

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

January 9, 2024

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 an emergency allocation in the amount of \$3,234.00, subject to audit of actual invoices. On October 23, 2023, Vehicle #325 was damaged by a deer. 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
Matt Bender, Department of Management

AOS Claim # 3631
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

December 28, 2023

Victoria Newton
Executive Council
L O C A L

Subject: Deer Damage to Vehicle #325 on October 23, 2023
Department of Administrative Services
Claim dated October 26, 2023
AOS Claim ID: 3631

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 \$3,234.00, 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 Fucaloro, Fleet Services Manager, Department of Administrative Services
Heather Hackbarth, Department of Management



**Department of
Administrative Services**

*Empowering People
Collaboration
Customer Service*

Governor Kim Reynolds
Lt. Governor Adam Gregg

Adam Steen, Director

Date: October 26, 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	#325/Deer
Event Date	October 23, 2023
Summary	Vehicle 325 struck a deer. (268513)
Amount Requested	\$3,234.00 - 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 Fucaloro, Fleet Manager

DAS Fleet Services

Mariah.Fucaloro@iowa.gov

515-414-6582



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

29C20

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

Tue, Oct 24, 2023 at 2:53 PM

Draft 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 325 struck a deer ate 2338 hours 10/23/223. I will forward all information as soon as it is received.

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.

Thank you,



DAS Fleet Services, Risk
Iowa Department of Administrative Services
Division of Business and Property Services
Office: 515-725-2243
Das.Risk@iowa.gov
<https://das.iowa.gov>

State Vehicle Damage Report

Attach this completed form to an email along with the items identified below and send to: *DPS – Vehicle Damage; DAS – Risk*

- 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 #: 2023027249

Date: <small>(Month/Day/Year)</small>	10/23/23	Time: <small>(Time plus a.m./p.m.)</small>	1138 p.m.
Vehicle Plate #:	325	Vehicle Mileage:	108,116
Vehicle Description: <small>(Yr/Make/Model/ & Vin#)</small>	2019 Dodge Charger 2C3CDXKT5KH755343		
Assigned To:	Paul Hutson	Badge #	325
Driven By:	Paul Hutson	Badge #	325
Driver's Lic #:	352AE4594	Damage:	\$2,500
Vehicle Towed: <small>(Yes / No)</small>	No	Towed By:	n/a
Towed To:	n/a	Towing Cost:	\$0
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>	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)	Yes
Injured/Injuries:			
Occupants: (Other than driver)			
Occupant(s) Wearing Seat Belt: (Yes/No)	Yes		

OTHER INFORMATION:

Witnesses:	None
Accident Location: (Street/Hwy)	Hwy. 127 and Morgan Ave.
County:	Harrison
Weather/Road Conditions:	Normal/Dry
Narrative: On 10/23/23 Trooper Hutson was traveling eastbound at Morgan Ave. when a deer struck the front passenger corner of his patrol car causing minor damage.	
Property Damage other than Vehicles:	None
Cost:	\$0
Citations Issued To: (List Charge(s) and Statute Code(s))	None

Investigating Officer:	Lt. Borelli #338
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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)			

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Law Enforcement Case Number:

2023027249

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

Date of Accident 10/23/2023		Time of Accident 23:38 Hrs.		County HARRISON - 43		Accident occurred within corporate limits of (city)											
UNIT 1	Driver's Name - Last HUTSON					First PAUL			Middle								
	Address 3710 HIGHWAY EAST					City DENISON			State IA	Zip 51442							
	Date of Birth 03/22/1995		Driver's License Number 352AE4594		CDL	Citation Charge 1			Citation Charge 2								
	Male <input type="radio"/>	Female <input type="radio"/>	State IA	Class C	Endorsements	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 type="radio"/>		Reason for Re-Exam Request:						
	Owner's Name - Last STATE OF IOWA					First			Middle								
	Address 109 ESE 13TH. ST.					City DES MOINES			State IA	Zip 50319							
	License Plate No. 325	State IA	Year 2024	VIN: 2C3CDXKT5KH755343		Color GRY	Year 2019	Make DODG	Model CHARGER	Style 4 DR							
	Trailer Plate No.	State	Year	VIN:		Tow 1	Tow #	Towed To		Approx. Cost to Repair or Replace \$2,500.00							
	Insurance Company Name STATE OF IOWA					Insurance Co. Phone Number			Insurance Policy Number SELF INSURED								
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 02	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													
	Trailer Plate:	State	Year	VIN													
	Converter Dolly		Dolly Plate:		State	Plate Year	VIN										
PERSONS INJURED	DRIVER OF UNIT 1					Phone Number: (712) 263-4621		Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Ejection Path	Trapped/extricated	Source of Transport	Died at scene/enroute
						Transported to:											
	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 50305-9204

