



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

September 11, 2025

Kristi Onstot
Executive Council
L O C A L

Subject: Damages to Vehicle #207 During Blizzard Conditions on March 5, 2025
Department of Administrative Services
Claim dated March 10, 2025
AOS Claim ID: 3996

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 \$5,763.75, 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: Kyle Wear, Fleet Services CFO, Department of Administrative Services
Ryan Betts, Fleet Services Risk Program Manager, Department of Administrative Services
Heather Hackbarth, Department of Management



**Department of
Administrative Services**

KIM REYNOLDS, GOVERNOR
CHRIS COURNOYER, LT. GOVERNOR

ADAM STEEN, DIRECTOR

Date: March 10, 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	#207 / Blizzard
Event Date	March 5, 2025
Summary	Vehicles 207 - damaged while working in Blizzard (Claim # 301735)
Amount Requested	\$5,763.75 - 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>

Re: Trooper Wells vehicle damage report

1 message

Risk, DAS <das.risk@iowa.gov>To: Tammy Hollingsworth <Tammy.Hollingsworth@aos.iowa.gov>, TOS Executive Council <executivecouncil@tos.iowa.gov> Fri, Mar 7, 2025 at 1:09 PM

I have a correction for this AON claim as I was given the wrong vehicle number - the vehicle # should be 207 (not 727).
Thank you,

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.

On Thu, Mar 6, 2025 at 1:48 PM Risk, DAS <das.risk@iowa.gov> wrote:

Please accept this email as initial 24 hr notification for AON, vehicle 727 was damaged while assisting a motorist during a blizzard on 3/5/2025. I will forward all information as soon as it is received.

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

Date: Thu, Mar 6, 2025 at 11:04 AM

Subject: Trooper Wells vehicle damage report

To: DAS.Risk@iowa.gov <das.risk@iowa.gov>, vehicledamage <vehicledamage@dps.state.ia.us>

Cc: Wesack Michael <wesack@dps.state.ia.us>, Gohlinghorst Daniel <gohlinghorst@dps.state.ia.us>

All,

Please see the attached reports for Trooper Wells 10-50 and vehicle damage.

Respectfully,

#345

Sgt. Kenneth W. Haas ★345★

Assistant District Commander

Iowa State Patrol District #3

2025 Hunt Ave

Council Bluffs IA 51503

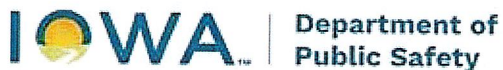
Office: 712-328-8001

Mobile: 515-204-1630

haas@dps.state.ia.us

<https://dps.iowa.gov/>

<https://dpscareers.com/>



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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 #: 2025005669


Date: (Month/Day/Year)	03/05/2025	Time: (Time plus a.m./p.m.)	10:29 <input checked="" type="radio"/> a.m. <input type="radio"/> p.m.
Vehicle Plate #:	KUL304	Vehicle Mileage:	40114
Vehicle Description: (Yr/Make/Model/ & Vin#)	2023 FORD F-150 VIN 1FTFW1P83PKE45583		
Assigned To:	Trooper Wells	Badge #	207
Driven By:	Trooper Wells	Badge #	207
Driver's Lic #:	064BB3981	Damage:	\$5,763.75
Vehicle Towed: (Yes / No)	<input type="radio"/> Yes <input checked="" type="radio"/> No	Towed By:	
Towed To:		Towing Cost:	\$
Seat Belt: (Yes / No)	<input checked="" type="radio"/> Yes <input type="radio"/> No	Type of Vehicle: (Marked/Semi /Unmarked)	Unmarked <input type="checkbox"/>
Injured/Injuries:	None		
Occupants: (Other than driver)	N/A		

VEHICLE #2:

DL #:	C521332714610	State:	FL
Vehicle Lic. #	DF46AF	State:	FL
Driver's Name:	HECTOR LUIS CONCEPCION FONT		
Driver's Address:	11329 SW 189TH TER, MIAMI FL 33157		
Owner's Name:	ABE EXPRESS		
Owner's Address:	317 S PALOMINO CLEWISON FL 33440		

