

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 \$2,648.36, subject to audit of actual invoices. On October 29, 2023, Vehicle #414 was damaged by a raccoon. 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 # 3633
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: Raccoon Damage to Vehicle #414 on October 29, 2023
Department of Administrative Services
Claim dated November 7, 2023
AOS Claim ID: 3633

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 \$2,648.36, 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



Governor Kim Reynolds
Lt. Governor Adam Gregg
Adam Steen, Director

Date: November 7, 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	#414 Struck a raccoon
Event Date	Oct 29, 2023
Summary	Vehicle 414 struck a raccoon. (269093)
Amount Requested	\$2,648.36 - 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 31, 2023 at 8:49 AM

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 414 struck a raccoon on 10/29/23. Notification was sent after hours 10/30/23. 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: 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 #: 2023027820

Date: (Month/Day/Year)	10-29-23	Time: (Time plus a.m./p.m.)	9:52 PM
Vehicle Plate #:	414	Vehicle Mileage:	126,052
Vehicle Description: (Yr/Make/Model/ & Vin#)	2019 Dodge Charger VIN: 2C3CDXKT6KH622770		
Assigned To:	Trp. Meislahn	Badge #	414
Driven By:	Trp. Meislahn	Badge #	414
Driver's Lic #:	090-FF-2210	Damage:	\$2,648.36
Vehicle Towed: (Yes / No)	NO	Towed By:	N/A
Towed To:	N/A	Towing Cost:	N/A
Seat Belt: (Yes / No)	YES	Type of Vehicle: (Marked/Semi /Unmarked)	Marked
Injured/Injuries:	NONE		
Occupants: (Other than driver)	N/A		

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)	MM 58 on US 63 NB		
County:	Mahaska		
Weather/Road Conditions:	Clear/Dry		
Trooper Meislahn struck a raccoon in the roadway. Damage was noted and reported to supervision 10-30-23 when preparing to go on duty.			
Property Damage other than Vehicles:	None		
Cost:	\$N/A		
Citations Issued To: (List Charge(s) and Statute Code(s))	N/A		

Investigating Officer:	Sgt. Morey #431
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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)	
Injured/Injuries:			
Occupants: (Other than driver)			
Occupant(s) Wearing Seat Belt: (Yes/No)			



