

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

June 2, 2025

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 a supplemental emergency allocation in the amount of \$10,717.75, subject to an audit of actual invoices. On April 18, 2025, Vehicle #105487 was damaged by hail. Request was to cover repair costs.

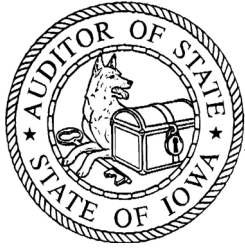
EXECUTIVE COUNCIL OF IOWA

Kristi Onstot

Kristi Onstot
Executive Secretary

cc: Adam Steen, Director, Department of Administrative Services
DAS Fleet Services, Risk
Matt Bender, Department of Management
Heather Hackbarth, Department of Management

AOS Claim # 4046
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

May 27, 2025

Kristi Onstot
Executive Council
L O C A L

Subject: Hail Damages to Vehicle #105487 on April 18, 2025
Department of Administrative Services
Claim dated April 25, 2025
AOS Claim ID: 4046

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 \$10,717.75 subject to an audit of actual invoices.

Sincerely,

A handwritten signature in black ink, appearing to read "Brian R. Brustkern".

Brian R. Brustkern, CPA
Deputy Auditor of State

cc: Adam Steen, Director, Department of Administrative Services
Mariah Fucaloro, Fleet Services Manager, Department of Administrative Services
Heather Hackbarth, Department of Management



Department of
Administrative Services

KIM REYNOLDS, GOVERNOR
CHRIS COURNOYER, LT. GOVERNOR

ADAM STEEN, DIRECTOR

#4046

Date: April 25, 2025

To: Tammy Hollingsworth, Auditor of State
Victoria Newton, Treasurer of State
Executive Council

Re: ALLOCATION REQUEST - 29C20 Claim for Executive Council Consideration

| | |
|--------------------------|--|
| Vehicle / Event | #105487 / Hail |
| Event Date | April 18, 2025 |
| Summary | Vehicle 105487 - hail damage (Claim # 305269) |
| Amount Requested | \$10,717.75 - Estimate |
| Supporting Documentation | 29C20 Email Notification, Accident Report, & Repair Estimate |

If you have any questions or are in need of additional information, please do not hesitate to contact me.

Thank you,

Ryan Betts
DAS Fleet Risk Manager
ryan.betts1@iowa.gov
515-281-8008



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

Fwd: Hail Damage

1 message

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

Mon, Apr 21, 2025 at 9:09 AM

To: 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 105487 sustained hail damage on 4/18/2025. I will forward all information as soon as it is received.

4046

DAS Risk

Central Procurement and Fleet Services Enterprise

Iowa Department of Administrative Services

510 E 12th St, Des Moines, IA 50319

515-281-3162 office

das.risk@iowa.gov<https://das.iowa.gov>**Department of
Administrative Services**

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.

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

From: **Fuller, Brian** <Brian.Fuller@iowaagriculture.gov>

Date: Mon, Apr 21, 2025 at 9:05 AM

Subject: Hail Damage

To: DAS.Risk@iowa.gov <DAS.Risk@iowa.gov>, Harrington, Mike <Mike.Harrington@iowaagriculture.gov>

I have reported this to my Bureau Chief and Lisa Potter at IDALS.

This morning (I did not work on Friday) I found that the hail we got in my area on Friday morning damaged truck #105487.

I am getting an estimate and then will send the report in.

Brian Fuller, Inspector

Iowa Department of Agriculture

Weights and Measures Bureau

4/21/25, 9:10 AM

State of Iowa Mail - Fwd: Hail Damage

515.201.5413



Department of Administrative Services

*Empowering People
Collaboration
Customer Service*

Department of Administrative Services
DAS Fleet Services- Risk Management
109 SE 13th St
Des Moines, IA 50319