Owner's Phone:	305-297-6328		
Insurance Info: (Carrier/Policy #/Phone)	ACORD KSCW4482512-00 # 602-898-0858		
Veh Description: (Yr/Make/Model & Vin#)	2003 FREIGHTLINER, VIN 1FUJAPCGX3PJ63312		
Damage:	\$ 1000	Seat Belt: (Yes / No)	<input checked="" type="radio"/> Yes <input type="radio"/> No
Injured/Injuries:	NONE		
Occupants: (Other than driver)	NA		
Occupant(s) Wearing Seat Belt: (Yes/No)	<input type="radio"/> Yes <input type="radio"/> No		

OTHER INFORMATION:

Witnesses:	
Accident Location: (Street/Hwy)	I-80 Westbound MM 80.5
County:	Adair 
Weather/Road Conditions:	ICE AND SNW, BLOWING SNOW
<p>Narrative: Vehicle #1 was westbound on I-80 near the 80.5 slowing for multiple accidents ahead with emergency lights activated. Vehicle #2 was also westbound and following vehicle #1 to closely. Vehicle #1 could see vehicle #2 not slowing and drove toward the ditch to avoid being hit by vehicle #2 and was struck in the rear passenger side. both vehicles came to rest in the median.</p>	
Property Damage other than Vehicles:	
Cost:	\$
Citations Issued To: (List Charge(s) and Statute Code(s))	Driver of vehicle #2 321.307 Following too close

Investigating Officer:	SGT. HAAS #345
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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)	<input type="radio"/> Yes <input type="radio"/> No
Injured/Injuries:			
Occupants: (Other than driver)			
Occupant(s) Wearing Seat Belt: (Yes/No)		<input type="radio"/> Yes <input type="radio"/> No	



MEMORANDUM

TO: Sergeant Haas #345

FROM: Wells #207

DATE: March 5, 2025

SUBJECT: 207 Patrol Unit Damage

On March 5, 2025, around 1029 near the 80.5 mile-marker of Interstate 80, west bound, in Adair County, traffic was almost at a complete stop before the rest area. I activated my rear emergency lights to provide additional warning to vehicles that would be approaching to my rear in the left lane. I observed the vehicle that was to my right move over to my shoulder and observed a semi that was fast approaching from behind me. The semi used its horn, and was in the left lane directly behind me. I accelerated my truck and drove into the median ditch, when I was struck on the rear passenger side of my truck.

I immediately notified Storm Lake State Radio, and went to check on the semi driver for injuries. The semi driver had no injuries, I gathered his, license and paperwork for the truck and trailer. I was able to get my patrol vehicle out from the median and had the semi driver sit in my front passenger seat. The semi-truck was towed out of the median and we went to the Adair exit to finish the crash report and inspection on the semi truck.

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Form Number:

2025005669

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

Date of Accident 03/05/2025		Time of Accident 10:29 Hrs.		County ADAIR - 01		Accident occurred within corporate limits of (city)									
UNIT 1	Driver's Name - Last CONCEPCION FONT					First HECTOR					Middle LUIS				
	Address 11329 SW 189TH TER					City MIAMI					State FL		Zip 33157-0000		
	Date of Birth 12/21/1971		Driver's License Number C521332714610			CDL Yes No <input checked="" type="radio"/> <input type="radio"/>		Citation Charge 1			Citation Charge 2				
	Male <input checked="" type="radio"/> Female <input type="radio"/>	State FL	Class A	Endorsements	Restrictions	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 type="radio"/>		Reason for Re-Exam Request:				
CARRIER	Owner's Name - Last CONCEPCION FONT					First HECTOR					Middle LUIS				
	Address 11329 SW 189TH TER					City MIAMI					State FL		Zip 33157-0000		
	License Plate No. DF46AF		State FL	Year 2025	VIN: 1FUJAPCGX3PJ63312		Color RED		Year 2003	Make FRHT	Model CONV		Style TT		
	Trailer Plate No. 252980B		State ME	Year 2012	VIN: 1UYVS2537CU284255		Tow 1	Tow #		Towed To		Approx. Cost to Repair or Replace \$1,000.00			
	Insurance Company Name ACORD					Insurance Co. Phone Number (602) 898-0858			Insurance Policy Number KSCW4482512-00						
	Initial Travel Direction 04		Veh. Act. 01	Veh. Config. 13	Cargo Body Type 02		Veh. Defect 01		Point of Initial Impact 12		Most Damaged Area 11		Extent of Damage 2		Total Occ. in Veh. 1
	Special Veh. Func. 01		Emergency Status 01		Bus Use	Driver Condition 01	Vision Obscured 14		Contributing Circumstances Driver (up to two) 05			Driver Distractions 02		Speed Limit 70	
	Traffic Controls 01		Horizontal Alignment 01		Vertical Alignment 01	SEQUENCE OF EVENTS		First Event 33		Second Event		Third Event		Fourth Event	Most Harmful Event 33
	Carrier Name/Lessee														
	Street Address														
City															
State															
Zip Code															
Number of Axles															
Gross Vehicle Weight Rating															
US DOT Number															
MC Number															
Underride/Override 1 - NONE															
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															
PERSONS INJURED	Carrier Name/Lessee														
	Street Address														
	City														
	State														
	Zip Code														
	Number of Axles														
	Gross Vehicle Weight Rating														
	US DOT Number														
	MC Number														
	Underride/Override 1 - NONE														
Haz Mat Involvement															
Haz Mat Placard															
Placard Number															
Haz. Mat Released															
Haz Mat Class															
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Trailer Plate:															
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Year															
VIN															
Converter Dolly															
Dolly Plate:															
State															
Plate Year															
VIN															
Phone Number: (305) 297-6328															
Transported to:															
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Transported by:															

INVESTIGATING OFFICER'S REPORT
OF MOTOR VEHICLE ACCIDENTForm Number:
2025005669

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

Date of Accident 03/05/2025	Time of Accident 10:29 Hrs.	County ADAIR - 01	Accident occurred within corporate limits of (city)											
Driver's Name - Last WELLS			First CHASE					Middle BRANDON						
Address 2025 HUNT AVE.			City COUNCIL BLUFFS					State IA		Zip 51503-0000				
Date of Birth 03/27/1991		Driver's License Number 064BB3981		CDL Yes No <input type="radio"/> <input checked="" type="radio"/>		Citation Charge 1 FOLLOWING TOO CLOSE			Citation Charge 2					
Male <input checked="" type="radio"/>	Female <input type="radio"/>	State IA	Class C	Endorsements	Restrictions	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 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. KUL304		State IA	Year 2025	VIN: 1FTFW1P83PKE45583		Color WHI	Year 2023	Make FORD	Model F150	Style PK				
Trailer Plate No.		State	Year	VIN:		Tow 1	Tow #		Towed To		Approx. Cost to Repair or Replace \$5,000.00			
Insurance Company Name STATE OF IOWA					Insurance Co. Phone Number (515) 725-2243			Insurance Policy Number						
Initial Travel Direction 04		Veh. Act. 01	Veh. Config. 02	Cargo Body Type 01	Veh. Defect 01	Point of Initial Impact 05		Most Damaged Area 05	Extent of Damage 2	Total Occ. in Veh. 1				
Special Veh. Func. 02		Emergency Status 02		Bus Use	Driver Condition 01	Vision Obscured 01	Contributing Circumstances Driver (up to two) 88		Driver Distractions 02		Speed Limit 70			
Traffic Controls 01		Horizontal Alignment 01		Vertical Alignment 01	SEQUENCE OF EVENTS	First Event 33	Second Event 03	Third Event	Fourth Event	Most Harmful Event 33				
Carrier Name/Lessee														
Street Address						City			State	Zip Code				
Number of Axles		Gross Vehicle Weight Rating				US DOT Number		MC Number	Underride/Override 1 - NONE					
Haz Mat Involvement		Haz Mat Placard		Placard Number	Haz. Mat Released		Haz Mat Class	Haz Mat Name						
Trailer Plate:		State	Year	VIN		<div>Sex</div> <div>Seating Position</div> <div>Injury Status</div> <div>Occupant Protection</div> <div>Airbag Deployment</div> <div>Ejection</div> <div>Ejection Path</div> <div>Trapped/extracted</div> <div>Source of Transport</div> <div>Died at scene/enroute</div>								
Trailer Plate:		State	Year	VIN										
Converter Dolly		Dolly Plate:		State	Plate Year							VIN		
DRIVER OF UNIT 2		Phone Number: (515) 555-2525					5	03	03	2	01	1	01	01
Name		Phone Number				DOB:	Transported to:							
Address		Transported to:				Transported by:								
Name		Phone Number				DOB:	Transported to:							
Address		Transported to:				Transported by:								
Name		Phone Number				DOB:	Transported to:							
Address		Transported to:				Transported by:								
Name		Phone Number				DOB:	Transported to:							
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