Law Enforcement Case Number: 2023027249	
Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>
County: 43	Route: _____
X Coordinate: 263437.343	Y Coordinate: 4619184
If Divided Highway, Provide Route (Cardinal) Travel Direction	
NB <input type="checkbox"/>	SB <input type="checkbox"/>
EB <input type="checkbox"/>	WB <input type="checkbox"/>

L O C A T I O N	Date of Accident 10/23/2023	Time of Accident 23:38 Hrs.	County HARRISON - 43	Accident occurred within corporate limits of (city)
	Literal Description HWY. 127 AND MORGAN AVE.			
	If accident occurred outside of city limits show general vicinity <div style="display: flex; justify-content: space-around; align-items: center;"> NNEESESSWWNW </div> <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			
	On Road, Street or Highway:		At Intersection with:	
	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			

ACCIDENT ENVIRONMENT	ROADWAY CHARACTERISTICS
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) 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
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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	<input type="radio"/>	<input type="radio"/>				
	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

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
	Address	City	State
	Zip Code	Was owner or tenant notified? 1 = Yes 2 = No 9 = Unknown	

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
	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 10/23/2023	Incident Clearance Date 10/23/2023
Signature of Officer LIEUTENANT R BORELLI	Badge Number 338	Time Officer Notified of Accident 23:45 Hrs.	Roadway Clearance Time 23:40 Hrs.
Name of Agency IOWA STATE PATROL - DIST 04	Date of Report 10/24/2023	Time Officer Arrived At Scene 23:45 Hrs.	Total Roadway Clearance Time 000:02
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

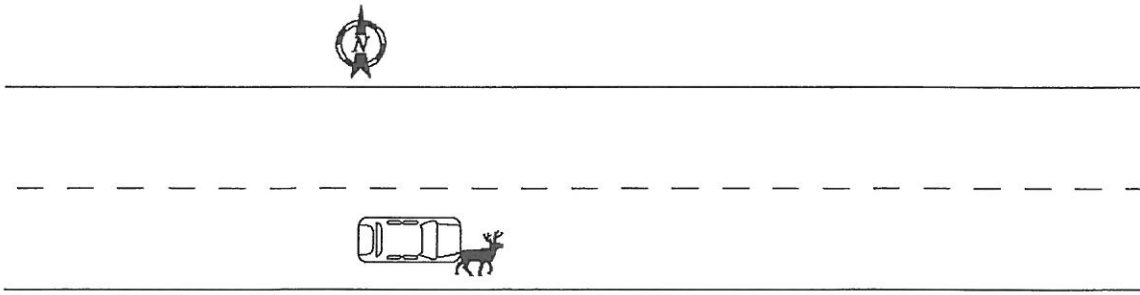
Form 4433003 (11-13)

Law Enforcement Case Number:

2023027249

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 traveling eastbound on Hwy. 127 at Morgan Ave. when a deer struck the front passenger corner of his patrol car causing minor damage



MEMORANDUM

TO: Sgt. Brent Meadows 68
FROM: Trooper Paul Hutson 325
DATE: 14:28
SUBJECT: Patrol Car vs. Deer

On this date at 2338 I hit a small doe near Highway 127 and Morgan Avenue while traveling eastbound back to Logan. The deer hit my passenger side causing minor damage to my patrol car. I notified dispatch that the accident had occurred, and located the deer which had been killed by the impact of my car. I notified Sgt. Meadows and took pictures of the damage to my patrol car. I'm able to operate my patrol car with no problems, and will contact All Makes Collision Center tomorrow for an estimate. The case number assigned for this incident is 2023027249, and the miles on my patrol vehicle at the time were 108,116.