Vehicle Accident Report Form

- Render aid or assistance to the injured ([per Iowa Code 321.262](#)).
- The State of Iowa is self-insured. Refer to the insurance card and accident report procedures online or in your glove box packet. If the accident involves another party, exchange information with the driver or property owner. Do not admit fault or attempt to settle your claim.
- Call local law enforcement, if a fatality, injury or property damage has occurred, and obtain a police report. On the Capitol complex, call Iowa State Patrol, Post 16 at 515-281-5608.
- Within the first 24 hours, report accident or damage to DAS Fleet Services (515-281-3162 or DAS.Risk@iowa.gov), your agency fleet contact, and supervisor. Damage caused by an act of nature or unavoidable cause MUST be reported to DAS Fleet Services within 24 hours of the incident to qualify for contingent fund use ([per Iowa Code 29C.20](#)).
- For an estimate, locate the nearest contracted auto body repair shop in the Contracted Service Providers map. A contracted auto body shop within 30 miles should be used if available.
- If towing is necessary, contact DAS Fleet Services (515-281-3162) for assistance. After hours, call National Automobile Club (NAC) FleetRescue* (866-329-3471) or local law enforcement.
- Within 72 hours, print and submit a completed Accident Report Form, including a cost estimate from the auto body shop to DAS.Risk@iowa.gov.
- Any accident in the State of Iowa that causes death, personal injury, or total property damage of \$1,500 or more must be reported on an Iowa Accident Report Form UNLESS the accident is investigated by a law enforcement agency and a report is filed. Failure to return an accident report form within 72 hours may result in suspension of driving privileges.

Vehicle Accident Report

Time and location of accident

| | | |
|-----------------------------|-------|-----------------|
| Accident Date (Mo/Day/Year) | Time | No. of Vehicles |
| 3/18/25 | 4-5am | 1 |
| County | State | |
| Floyd | Iowa | |

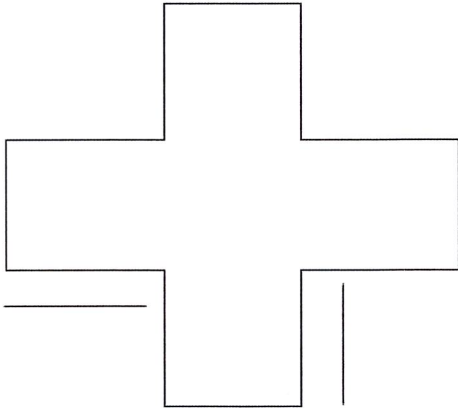
Vehicle 1 (State vehicle)

| | | | |
|----------------------------|-----------------------------|--------------------------------|------------|
| Driver's Name | | Work Street Address | |
| Brian | | 2230 Ankeny Blvd | |
| Driver's License No./State | | City, State, Zip | |
| 980AA4611 | | Ankeny IA 50023 | |
| Date of Birth | Department | Work Phone | Home Phone |
| 10/06/1958 | IDALS, Weights and Measures | 5152015413 | 6412280146 |
| License Plate No. | VIN | Year, Make, Model | |
| 105487 | 1GC5KLE7XSF207549 | 2025 Chevy 2500 | |
| Estimate (\$) of Damage | | Description of Damage | |
| \$10,717.75 | | Hail on sides, roof, and hood. | |

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.</p> <p>Use the outline below to sketch the scene of your accident, writing in street or highway names or numbers.</p> <p>Use number 1 to indicate the State vehicle.</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.

State Vehicle Insurance Information

| | |
|----------------------------|--|
| Driver's Name | |
| Driver's License No./State | |
| Vehicle Plate No. | |
| Vehicle year, make, model | |
| VIN | |

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



**Karl Chevrolet Collision Center
Ankeny**

Workfile ID: /78/40C4
Federal ID: 42-1092272

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

Estimate

RO Number:

| | | | | |
|------------|------------|-------------|--------------|---------------|
| Customer: | Insurance: | Adjuster: | Estimator: | Joe Singleton |
| SOI 105487 | SOI | Phone: | Create Date: | 4/23/2025 |
| | | Claim: | 105487 | |
| | | Loss Date: | | |
| | | Deductible: | | |