Form Number:

2025005669

L O C A T I O N	Date of Accident 03/05/2025	Time of Accident 10:29 Hrs.	County ADAIR - 01	Accident occurred within corporate limits of (city)		Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>
	Literal Description I 80 W					County: 01 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: 369152.437	
	On Road, Street or Highway:			At Intersection with:		Y Coordinate: 4595105	
	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;"> NBSBEBWB </div> <div style="display: flex; justify-content: space-around;"> <input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/> </div>	
<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, bridge, or railroad crossing							

ACCIDENT ENVIRONMENT				ROADWAY CHARACTERISTICS				N O N M O T O R I S T S
Location of First Harmful Event 01		Weather Conditions (up to two)		Major Contributing Circumstances Environment 02		Roadway 02		
Manner of Crash/Collision 03		07,08		Type of Roadway Junction/Feature 01		FRA No.		
Light Conditions 1		Surface Conditions 04						

First Harmful Event (Crash) 33	WORKZONE RELATED? <input type="radio"/>	Yes <input type="radio"/>	No <input checked="" type="radio"/>	Activity	Location	Type	Workers Present	N O N M O T O R I S T S
Name 001				Phone Number		DOB:		N O N M O T O R I S T S
Address:				Alcohol Test Given		Test Results:		
Transported to:				Transported by:				
Name				Phone Number		DOB:		
Address:				Alcohol Test Given		Test Results:		N O N M O T O R I S T S
Transported to:				Transported by:				
Name				Phone Number		DOB:		
Address:				Alcohol Test Given		Test Results:		
Transported to:				Transported by:				N O N M O T O R I S T S
Name				Phone Number		DOB:		
Address:				Alcohol Test Given		Test Results:		
Transported to:				Transported by:				

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	

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	

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

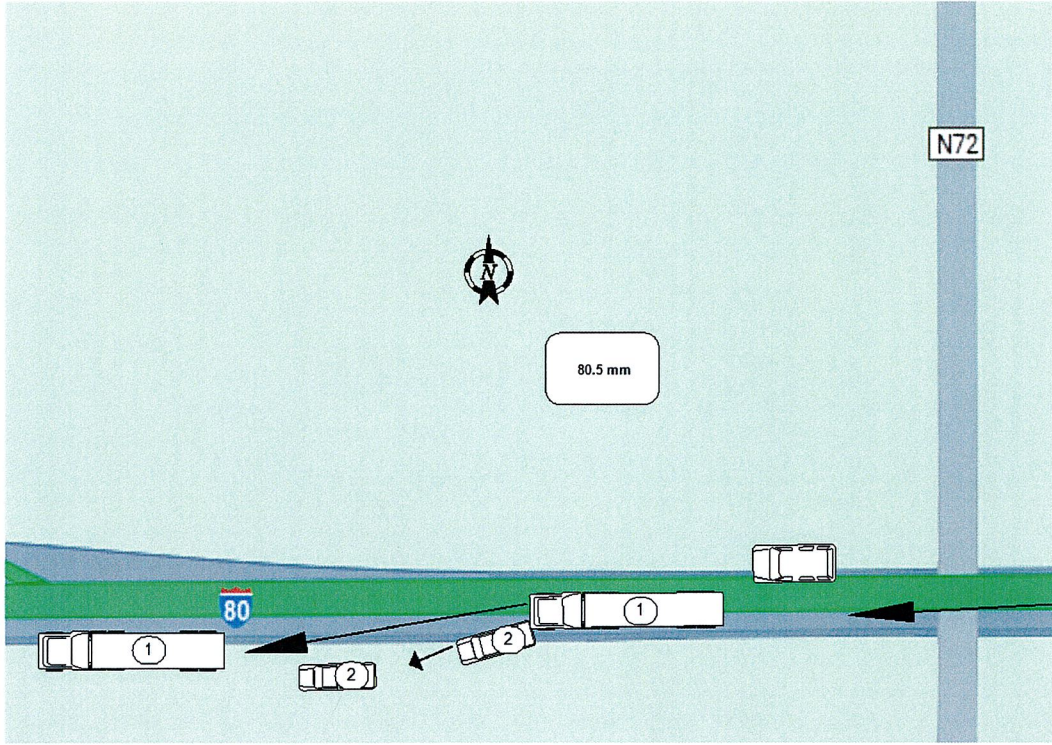
Is This a Secondary Crash? Y <input type="radio"/> N <input checked="" type="radio"/>	Type of Primary Incident	Roadway Clearance Date 03/05/2025	Incident Clearance Date 03/05/2025
Signature of Officer SERGEANT K HAAS	Badge Number 345	Time Officer Notified of Accident 10:30 Hrs.	Roadway Clearance Time 11:20 Hrs.
Name of Agency IOWA STATE PATROL - CMVU	Date of Report 03/05/2025	Time Officer Arrived At Scene 10:50 Hrs.	Total Roadway Clearance Time 000:50
Report Reviewed By	Date of Review	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

