

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 \$2,843.50, subject to the audit of actual invoices. On October 12, 2022, State Patrol Vehicle #31 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 # 2390
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 #31 on October 12, 2022
Department of Public Safety – Iowa State Patrol
Claim dated June 2, 2023
AOS Claim ID: 2390

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 \$2,843.50, 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	#31/Deer
Event Date	October 12, 2022
Summary	Vehicle #31 struck a deer. (246219)
Amount Requested	\$2,843.50 - 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: Car/Deer Damage to 31's Patrol Car

1 message

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

Wed, Oct 12, 2022 at 8:01 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>

Cc: Guill Bryan <guill@dps.state.ia.us>

Good morning

We received a message that 31 hit a deer while on active duty last night.
Please accept this as a 24 hour notice. More information to come.

Thank you

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: Morey Russell <morey@dps.state.ia.us>

Sent: Wednesday, October 12, 2022 7:59 AM

To: Guill Bryan <guill@dps.state.ia.us>; Adams Jeannie <jadams@dps.state.ia.us>

Cc: Koenig Todd <koenig@dps.state.ia.us>; J alas Dean <jalas@dps.state.ia.us>; Andreasen Jeremy <andrease@dps.state.ia.us>; Dolf Ryan <dolf@dps.state.ia.us>

Subject: Car/Deer Damage to 31's Patrol Car

I was made aware this morning that Trooper Lundy Anderson #31 struck a deer during his night shift on 10/11/22.

Damage report and information will follow.

431

Sergeant Russ Morey #431
Iowa Department of Public Safety
Iowa State Patrol - District #13
1300 S. Grand Avenue, Suite #201
Mount Pleasant, Iowa 52641
Office: (319) 385-8715
Cell: (319) 529-3883
morey@dps.state.ia.us<mailto:morey@dps.state.ia.us>

NOTICE This email message (including any file attachments transmitted with it) is for the sole use of the intended recipient(s) and may contain confidential and legally privileged information. Any unauthorized use or disclosure of this email by an unintended recipient is prohibited. If you have received this email in error, please notify the sender by return email and destroy all copies of the original message. No representation is made that this email or any attachments are free of viruses. Virus scanning recommended and is the responsibility of the recipient.

 **winmail.dat**
20K

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 ; 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 #: 2022025202

Date: (Month/Day/Year)	10-12-22	Time: (Time plus a.m./p.m.)		12:57am
Vehicle Plate #:	31	Vehicle Mileage:		70710
Vehicle Description: (Yr/Make/Model/ & Vin#)		2020 Dodge Charger 2C3CDXKT4LH130451		
Assigned To:	Lundy Anderson	Badge #31		
Driven By:	Lundy Anderson	Badge #31		
Driver's Lic #:	893RR6318	Damage:		\$2,761.79
Vehicle Towed: (Yes / No)	NO	Towed By:		NA
Towed To:	NA	Towing Cost:		\$NA
Seat Belt: (Yes / No)	YES	Type of Vehicle: (Marked/Semi /Unmarked)		MARKED
Injured/Injuries:		NO		
Occupants: (Other than driver)		NO		

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)	OSAGE AVE.		
County:	JEFFERSON		
Weather/Road Conditions:	NORMAL		
** Please Include narrative of events here**			
On 10-12-22 at 12:57am I was driving on Osage Avenue when a deer ran into my driver door causing minor damage. I notified State Radio to advise a supervisor in the morning.			
Property Damage other than Vehicles:	None		
Cost:	NA		
Citations Issued To: (List Charge(s) and Statute Code(s))	NA		

Investigating Officer:	TRP. ANDERSON
------------------------	---------------

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



MEMORANDUM

TO: Lieutenant J alas #231

FROM: Trooper Anderson #31

DATE: 10/12/2022

SUBJECT: Vehicle damage – Car/Deer

On 10-12-22 at 12:57am I was driving on Osage Avenue when a deer ran into my driver door causing minor damage. I notified State Radio to advise a supervisor in the morning.

Trp. Lundy Anderson #31

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Law Enforcement Case Number:

2022025202

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

Date of Accident 10/11/2022		Time of Accident 12:57 Hrs.		County JEFFERSON - 51		Accident occurred within corporate limits of (city)									
UNIT 1	Driver's Name - Last ANDERSON					First LUNDON			Middle J						
	Address 2437 PEACH AVE					City FAIRFIELD			State IA	Zip 52556					
	Date of Birth 05/04/1972		Driver's License Number 893RR6318		CDL	Citation Charge 1			Citation Charge 2						
	Male <input type="radio"/>	Female <input type="radio"/>	State IA	Class C	Endorsements L	Restrictions	Yes <input type="radio"/>	No <input checked="" type="radio"/>	Citation Charge 3			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 109 SE 13TH ST					City DES MOINES			State IA	Zip 50319					
	License Plate No. 31	State IA	Year 2022	VIN: 2C3CDXKT4LH130451		Color		Year 2020	Make DODG	Model CHARGER	Style 4D				
	Trailer Plate No.	State	Year	VIN:		Tow 1	Tow #	Towed To		Approx. Cost to Repair or Replace \$2,000.00					
	Insurance Company Name STATE OF IOWA SELF INSURED					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. 01					
Special Veh. Func		Emergency Status	Bus Use	Driver Condition	Vision Obscured	Contributing Circumstances Driver (up to two) 88		Driver Distractions 01	Speed Limit						
Traffic Controls		Horizontal Alignment	Vertical Alignment	SEQUENCE OF EVENTS	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event						
COMMERCIAL	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		Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Ejection Path	Trapped/extricated	Source of Transport	Died at scene/enroute
	Trailer Plate:	State	Year	VIN											
	Converter Dolly	Dolly Plate:	State	Plate Year	VIN										
PERSONS INJURED	DRIVER OF UNIT 1				Phone Number: (319) 385-8715			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:							
	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:
202205202

L O C A T I O N	Date of Accident 10/11/2022	Time of Accident 12:57 Hrs.	County JEFFERSON - 51	Accident occurred within corporate limits of (city)	Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>
	Literal Description OSAGE AVE				County: 51	Route:
	If accident occurred outside of city limits show general vicinity N NE E SE S SW W NW <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> of nearest city				X Coordinate: 591704.625	
	On Road, Street or Highway:			At Intersection with:	Y Coordinate: 4537695	
	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				If Divided Highway, Provide Route (Cardinal) Travel Direction	
Milepost Number _____ Or _____ Definable intersection, 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			Roadway		
Light Conditions	Surface Conditions		Type of Roadway Junction/Feature		
FRA No.					

First Harmful Event (Crash) 31	WORKZONE RELATED? <input type="radio"/> Yes <input type="radio"/> 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
--	--	----------	----------	------	-----------------	-----	--------------------	---------------	-------------------	----------------------------	-------------------------	-----------	------------------	----------------------------	---------------------	-----------------------

N O N M O T O R I S T S	Name 001	Phone Number	DOB:	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	
	Address:	Alcohol Test Given	Test Results:	Drug Test Given	Result	Charged	Yes	No							
	Transported to:	Transported by:													
	Name	Phone Number	DOB:	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	
Address:	Alcohol Test Given	Test Results:	Drug Test Given	Result	Charged	Yes	No								
Transported to:	Transported by:														

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		
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 10/11/2022	Incident Clearance Date 10/12/2022
--	--------------------------	---	--

Signature of Officer SERGEANT R MOREY	Badge Number 431	Time Officer Notified of Accident 12:57 Hrs.	Roadway Clearance Time 12:57 Hrs.	Incident Clearance Time 01:07 Hrs.
Name of Agency IOWA STATE PATROL - DIST 13	Date of Report 10/13/2022	Time Officer Arrived At Scene 12:57 Hrs.	Total Roadway Clearance Time 000:00	Total Incident Clearance Time 012:10
Report Reviewed By R DOLF	Date of Review 10/13/2022	Investigation made at scene? Y <input checked="" type="radio"/> N <input type="radio"/>	T.I. No.	Other Technical Investigating Agency

INVESTIGATING OFFICER'S REPORT
OF MOTOR VEHICLE ACCIDENT

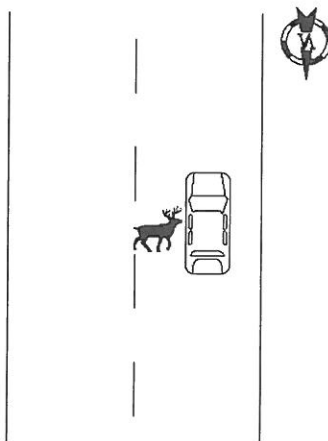
Form 4433003 (11-13)

Law Enforcement Case Number:

2022025202

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

D
I
A
G
R
A
M



N
A
R
R
A
T
I
V
E

Unit #1 was southbound on Osage Avenue when a deer ran out and struck the driver side door of the patrol car.

COPELAND AUTO BODY

State Of Iowa
 Estimate: 17261
 Repair Order: 17261

FINAL BILL

506 E 2ND ST
 HEDRICK, IA 52563
 (641) 653-2140 FAX:(641) 653-4301
 www.copelandautobody.com

Customer: Insured	Vehicle:	Ins. Company:
State Of Iowa 301 E. 7th St. Des Moines, IA 50319-1934 Work: (563) 260-2643	DODG 4D SED Charger Police AWD (Fleet) YEAR: 2020 License: UNKNOWN IA Mileage In: 73186 Mileage Out: 73186 VIN: 2C3CDXKT4LH130451 Sched. Arrival Date: 11/01/22 Arrival Date: 11/01/22 Proj. Delivery Date: 11/11/22 Drivable: Unknown	Creative Risk Solutions Claim Number: APDSOI0246219-001

