

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. MICHAEL L. NAIG
SECRETARY OF AGRICULTURE



Executive Council of Iowa

CAPITOL BUILDING
DES MOINES, IOWA 50319
PHONE: 515 281-5368

July 10, 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 the Department of Public Safety's request for an emergency allocation in the amount of \$5,898.40, subject to the audit of actual invoices. On December 26, 2022, State Patrol Vehicle #191 was damaged by a deer. Request was to cover repair costs.

EXECUTIVE COUNCIL OF IOWA

Victoria Newton

Victoria Newton
Executive Secretary

cc: Lieutenant Bryan Guill, Iowa State Patrol, Department of Public Safety
DAS Fleet Services
Joel Lunde, Department of Management

AOS Claim # 2418
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

June 19, 2023

Victoria Newton
Executive Council
L O C A L

Subject: Deer Damage to Vehicle #191 on December 26, 2022
Department of Public Safety – Iowa State Patrol
Claim dated June 2, 2023
AOS Claim ID: 2418

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 Public Safety – Iowa State Patrol is covered by Chapter 29C.20 of the Code of Iowa. Therefore, we recommend an Executive Council allocation in the amount of \$5,898.40, 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: Lieutenant Bryan Guill, Iowa State Patrol, Department of Public Safety
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	#191/Deer
Event Date	December 26, 2022
Summary	Vehicle 191 struck a deer. (249642)
Amount Requested	\$5,898.40 - 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
515-414-6582



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

FW: 191 car vs. deer

1 message

Adams Jeannie <jadams@dps.state.ia.us>

Tue, Dec 27, 2022 at 9:12 AM

To: "Risk, DAS (das.risk@iowa.gov)" <das.risk@iowa.gov>, "ExecutiveCouncil [TOS]" <ExecutiveCouncil@tos.iowa.gov>, Tammy Hollingsworth <Tammy.Hollingsworth@aos.iowa.gov>

Please find attached a report from 191 when she hit a deer on 12-26-2022.

Jeannie Adams
ISP Fleet & Supply, Fleet Asset Manager
Department of Public Safety
30 N.E. 48th Place
Des Moines, Iowa 50313
Direct #: 515-725-0643
Cell Phone: 515-204-3019
Shop: 515-281-3277
Fax: 515-242-6321
Email: jadams@dps.state.ia.us<mailto:jadams@dps.state.ia.us>

From: Haas Kenneth <haas@dps.state.ia.us>

Sent: Monday, December 26, 2022 2:15 PM

To: vehicledamage <vehicledamage@dps.state.ia.us>; Miller Mark D <mdmiller@dps.state.ia.us>; Thornton Marilyn <thornton@dps.state.ia.us>; Wesack Michael <wesack@dps.state.ia.us>

Subject: 191 car vs. deer

All,

Here is all the information that I have at this time on the related to Trooper Ives vehicle damage.. Trooper Ives was south bound on river road when a deer ran out in front of her car. Trooper Ives vehicle struck the deer doing considerable damage. Trooper Ives was under the speed limit when she hit the deer.

Thank you,

#345

SGT Kenneth W. Haas *345*
Assistant District Commander,
Iowa State Patrol District #3
2025 Hunt Ave
Council Bluffs, IA 51503
Phone: (712) 328-8001
Fax: (712) 328-1504

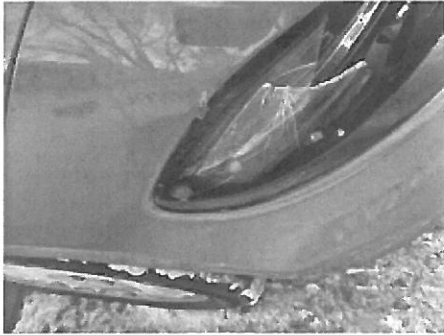
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9 attachments



image001.png
74K



IMG_0408.jpg
190K



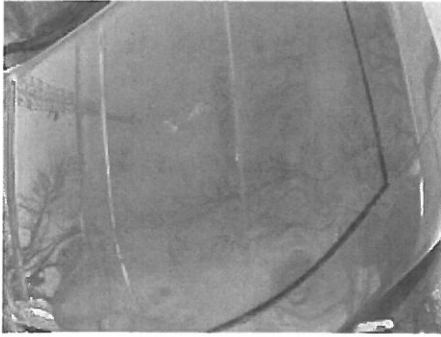
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220K