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

Form Number: 2025005669

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Vehicle 1 was west bound near the 80.5 mm of Interstate 80 when it struck vehicle #2 from behind. Vehicle #2 was in emergency status slowing to help with traffic control. Both vehicles came to rest in the median.

All Makes Collision Center
524 23rd Ave Council Bluffs, IA 51501
Phone: (712) 256-3195

*** PRELIMINARY ESTIMATE ***

03/05/2025 03:16 PM

Owner

Owner: state of iowa

Control Information

File # : 207

Accounting # :

Inspection

Inspection Date: 03/05/2025 03:19 PM

Inspection Type:

Appraiser Name: Kortnie Getzschman

Appraiser License # :

Repairer

Repairer: ALL MAKES COLLISION

Address: 524 23rd ave

City State Zip: COUNCIL BLUFFS, IA 51501

Email: KARL.AAAUTO@LIVE.COM

Contact: KARL GETZSCHMAN

Work/Day: (712)256-3195

Cell: (712)355-0860

Work/Day:

Target Complete Date/Time:

Days To Repair: 10

Vehicle

OEM Part Price Quote ID: ****

2023 Ford F-150 XL Police Respdr 4 DR Crew Cab Extra Short Bed
3.5 EcoBoost
10 Speed Automatic

Lic Expire:

Veh Insp# :

Condition:

Ext. Refinish: Two-Stage

VIN: 1FTFW1P83PKE45583

Mileage Type: Actual

Code: P8564A

Int. Refinish: Two-Stage

Options

2nd Row Head Airbags
AM/FM Radio
Aluminum/Alloy Wheels
Armrest(s)
Automatic High Beam
Black Grille
Dual Airbags
Electric Parking Brake
Electronic Transfer Case
Full Size Spare Tire
Head Airbags
In-Vehicle WiFi
Keyless Entry System

4-Wheel Drive
All-Terrain Tires
Analog Gauges
Auto Emergency Braking
Auxiliary Audio Input
Camper/Towing Package
Dual Zone Auto A/C
Electric Steering
Emergency S.O.S. System
Fwd. Collision Alert
Heavy Duty Shocks
Intermittent Wipers
Leather Steering Wheel

40/20/40 Bench Seat
All-Weather Mats (Floor)
Anti-Lock Brakes
Automatic Dimming Mirror
Black Bumper(s)
Cruise Control
Elect. Stability Control
Electronic Compass
Engine Stop/Start
Halogen Headlights
Heavy Duty Suspension
Keyless Entry Keypad
Navigation System

Overhead Console	Pedestrian Detection Sys	Power Door Locks
Power Drivers Seat	Power Mirrors	Power Steering
Power Windows	Pwr Accessory Outlet(s)	Pwr Driver Lumbar Supp
Rear Step Bumper	Rear View Camera	Reverse Sensing System
Side Airbags	Single Exhaust System	Skid Plates
Split Folding Rear Seat	Strg Wheel Radio Control	Temperature Gauge(s)
Theft Deterrent System	Tilt & Telescopic Steer	Tinted Glass
Tire Pressure Monitor	Touch Screen Display	Tow Hooks
Traction Control System	Trailer Hitch	Vehicle Tracking Service
Velour/Cloth Seats	Wireless Phone Connect	