Respectfully,

Trooper Paul Hutson 325

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

*** PRELIMINARY ESTIMATE ***

10/24/2023 03:38 PM

Owner

Owner: state of iowa

Control Information

File # : 325 10/24

Accounting # :

Inspection

Inspection Date: 10/24/2023 03:39 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: 7

Vehicle

2019 Dodge Charger Police 4 DR Sedan
8cyl Gasoline 5.7 HEMI
5 Speed Automatic

Lic Expire:

Veh Insp# :

Condition:

Ext. Refinish: Two-Stage

VIN: 2C3CDXKT5KH755343

Mileage Type: Actual

Code: N3093F

Int. Refinish: Two-Stage

Options

1st Row LCD Monitor(s)
AM/FM Stereo
Auto Load Leveling
Bucket Seats
Courtesy/Warning Lights
Dual Airbags
Elect. Stability Control
Halogen Headlights
Heavy Duty Suspension
Keyless Access System
LED Brakelights
MP3 Decoder
Power Drivers Seat
Pwr Accessory Outlet(s)

2nd Row Head Airbags
Anti-Lock Brakes
Auxiliary Audio Input
Center Console
Cruise Control
Dual Exhaust System
Electro-Hyd Steering
Head Airbags
Illuminated Visor Mirror
Keyless Entry System
LED Daytime Running Lts
Overhead Console
Power Mirrors
Rear Bench Seat

4-Wheel Drive
Auto Headlamp Control
Black Grille
Color-Keyed Bumper(s)
Driver Information Sys
Dual Zone Auto A/C
Full Size Spare Tire
Heated W/S Wiper Washers
Intermittent Wipers
Keyless Ignition System
Leather Steering Wheel
Power Brakes
Power Windows
Rear View Camera

Rear Window Defroster	Rem Trunk-L/Gate Release	Reverse Sensing System
Roll Over Prot. System	Side Airbags	Steel Wheels
Strg Wheel Radio Control	Temperature Gauge(s)	Theft Deterrent System
Tilt & Telescopic Steer	Tinted Glass	Tire Pressure Monitor
Touch Screen Display	Traction Control System	Trip Computer
USB Audio Input(s)	Velour/Cloth Seats	Wireless Phone Connect

Damages

Line	Op	Guide	MC	Description	MFR.Part No.	Price	ADJ%	B%	Hours	R
Front Bumper										
1	I	47		Cover,Front End	Repair				3.0*	SM
2	L	47	13	Cover,Front End	Refinish				5.5	RF
					4.1 Surface					
					0.6 Two-stage setup					
					0.8 Two-stage					
Front End Panel And Lamps										
3	E	50		Headlamp Assy,Halogen RT	68541682AA	\$1,055.00			1.7	SM
4	N	973		Headlamps Aim	Additional Labor				0.4	SM
Radiator Support										
5	E	96		Crsmbr,Rad Panel Upr	68200478AC	\$379.00			2.6	SM
6	L	96		Crsmbr,Rad Panel Upr	Refinish				1.4	RF
					1.2 Surface					
					0.2 Two-stage					
7	E	586		Cover,Rad Supt Panel	68226530AF	\$216.00			0.1	SM
Front Body And Windshield										
8	I	104		Fender,Front RT	Repair				3.0*	SM
9	L	104		Fender,Front RT	Refinish				3.0	RF
					2.5 Surface					
					0.5 Two-stage					

9 Items

MC	Message
13	INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE

Estimate Total & Entries

OEM Parts	\$1,650.00	
Parts & Material Total		\$1,650.00

Labor	Rate	Replace Hrs	Repair Hrs	Total Hrs	
Sheet Metal (SM)	\$55.00	4.4	6.4	10.8	\$594.00
Mech/Elec (ME)	\$55.00				
Frame (FR)	\$50.00				
Refinish (RF)	\$100.00	9.9		9.9	\$990.00

Labor Total	20.7 Hours	\$1,584.00
Gross Total		\$3,234.00
Net Total		\$3,234.00

Alternate Parts Y/03/00/00/03/03 Cumulative 03/00/00/03/03 Zip Code: 51501 Default
Rate Name Default

Audatex Estimating 8.2.054 ES 10/24/2023 03:41 PM REL 8.2.054 DT 09/01/2023

State Disclosure: Not Selected

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2.1 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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