:** Creative risk

**VEHICLE**

2019 DODG Charger Police AWD (Fleet) 4D SED 8-5.7L Gasoline Sequential MPI

VIN: 2C3CDXKT3KH622774 Interior Color: Mileage In: 96,714 Vehicle Out:  
License: 362 Exterior Color: Mileage Out:  
State: IA Production Date: Condition: Good Job #:

**TRANSMISSION**

Automatic Transmission  
4 Wheel Drive

**POWER**

Power Steering  
Power Brakes  
Power Windows  
Power Locks  
Power Mirrors  
Power Driver Seat

**DECOR**

Dual Mirrors  
Tinted Glass  
Overhead Console

**CONVENIENCE**

Air Conditioning  
Intermittent Wipers  
Tilt Wheel  
Cruise Control  
Rear Defogger  
Keyless Entry  
Message Center  
Steering Wheel Touch Controls  
Telescopic Wheel  
Climate Control  
Backup Camera  
Parking Sensors

**RADIO**

AM Radio  
FM Radio  
Stereo  
Search/Seek  
Auxiliary Audio Connection

**SAFETY**

Drivers Side Air Bag  
Passenger Air Bag  
Anti-Lock Brakes (4)  
4 Wheel Disc Brakes  
Front Side Impact Air Bags  
Head/Curtain Air Bags  
Hands Free Device

**SEATS**

Cloth Seats  
Bucket Seats  
Reclining/Lounge Seats

**WHEELS**

Styled Steel Wheels

**PAINT**

Clear Coat Paint  
Two Tone Paint

**OTHER**

Traction Control  
Stability Control  
California Emissions  
Power Trunk/Liftgate

Get live updates at [www.carwise.com/e/4wnu7v](http://www.carwise.com/e/4wnu7v)

**Preliminary Estimate**

**Customer: State Of Iowa**

**Job Number:**

2019 DODG Charger Police AWD (Fleet) 4D SED 8-5.7L Gasoline Sequential MPI

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		<b>FRONT BUMPER &amp; GRILLE</b>					
2		O/H bumper assy				3.4	
3	**	Repl A/M CAPA Bumper cover	68267765AC	1	686.00	Incl.	3.4
4		Add for Clear Coat					1.4
5		Add for Two Tone					1.4
6		Repl Lower grille w/o adaptive cruise	68214782AB	1	126.00	Incl.	
7		Repl RT Support outer	68213539AC	1	10.20	Incl.	
8		Repl RT Support inner	68226532AA	1	35.95	Incl.	
9		<b>RADIATOR SUPPORT</b>					
10		Repl Front shield w/police	68231862AA	1	285.00	Incl.	
11	#	Repl Flex additive		1	6.00 T		
12		<b>AIR CONDITIONER &amp; HEATER</b>					
13		Repl Condenser assy	68085784AA	1	608.00 m	1.5 M	
14		AC Service evacuate & recharge				m 1.4 M	
15		AC Service refrigerant recovery				m 0.4 M	
16		<b>FENDER</b>					
17		R&I RT Fender liner 3.6, 5.7 liter				0.3	
18		R&I LT Fender liner 3.6, 5.7 liter				0.3	
19		<b>VEHICLE DIAGNOSTICS</b>					
20	#	In-House Scan Tool		1			
21	*	Subl Pre-repair scan		1	50.00 m		
22	*	Subl Post-repair scan		1	50.00 m		
23		<b>MISCELLANEOUS OPERATIONS</b>					
24	*	Repl Cover car/bag		1	10.00	0.0	
25	#	Subl Hazardous waste removal		1	4.00 T		
26	#	Repl Flex additive		1	6.00 T		
<b>SUBTOTALS</b>					<b>1,877.15</b>	<b>7.3</b>	<b>6.2</b>

Preliminary Estimate

Customer: State Of Iowa

Job Number:

2019 DODG Charger Police AWD (Fleet) 4D SED 8-5.7L Gasoline Sequential MPI

**ESTIMATE TOTALS**

Category	Basis	Rate	Cost \$
Parts			1,861.15
Body Labor	4.0 hrs @	\$ 65.00 /hr	260.00
Paint Labor	6.2 hrs @	\$ 100.00 /hr	620.00
Mechanical Labor	3.3 hrs @	\$ 75.00 /hr	247.50
Miscellaneous			16.00
Subtotal			3,004.65
<b>Grand Total</b>			<b>3,004.65</b>
Deductible			0.00
<b>CUSTOMER PAY</b>			<b>0.00</b>
<b>INSURANCE PAY</b>			<b>3,004.65</b>

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.