IMG_0405.jpg
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IMG_0406.jpg
209K



IMG_0407.jpg
174K

 **191.5.18.2022.Vehicle Damage Report.doc**
94K

 **191x2estimate.pdf**
1298K

 **MARS_Unit_Report-2022031748.pdf**
108K

State Vehicle Damage Report

Attach this completed form to an email along with the items identified below and send to: *Vehicledamage*

- 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 #: 2022031748

Date: <small>(Month/Day/Year)</small>	12/26/2022	Time: <small>(Time plus a.m./p.m.)</small>	5:20 a.m.
Vehicle Plate #:	191	Vehicle Mileage:	100457
Vehicle Description: <small>(Yr/Make/Model/ & Vin#)</small>	2019 Dodge Charger 2C3CDXKT2KH622779		
Assigned To:	Trp. Ives	Badge #	191
Driven By:	Trp. Ives	Badge #	191
Driver's Lic #:	647XX6495	Damage:	\$6986.05
Vehicle Towed: <small>(Yes / No)</small>	No	Towed By:	
Towed To:		Towing Cost:	\$0
Seat Belt: <small>(Yes / No)</small>	Yes	Type of Vehicle: <small>(Marked/Semi /Unmarked)</small>	Unmarked
Injured/Injuries:	no		
Occupants: <small>(Other than driver)</small>	none		

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)	No
Injured/Injuries:			
Occupants: (Other than driver)			
Occupant(s) Wearing Seat Belt: (Yes/No)	Yes		

OTHER INFORMATION:

Witnesses:	None
Accident Location: (Street/Hwy)	River road south bound North of Ave Q
County:	Pottawattamie
Weather/Road Conditions:	clear & snow covered
Narrative: Trooper Ives was south bound on River Road when a deer ran from the west ditch in front of Trooper Ives vehicle. Trooper Ives vehicle struck the deer damaging the front end of the car.	
Property Damage other than Vehicles:	None
Cost:	\$
Citations Issued To: (List Charge(s) and Statute Code(s))	

Investigating Officer:	
------------------------	--

VEHICLE #3:

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)	No
Injured/Injuries:			
Occupants: (Other than driver)			
Occupant(s) Wearing Seat Belt: (Yes/No)	Yes		

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Law Enforcement Case Number:

2022031748

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

Date of Accident 12/26/2022	Time of Accident 05:20 Hrs.	County POTTAWATTAMIE - 78	Accident occurred within corporate limits of (city)		
U N I T 1	Driver's Name - Last IVES		First ROSE		Middle S
	Address 2025 HUNT AVE		City COUNCIL BLUFFS		State IA
	Date of Birth 05/30/1982		Driver's License Number 647XX6495		Citation Charge 1
	Male <input type="radio"/> Female <input checked="" type="radio"/>		State IA		Citation Charge 2
	Class C		Endorsements		Citation Charge 3
	Restrictions		CDL Yes <input type="radio"/> No <input checked="" type="radio"/>		Citation Charge 4
	Alcohol Test Given: 1		Test Results:		Drug Test Given: 1
	Test Result:		Re-exam: Yes <input type="radio"/> No <input checked="" type="radio"/>		Reason for Re-Exam Request:
	Owner's Name - Last STATE OF IOWA		First		Middle
	Address 215 EAST 7TH STREET		City DES MOINES		State IA
Zip 50319					
License Plate No. GZM634	State IA	Year 2023	VIN: 2C3CDXKT2KH622779	Color GRY	Year 2019
Make DODG	Model CHARGER	Style 4D			
Trailer Plate No.	State	Year	VIN:	Tow 1	Tow #
Towed To		Approx. Cost to Repair or Replace \$7,000.00			
Insurance Company Name DAS			Insurance Co. Phone Number		Insurance Policy Number
Initial Travel Direction	Veh. Act.	Veh. Config. 01	Cargo Body Type 01	Veh. Defect	Point of Initial Impact
Most Damaged Area	Extent of Damage		Total Occ. in Veh. 1		
Special Veh. Func.	Emergency Status	Bus Use	Driver Condition	Vision Obscured	Contributing Circumstances Driver (up to two) 88
Driver Distractions 02	Speed Limit				
Traffic Controls	Horizontal Alignment	Vertical Alignment	SEQUENCE OF EVENTS	First Event	Second Event
Third Event	Fourth Event	Most Harmful Event			
C O M M E R C I A L	Carrier Name/Lessee				
	Street Address			City	
	State	Zip Code			
	Number of Axles	Gross Vehicle Weight Rating		US DOT Number	MC Number
	Underride/Override				
	Haz Mat Involvement	Haz Mat Placard	Placard Number	Haz. Mat Released	Haz Mat Class
	Haz Mat Name				
Trailer Plate:	State	Year	VIN		
Trailer Plate:	State	Year	VIN		
Converter Dolly	Dolly Plate:	State	Plate Year	VIN	
P E R S O N S I N J U R E D	DRIVER OF UNIT 1		Phone Number: (712) 328-8001		Sex
			Transported to:		Transported by:
	Name		Phone Number		DOB:
	Address		Transported to:		Transported by:
	Name		Phone Number		DOB:
	Address		Transported to:		Transported by:
	Name		Phone Number		DOB:
	Address		Transported to:		Transported by:
	Name		Phone Number		DOB:
	Address		Transported to:		Transported by:

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:
2022031748

L O C A T I O N	Date of Accident 12/26/2022	Time of Accident 05:20 Hrs.	County POTTAWATTAMIE - 78	Accident occurred within corporate limits of (city)	Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>
	Literal Description NORTH 25TH EXTENSION MEASURING 5783 FEET NORTH FROM AVENUE Q				County: 78	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: 259625.359	
	On Road, Street or Highway:			At Intersection with:	Y Coordinate: 4574913.5	
	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 of				If Divided Highway, Provide Route (Cardinal) Travel Direction	
<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> and				<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>		
Milepost Number		Definable intersection, Or, bridge, or railroad crossing		NB <input type="radio"/> SB <input type="radio"/> EB <input type="radio"/> WB <input type="radio"/>		

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) 31	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
--	--	--	----------	----------	------	-----------------	-----	--------------------	---------------	-------------------	----------------------------	-------------------------	-----------	------------------	----------------------------	---------------------	-----------------------

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 <input type="radio"/> <input type="radio"/>	
	Transported to:						Transported by:											
	Name			Phone Number			DOB:											
Address:						Alcohol Test Given		Test Results:		Drug Test Given		Result		Charged		Yes No <input type="radio"/> <input type="radio"/>		
Transported to:						Transported by:												

N P O R N O V P E E H R I T C Y U L D A M R G	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		
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 12/26/2022		Incident Clearance Date 12/26/2022	
Signature of Officer TROOPER D PIEKEN		Badge Number 347	Time Officer Notified of Accident 05:20 Hrs.		Roadway Clearance Time 05:20 Hrs.		Incident Clearance Time 10:29 Hrs.	
Name of Agency IOWA STATE PATROL - DIST 03		Date of Report 12/26/2022	Time Officer Arrived At Scene 05:20 Hrs.		Total Roadway Clearance Time 000:00		Total Incident Clearance Time 005:09	
Report Reviewed By K HAAS		Date of Review 12/26/2022	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:

2022031748

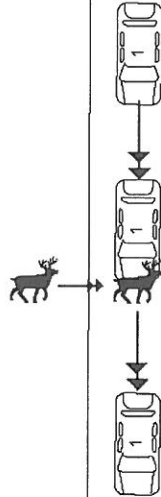
MAIL REPORTS TO: Iowa Department of Transportation, Office of Driver Services, P.O. Box 9204, Des Moines, Iowa 50306-9204

D
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M



SPEED
LIMIT
35

River Rd (North of Council Bluffs)



Not to Scale

N
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V
E

Unit 1 was traveling southbound on River Rd approximately 5783 feet north of Avenue Q in Council Bluffs and struck a deer that stepped out in front of the vehicle.