Damages

Line	Op	Guide	MC	Description	MFR.Part No.	Price	ADJ%	B%	Hours	R
Bed										
1	E	557		Panel,Bedside Outer RT Aluminum	ML3Z9527840D	\$721.87			INC	SM
2	L	557		Panel,Bedside Outer RT	Refinish 2.5 Surface 0.5 Edge 0.6 Two-stage				3.6	RF
3	E	426		Pillar,Bedside Rear RT Aluminum	FL3Z9941032A	\$104.47			14.2	SM
4	L	426	13	Pillar,Bedside Rear RT	Refinish 0.5 Surface 0.6 Two-stage setup 0.1 Two-stage				1.2	RF
5	E	396		Reinf,Bedside Panel RT Aluminum	ML3Z9941058A	\$61.73			3.3	SM
6	L	396		Reinf,Bedside Panel RT	Refinish 0.3 Surface 0.1 Two-stage				0.4	RF
7	E	1332		Guard,Stone RT	ML3Z99292A22AD	\$28.95			INC	SM
Tailgate										
8	I	531		Shell,Tailgate Aluminum	Repair				3.0*	SM
9	L	531		Shell,Tailgate	Refinish 2.5 Surface 0.5 Two-stage				3.0	RF
Rear Bumper										
10	E	565		Extn,RR Bumper Outer	ML3Z17906BAPTM	\$781.45			0.6	SM
11	E	570		Reinf,Rear Bumper Aluminum	ML3Z19D520C	\$798.48			1.3	SM
12	E	569		Pad,Rear Bumper Step	ML3Z17B807DB	\$163.75			0.4	SM
Rear Body, Lamps And Floor Pan										
13	E	534	01	Taillamp Assembly RT	ML3Z13404K	\$1,029.05			INC	SM
13	Items									

MC	Message
01	CALL DEALER FOR EXACT PART # / PRICE
13	INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE

Estimate Total & Entries

OEM Parts					\$3,689.75	
Parts & Material Total						\$3,689.75
Labor	Rate	Replace Hrs	Repair Hrs	Total Hrs		
Sheet Metal (SM)	\$55.00	19.8	3.0	22.8	\$1,254.00	
Mech/Elec (ME)	\$55.00					
Frame (FR)	\$55.00					
Refinish (RF)	\$100.00	8.2		8.2	\$820.00	
Labor Total					31.0 Hours	\$2,074.00
Gross Total						\$5,763.75
Net Total						\$5,763.75

Alternate Parts Y/07/00/00/07/07 Cumulative 07/00/00/07/07 Zip Code: 51501 Default
OEM Part Prices DT 03/05/2025 03:18 PM EstimateID 1326661354177699840 QuoteID ****
Rate Name Default

Audatex Estimating 8.2.054 ES 03/05/2025 03:23 PM REL 8.2.054 DT 01/01/2025
State Disclosure: Not Selected
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1.9 HRS WERE ADDED TO THIS ESTIMATE BASED ON AUDATEX'S TWO-STAGE REFINISH FORMULA.

Op Codes

* = User-Entered Value	^ = Labor Matches System Assigned Rates	E = Replace OEM
NG= Replace NAGS	EC = Replace Economy	OE = Replace PXN OE Srpls
UE = Replace OE Surplus	ET = Partial Replace Labor	EP = Replace PXN
EU = Replace Recycled	TE = Partial Replace Price	PM= Replace PXN Reman/Reblt
UM= Replace Reman/Rebuilt	L = Refinish	PC = Replace PXN Reconditioned
UC = Replace Reconditioned	TT = Two-Tone	SB = Sublet Repair
N = Additional Labor	BR = Blend Refinish	I = Repair
IT = Partial Repair	CG= Chipguard	RI = R & I Assembly
P = Check	AA = Appearance Allowance	RP = Related Prior Damage



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