Written by: Petrehn, Brandon J

Item	Price	Ext. Price	Labor Units	Paint Units	PT	BT
1 FRONT BUMPER & GRILLE						
2 REMOVE/RE-INSTALL R&I bumper cover			1.9 B			
3 REMOVE/RE-INSTALL Push Bumper			1.0 B			
4 PILLARS, ROCKER & FLOOR						
5 REMOVE/RE-INSTALL LT Rocker molding			0.8 B			
6 FRONT DOOR						
7 REMOVE/REPLACE LT Outer panel (HSS)	550.00	550.00	7.0 B	2.1 O		
8 Add for Clear Coat				0.8		
9 Add for Edging				0.5		
10 Add for Clear Coat				0.1		
11 Add for Inside				0.5		
12 Add for Clear Coat				0.1		
13 REMOVE/REPLACE LT Frame molding	111.00	111.00	0.3 B		O	
14 REMOVE/RE-INSTALL LT Applique			Incl.			
15 REMOVE/RE-INSTALL LT Power mirror w/o heat, w/o memory, w/			Incl.			
16 REMOVE/RE-INSTALL LT Door glass Dodge			0.6 B			
17 REMOVE/RE-INSTALL LT Handle, outside black			Incl.			
18 REMOVE/RE-INSTALL LT Mount plate			0.6 B			
19 REMOVE/RE-INSTALL LT R&I trim panel			Incl.			
22 REMOVE/RE-INSTALL LT Belt w'strip			Incl.			
23 REAR DOOR						
24 REPAIR LT Door shell w/o wide body (HSS)			4.0 B	2.0		
25 Overlap Major Adj. Panel				-0.4		
26 Add for Clear Coat				0.3		
27 REMOVE/RE-INSTALL LT Applique			0.2 B			
28 REMOVE/RE-INSTALL LT Run channel			0.4 B			
29 REMOVE/RE-INSTALL LT Handle, outside black			0.4 B			
30 REMOVE/RE-INSTALL LT R&I trim panel			0.5 B			
33 VEHICLE DIAGNOSTICS						
34 In-House Scan Tool						
35 SU Pre-repair scan	50.00*	50.00				U
36 SU Post-repair scan	50.00*	50.00				U
37 MISCELLANEOUS OPERATIONS						
38 REMOVE/REPLACE Cover car/bag	10.00*	10.00	0.2 B			O
39 SU Hazardous waste removal	4.00	4.00				H
40 REPAIR Denib & Finesse			2.0 B			
41 REMOVE/REPLACE Seam sealer/caulking	50.00	50.00				
42 REMOVE/REPLACE Panel bond adhesive	<u>31.71</u>	<u>31.71</u>				
44 REPAIR Feather edge prime and block						0.5

COPELAND AUTO BODY

FINAL BILL

Written by: Petrehn, Brandon J				Labor	Paint
Item	Price	Ext. Price	Units	Units	PT BT
47 FRONT LAMPS			1A		
50 FENDER			1A		
51 BLEND LT Fender			1A	1.0	

FINAL BILL SUMMARY											
PARTS				LABOR							
	Regular	Supp	Total	Department	Units	Rate	Supp	Units	Rate	Total	Units
New (OEM) Parts:	\$671.00	\$0.00	\$671.00	Body	19.9	\$62.15	0.0	\$62.15	\$1,236.79		19.9
Other parts:	\$81.71	\$0.00	\$81.71	Paint	6.5	\$100.00	1.0	\$100.00	\$750.00		7.5

	Regular	Supp	Total
Sublet:	\$100.00	\$0.00	\$100.00
Parts Total:	\$752.71	\$0.00	\$752.71
Labor Total:	\$1,886.79	\$100.00	\$1,986.79
Hazardous Disposal:	\$4.00	\$0.00	\$4.00
Total:			\$2,843.50

	PAYMENTS	AMT DUE	SUBTOTAL	SUPPLEMENTS	TOTAL
Creative Risk Solutions PAYABLE REPAIR	\$0.00	\$2,843.50	\$2,743.50	\$100.00	\$2,843.50

Labor Dept Codes: B-Body D-Detail I-Diagnostic E-Sublet F-Frame G-Glass M-Mechanical P-Paint S-Structural A-Aluminum 1-User-defined1 2-User-defined2 3-User-defined3

PT - Price Types:
 O - OEM; A - Aftermarket; V - Salvage; R - Remanufactured; Space - No Type
 L - Labor; M - Material; H - Hazardous; S - Storage; T - Towing; U - Sublet

BT - Billing Types:
 No Code - Insurance Charge; CC - Customer Charge; BT - Betterment; AP - Appearance Allowance
 PD - Prior Damage; NC - No Charge

(*) Indicates Estimator Judgement.
 Underline Indicates Supplement.

CCC One Data, Copyright 1995 CCC Information Services
 The elements of data used to calculate this Estimate were obtained from a CCC Database.

Calculations of the Estimate are performed by a computer program created by Axalta Coating Systems, LLC.