2025 CHEV Silverado 2500 HD Work Truck Double Cab 162" WB 4WD 4D LONG 8-6.6L Gasoline Direct Injection

| | | | | |
|----------|-------------------|------------------|--------------|--------------|
| VIN: | 1GC5KLE7XSF207549 | 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 | | GRILLE | | | | | | |
| 2 | E01 | Remove/Install | Grille Work Truck | | | | 0.4 | Body | |
| 3 | E01 | | FRONT LAMPS | | | | | | |
| 4 | E01 | Remove/Install | RT Headlamp assy from 11/01/23 | | | | 0.5 | Body | |
| 5 | E01 | Remove/Install | LT Headlamp assy from 11/01/23 | | | | 0.5 | Body | |
| 6 | E01 | | HOOD | | | | | | |
| 7 | E01 | Remove/Replace | Hood | 1 | 1,138.73 | OEM | 1.5 | Body | 3.2 |
| 8 | E01 | | Add for Clear Coat | | | | | | 1.3 |
| 9 | E01 | | Add for Underside(Complete) | | | | | | 1.6 |
| 10 | E01 | | Add for Clear Coat | | | | | | 0.3 |
| 11 | E01 | | CAB | | | | | | |
| 12 | E01 | Remove/Install | R&I headliner | | | | 3.3 | Body | |
| 13 | E01 | | FRONT DOOR | | | | | | |
| 14 | E01 | Remove/Replace | RT Belt molding black | 1 | 61.42 | OEM | 0.3 | Body | |
| 15 | E01 | Remove/Replace | LT Belt molding black | 1 | 61.42 | OEM | 0.3 | Body | |
| 16 | E01 | | REAR DOOR | | | | | | |
| 17 | E01 | Remove/Replace | RT Belt molding black 2nd design | 1 | 54.37 | OEM | 0.3 | Body | |
| 18 | E01 | Remove/Replace | LT Belt molding black 2nd design | 1 | 54.37 | OEM | 0.3 | Body | |
| 19 | E01 | | REAR LAMPS | | | | | | |
| 20 | E01 | Remove/Install | RT Tail lamp | | | | 0.3 | Body | |
| 21 | E01 | Remove/Install | LT Tail lamp | | | | 0.3 | Body | |
| 22 | E01 | | PDR ROOF | 1 | 2,000.00 | Other | | | |
| 23 | E01 | | PDR L FENDER 16-30 | 1 | 250.00 | Other | | | |
| 24 | E01 | | PDR R FENDER 31-50 | 1 | 400.00 | Other | | | |
| 25 | E01 | | PDR ALL 4 DOORS 31-50 | 1 | 1,300.00 | 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:

2025 CHEV Silverado 2500 HD Work Truck Double Cab 162" WB 4WD 4D LONG 8-6.6L Gasoline Direct Injection

| | | | | | |
|----|-----|-------------------|----|----------|-------|
| 26 | E01 | PDR BOTH BOXSIDES | 1 | 800.00 | Other |
| 27 | E01 | OVERSIZE DENTS | 50 | 2,500.00 | Other |
| 28 | E01 | OVERSIZED PANELS | 1 | 1,187.50 | Other |

| Estimate Totals | Discount \$ | Markup \$ | Rate \$ | Total Hours | Total \$ |
|--------------------|-------------|-----------|---------|-------------|------------------|
| Parts | (274.06) | | | | 9,533.75 |
| Labor, Body | | | 60.00 | 8.0 | 480.00 |
| Labor, Refinish | | | 110.00 | 6.4 | 704.00 |
| Subtotal | | | | | 10,717.75 |
| Sales Tax | | | | | 0.00 |
| Grand Total | | | | | 10,717.75 |
| Net Total | | | | | 10,717.75 |

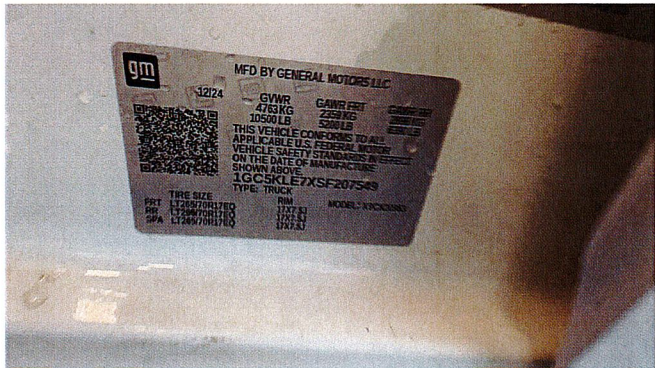
| Estimate Version | Total \$ |
|------------------|-----------|
| Original | 10,717.75 |

| | |
|--------------------------------|-----------|
| Insurance Total \$: | 10,717.75 |
| Received from Insurance \$: | 0.00 |
| Balance due from Insurance \$: | 10,717.75 |
| Customer Total \$: | 0.00 |
| Received from Customer \$: | 0.00 |
| Balance due from Customer \$: | 0.00 |