MEMORANDUM

TO: Sgt. Morey #431

FROM: Trooper Meislahn #414

DATE: NOVEMBER 6, 2023

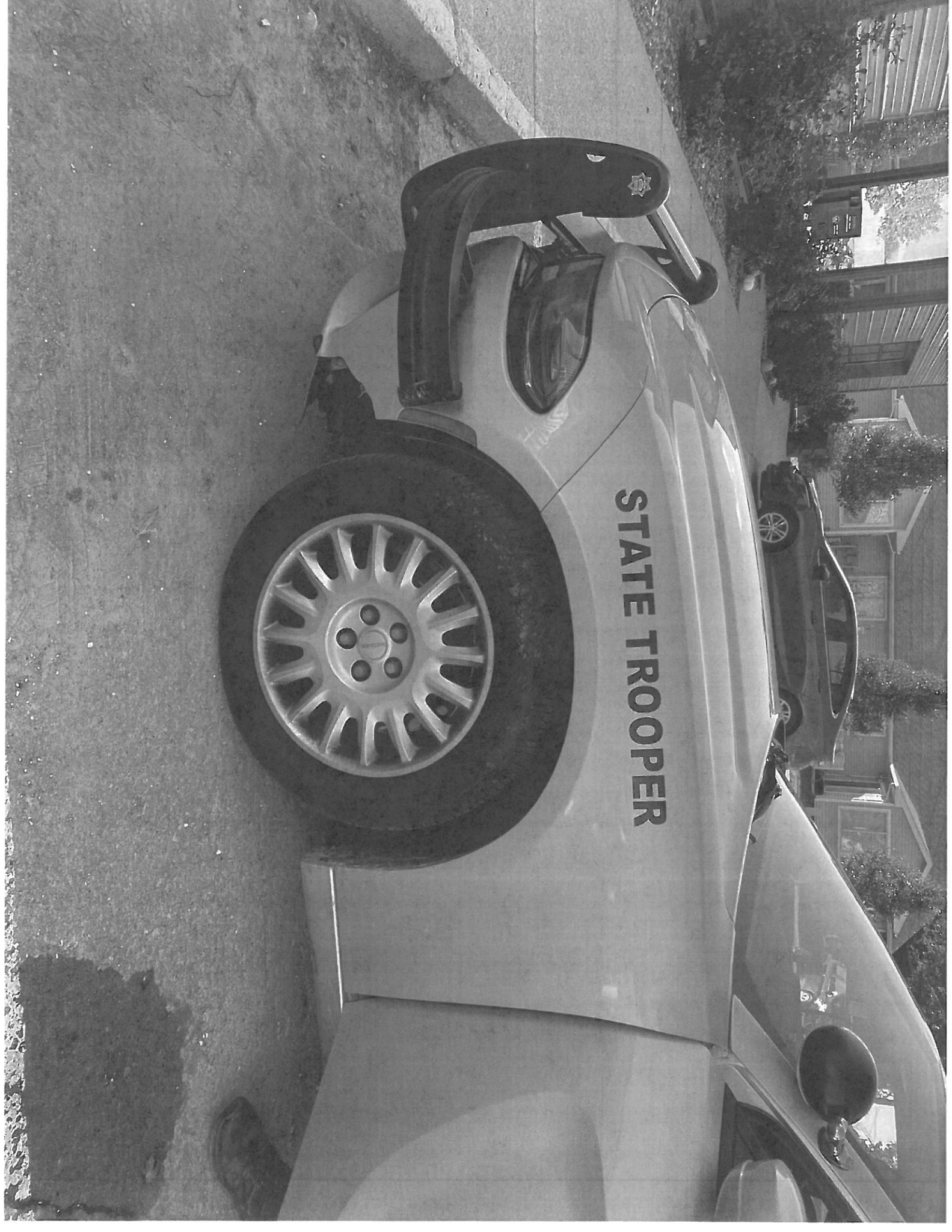
SUBJECT: 10-50 Car vs. raccoon

On 10/29/2023 at 2152 hours, I struck a raccoon that ran out of the median at MM 58 on US 63 NB in Mahaska County. I had 126,052 miles at the time.

Thank you,

Brian #414





STATE TROOPER

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Law Enforcement Case Number:
2023027820

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

Date of Accident 10/29/2023	Time of Accident 21:52 Hrs.	County MAHASKA - 62	Accident occurred within corporate limits of (city)																						
U N I T 1	Driver's Name - Last MEISLAHN		First BRIAN		Middle MATTHEW																				
	Address 505 SOUTH A STREET		City OSKALOOSA		State IA																				
	Date of Birth 10/25/1971	Driver's License Number 090FF2210	CDL Yes <input type="radio"/> No <input checked="" type="radio"/>	Citation Charge 1																					
	Male <input checked="" type="radio"/> Female <input type="radio"/>	State IA	Class B	Endorsements P	Restrictions	Citation Charge 2																			
	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 STREET		City DES MOINES		State IA																				
	License Plate No. 414	State IA	Year 2019	VIN: 2C3CDXKT6KH622770	Color SIL	Year 2019																			
	Trailer Plate No.	State	Year	VIN:	Tow 1	Tow #																			
	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																				
Special Veh. Func.	Emergency Status	Bus Use	Driver Condition	Vision Obscured	Contributing Circumstances Driver (up to two) 88																				
Traffic Controls	Horizontal Alignment	Vertical Alignment	SEQUENCE OF EVENTS	First Event	Second Event																				
Carrier Name/Lessee																									
Street Address			City		State																				
Number of Axles		Gross Vehicle Weight Rating		US DOT Number	MC Number																				
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																					
COMMERICAL																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">Sex</td> <td style="width: 5%;">Seating Position</td> <td style="width: 5%;">Injury Status</td> <td style="width: 5%;">Occupant Protection</td> <td style="width: 5%;">Airbag Deployment</td> <td style="width: 5%;">Ejection</td> <td style="width: 5%;">Ejection Path</td> <td style="width: 5%;">Trapped/extricated</td> <td style="width: 5%;">Source of Transport</td> <td style="width: 5%;">Died at scene/enroute</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>01</td> <td>01</td> </tr> </table>						Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Ejection Path	Trapped/extricated	Source of Transport	Died at scene/enroute									01	01
Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Ejection Path	Trapped/extricated	Source of Transport	Died at scene/enroute																
								01	01																
P E R S O N S I N N J U R E D			Phone Number: (319) 385-8715			Transported to:	Transported by:																		
			DRIVER OF UNIT 1																						
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: 2023027820

LOCATIONS: Date of Accident 10/29/2023, Time of Accident 21:52 Hrs., County MAHASKA - 62, Accident occurred within corporate limits of (city) ... Literal Description MM 58 ON US 63 N ... X Coordinate: 530137.875, Y Coordinate: 4562987

ACCIDENT ENVIRONMENT: Location of First Harmful Event, Weather Conditions, Manner of Crash/Collision, Light Conditions, Surface Conditions. ROADWAY CHARACTERISTICS: Major Contributing Circumstances Environment, Roadway, Type of Roadway Junction/Feature, FRA No.

First Harmful Event (Crash) 31, WORKZONE RELATED?, 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

NONMOTORISTS: Name 001, Address, Phone Number, DOB, Alcohol Test Given, Test Results, Drug Test Given, Result, Charged, Yes No

PROPERTY: 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?

PROPERTY: 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?

WITNESSES: Last Name, First Name, Address, City, State, Zip Code, Phone Number

Is This a Secondary Crash? Y N, Type of Primary Incident, Roadway Clearance Date 10/30/2023, Incident Clearance Date 10/30/2023, Signature of Officer SERGEANT R MOREY, Badge Number 431, Time Officer Notified of Accident 16:00 Hrs., Roadway Clearance Time 16:00 Hrs., Incident Clearance Time 16:00 Hrs., Name of Agency IOWA STATE PATROL - DIST 13, Date of Report 11/01/2023, Time Officer Arrived At Scene, Total Roadway Clearance Time 000:00, Total Incident Clearance Time 000:00, Report Reviewed By, Date of Review, Investigation made at scene? Y N, T.I. No., Other Technical Investigating Agency

INVESTIGATING OFFICER'S REPORT
OF MOTOR VEHICLE ACCIDENT

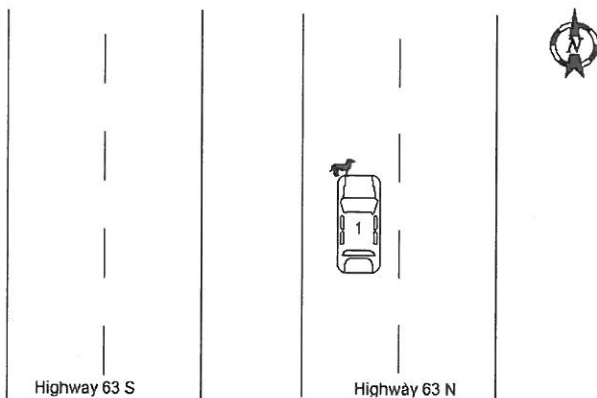
Form 4433003 (11-13)

Law Enforcement Case Number:

2023027820

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 north bound on Highway 63 in Mahaska County.

Unit #1 struck a raccoon in the roadway.



COPELAND COLLISION CENTER

1308 17th Ave East, Oskaloosa, IA 52577
Phone: (641) 676-6060

Workfile ID: 9d129c8b
PartsShare: 7D4bbm
Federal ID: 42-1488559

Preliminary Estimate

Customer: State of Iowa DAS 414

Job Number:

Written By: Jennifer Petrehn

Insured: State of Iowa DAS 414
Type of Loss:
Point of Impact:

Policy #:
Date of Loss:

Claim #:
Days to Repair: 0

Owner:

State of Iowa DAS 414
(641) 660-2481 Cell
(319) 385-8716 Business

Inspection Location:

COPELAND COLLISION CENTER
1308 17th Ave East
Oskaloosa, IA 52577
Repair Facility
(641) 676-6060 Business

Insurance Company:

Creative Risk Solutions

VEHICLE

2019 DODG Charger Police AWD (Fleet) 4D SED 8-5.7L Gasoline Sequential MPI Triple Nickle CC

VIN: 2C3CDXKT6KH622770 Interior Color: Mileage In: 126,124 Vehicle Out:
License: 414 Exterior Color: Triple Nickle CC Mileage Out:
State: IA Production Date: 4/2019 Condition: Job #:

TRANSMISSION

Automatic Transmission
4 Wheel Drive

POWER

Power Steering
Power Brakes
Power Windows
Power Locks
Power Mirrors
Power Driver Seat

DECOR

Dual Mirrors
Tinted Glass
Overhead Console

CONVENIENCE

Air Conditioning
Intermittent Wipers
Tilt Wheel
Cruise Control
Rear Defogger
Keyless Entry
Message Center
Steering Wheel Touch Controls
Telescopic Wheel
Climate Control
Backup Camera
Parking Sensors

RADIO

AM Radio
FM Radio
Stereo
Search/Seek
Auxiliary Audio Connection

SAFETY

Drivers Side Air Bag
Passenger Air Bag
Anti-Lock Brakes (4)
4 Wheel Disc Brakes
Front Side Impact Air Bags
Head/Curtain Air Bags
Hands Free Device

SEATS

Cloth Seats
Bucket Seats
Reclining/Lounge Seats

WHEELS

Styled Steel Wheels

PAINT

Clear Coat Paint

OTHER

Traction Control
Stability Control
California Emissions
Power Trunk/Liftgate

Preliminary Estimate

Customer: State of Iowa DAS 414

Job Number:

2019 DODG Charger Police AWD (Fleet) 4D SED 8-5.7L Gasoline Sequential MPI Triple Nickle CC

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		FRONT BUMPER & GRILLE					
2		O/H front bumper				3.4	
3	<>	Repl Bumper cover	68267765AC	1	924.00	Incl.	3.4
4		Add for Clear Coat					1.4
5	#	Rpr Vut/prep for grille guard mount				1.0	
6		R&I License bracket type 1				0.1	
7		RADIATOR SUPPORT					
8		Repl LT Underbody shield	68253237AC	1	17.70		
9		Repl Splash shield AWD w/police	4806075AB	1	129.00	0.2	
10	*	Repl Front shield w/police	68231862AA	1	<u>251.93</u>	Incl.	
11		FENDER					
12	*	Repl LT Fender liner 3.6, 5.7 liter	68205937AH	1	<u>116.90</u>	0.3	
13		MISCELLANEOUS OPERATIONS					
14	*	Repl Cover car/bag		1	<u>10.00</u>	0.2	
15	#	Subl Pre/Post Scan Per OE Requirements		1	189.99		
16	#	Labor for scans		1		1.0 M	
17	#	Subl Hazardous waste removal		1	4.00 T		
18	#	Repl Flex additive		1	6.00 T		
19	#	R&I Grille Guard				2.0	
SUBTOTALS					1,649.52	8.2	4.8

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			1,639.52
Body Labor	7.2 hrs @	\$ 62.15 /hr	447.48
Paint Labor	4.8 hrs @	\$ 100.00 /hr	480.00
Mechanical Labor	1.0 hrs @	\$ 71.36 /hr	71.36
Miscellaneous			10.00
Subtotal			2,648.36
Grand Total			2,648.36
Deductible			0.00
CUSTOMER PAY			0.00
INSURANCE PAY			2,648.36