All Makes Collision Center

Invoice

No: 1652

524 23rd Ave
Council Bluffs, IA 51501
Phone (712) 256-3195

Scheduled In Date: None
Completed Date: None
Service Rep: Kortnie Getzschman
Page 1
PO No:

Name

state of iowa

Service Item

19 Dodge Charger Police 4 DR Sedan
Lic: 191 Unit#
VIN: 2C3CDXKT2KH622779 Color:
Mileage In: Mileage Out:
Paint Code : _____

Insurance Information

Claim No: APDSOI0249642-001
Policy No:
Date of Loss:
Deductible: 0.0000

Insurance Company

Ext:

Insured

Ext:

Adjuster

,

Line No	Operation	Description	Part No	Type	Amount	Labor Type	Labor Units	Refinish Units
1	Remove/Replace	Grille Assembly	ECONOMY PART	NP	323.95	BL	1.3	
2	Remove/Replace	Cover,Front End	ECONOMY PART	NP	651.70	BL	1.2	
3	Refinish	Cover,Front End	Refinish					3.3
4	Remove/Replace	Headlamp Assy,Halogen RT	ECONOMY PART	NP	666.90	BL	0.3	
5	Additional Labor	Headlamps Aim	ADDTL LABOR			BL	0.4	
6	Remove/Replace	Panel,Hood	ECONOMY PART	NP	1,024.10	BL	1.1	
7	Refinish	Panel,Hood	Refinish					5.1
8	Remove/Replace	Latch,Hood Panel	55113787AB	NP	98.20	BL	0.1	
9	Remove/Replace	Crsmbr,Rad Panel Up	RECYCLED PART	NP	276.45	BL	2.6	
10	Refinish	Crsmbr,Rad Panel Up	Refinish					1.4
11	Remove/Replace	Cover,Rad Supt Panel	ECONOMY PART	NP	157.70		incl.	incl.
12	Remove/Replace	Radiator	103619	NP	202.35	BL	1.6	
13	Remove/Replace	Blade,Engine Fan RT	5137713AA	NP	59.85	BL	0.1	
14	Remove/Replace	Shroud,Radiator	68050294AC	NP	244.00	BL	0.3	
15	Additional Labor	Refrigerant Rcvry Setu	ADDTL LABOR				incl.	incl.
16	Additional Labor	A/C Evac Rechrq & Rcvr	ADDTL LABOR			ML	1.8	
17	Remove/Replace	Condenser,A/C	303659	NP	224.20	ML	0.5	
18	Blend	Fender,Front LT	Blend Refinish					1.3
19	Repair	Fender,Front RT	REPAIR			BL	2.5	
20	Refinish	Fender,Front RT	Refinish					2.5
21	Remove/Replace	CORROSION PROTECTION	AfterMarket	NP	5.00	BL	0.3	
22	Remove/Replace	COVER CAR	AfterMarket	NP	5.00	BL	0.3	
23	Remove/Replace	HAZARDOUS WASTE	AfterMarket	NP	15.00			

Type	Description	Qty	Each	Amount	Sales Tax%	Sales Tax	Total
RL	Refinish Labor	13.6	90.00	1,224.00	7.00%	0.00	1,224.00
ML	Mechanical Labor	2.3	50.00	115.00	7.00%	0.00	115.00
BL	Body Labor	12.1	50.00	605.00	7.00%	0.00	605.00
NP	NonTaxable Part			3,954.40	0.00%	0.00	3,954.40
ESTIMATE TOTALS				\$5,898.40		\$0.00	\$5,898.40

Type	Description	Qty	Each	Amount	Sales Tax%	Sales Tax	Total
RL	Refinish Labor	13.6	90.00	1,224.00	7.00%	0.00	1,224.00
ML	Mechanical Labor	2.3	50.00	115.00	7.00%	0.00	115.00
BL	Body Labor	12.1	50.00	605.00	7.00%	0.00	605.00
NP	NonTaxable Part			3,954.40	0.00%	0.00	3,954.40
INVOICE TOTALS				\$5,898.40		\$0.00	\$5,898.40

An express mechanic's lien is hereby acknowledged on the above vehicle to secure the amount of costs incurred by in collecting amounts owed for repairs on the above vehicle. I also hereby make, constitute and appoint you and/or your employees as my true lawful attorney for me and in my name, place, and stead to ask, demand, collect, sign for and receive all such sums of money which are or shall be due owing, payable and belonging to me, or detained from me, related to the vehicle herein described. This includes full power and authority to sign my name to all checks, drafts, and/or negotiable instruments related to or arising out of work done by you and/or your employees on the above mentioned vehicle.

Signature: _____

Date: _____