Karl Chevrolet Collision Center Ankeny
1101 Southeast Oralabor Road, Ankeny, IA 50021
Phone: (515) 299-4337, Fax: (515) 964-2293

Image Report

| | | | | | | |
|------------|----------------------|---------------|---------------------|----------------|-------------------|------------------|
| Owner: | SOI 105487 | Insurance: | SOI | Estimator: | Joe Singleton | Vehicle Out: |
| RO Number: | | Claim Number: | 105487 | | | |
| Year: | 2025 | Color: | | License Plate: | | Production Date: |
| Make: | CHEV | Body Style: | 4D LONG | State: | IA | Mileage In: |
| Model: | Silverado 2500 HD... | Engine: | 8-6.6L Gasoline ... | VIN: | 1GC5KLE7XSF207549 | Condition: |



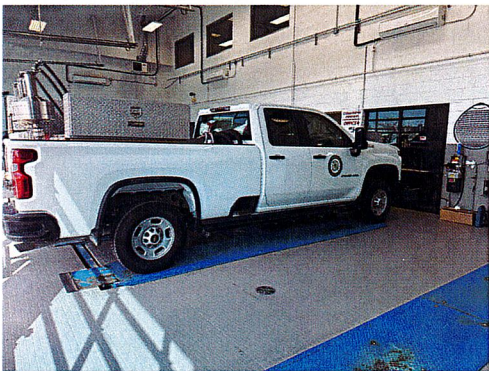
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Comments:



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Comments:

Karl Chevrolet Collision Center Ankeny

1101 Southeast Oralabor Road, Ankeny, IA 50021

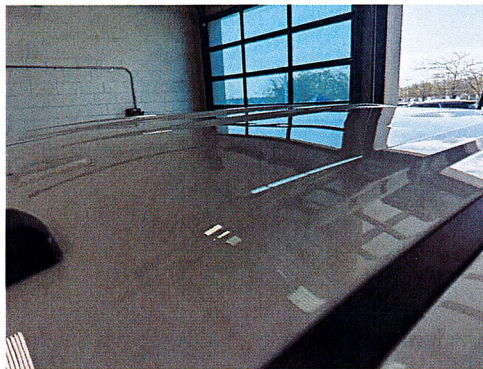
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4/23/2025
Comments:



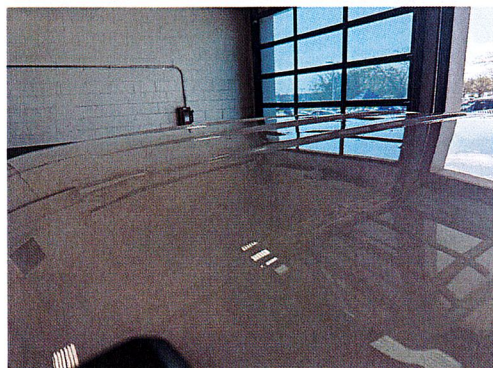
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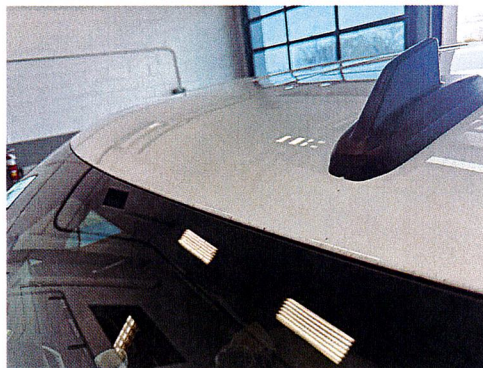
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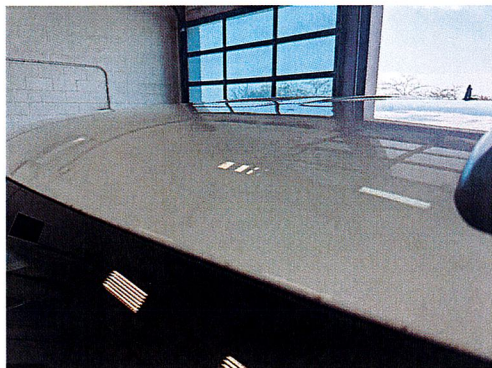
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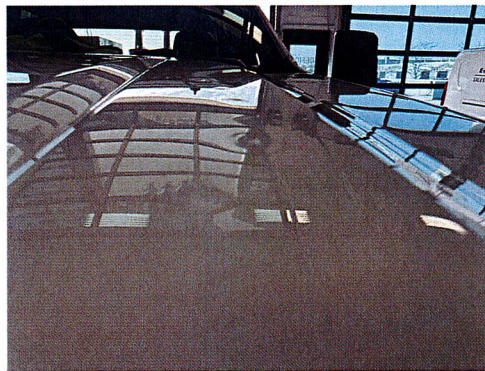
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Comments:



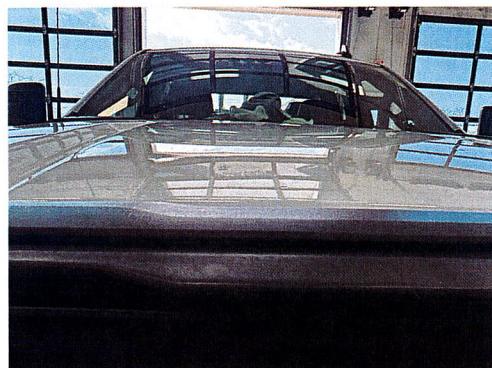
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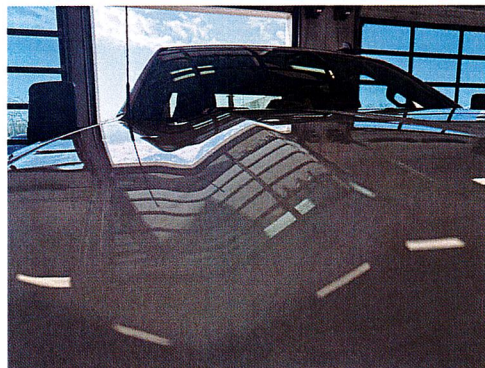
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Karl Chevrolet Collision Center Ankeny

1101 Southeast Oralabor Road, Ankeny, IA 50021

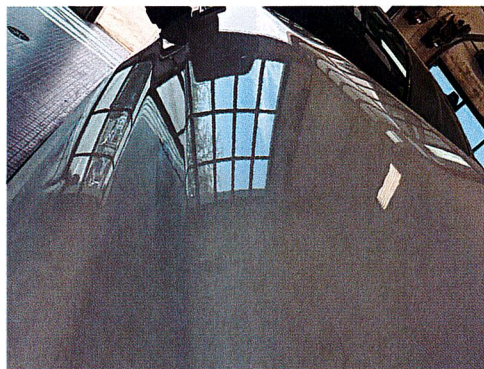
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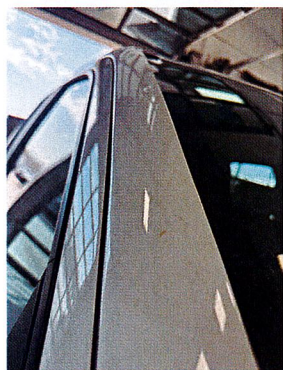
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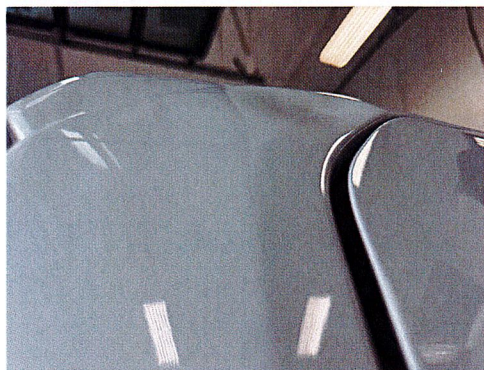
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Comments:



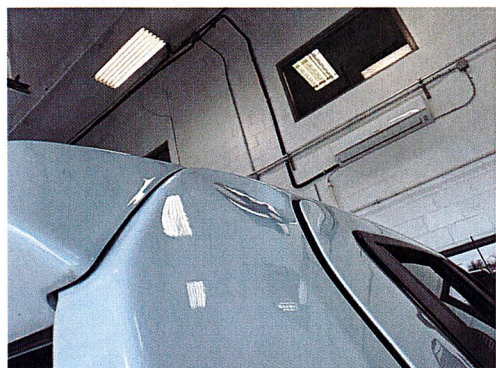
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Comments:



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4/23/2025
Comments:



4/23/2025
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4/23/2025
Comments: