

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 \$4,505.98, subject to audit of actual invoices. On October 16, 2023, Vehicle #16 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 # 3622
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 4, 2023

Victoria Newton
Executive Council
L O C A L

Subject: Deer Damage to Vehicle #16 on October 16, 2023
Department of Administrative Services
Claim dated October 19, 2023
AOS Claim ID: 3622

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 \$4,505.98, 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
Joel Lunde, Department of Management



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

Date: October 19, 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	#16/Deer
Event Date	October 16, 2023
Summary	Vehicle 16 struck a deer. (268066)
Amount Requested	\$4,505.98 - 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



2082060

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

29C20

1 message

Wed, Oct 18, 2023 at 9:56 AM

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

To: TOS ExecutiveCouncil <executivecouncil@tos.iowa.gov>, Tammy Hollingsworth

<Tammy.Hollingsworth@aos.iowa.gov>

Please accept this email as initial 24 hr notification for AON, vehicle 16 struck a deer on 10/16/23. 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: *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 #: 2023026598

Date: (Month/Day/Year)	10/16/2023	Time: (Time plus a.m./p.m.)	7:00 p.m.
Vehicle Plate #:	520 WCY	Vehicle Mileage:	85000
Vehicle Description: (Yr/Make/Model/ & Vin#)	2008 Chevrolet Suburban		
Assigned To:	Tactical Team	Badge #	Tactical Team
Driven By:	Trooper Jordan Barnes	Badge #	238
Driver's Lic #:	240CC4190	Damage:	\$4505.00
Vehicle Towed: (Yes / No)	No	Towed By:	NA
Towed To:	NA	Towing Cost:	\$
Seat Belt: (Yes / No)	Yes	Type of Vehicle: (Marked/Semi /Unmarked)	Unmarked
Injured/Injuries:	None		
Occupants: (Other than driver)			

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:			
Accident Location: (Street/Hwy)	County Road S75 south of Highway 175		
County:	Grundy		
Weather/Road Conditions:	Clear and dry		
Narrative: On 10/16/23 around 1900 hours I hit a deer on S75 South of 175 in the WMD Suburban. This caused damage to the left headlight and push bumper.			
Property Damage other than Vehicles:	None		
Cost:	\$		
Citations Issued To: (List Charge(s) and Statute Code(s))			

Investigating Officer:	Sgt. Skaar #323
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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)	Yes		

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: 2023026598

Date of Accident	Time of Accident	County	Accident occurred within corporate limits of (city)			
10/16/2023	19:00 Hrs.	GRUNDY - 38				
U N I T 1	Driver's Name - Last				First	Middle
	BARNES				JORDAN	EUGENE
	Address				City	State Zip
	1510 WEST 1ST STREET				CEDAR FALLS	IA 50613
	Date of Birth	Driver's License Number		CDL	Citation Charge 1	
	07/15/1992	240CC4190			Citation Charge 2	
	Male <input checked="" type="radio"/> Female <input type="radio"/>	State	Class	Endorsements	Restrictions	Citation Charge 3
	IA	C	L			Citation Charge 4
	Alcohol Test Given:	Test Results:	Drug Test Given:	Test Result:	Re-exam: Yes <input type="radio"/> No <input checked="" type="radio"/>	Reason for Re-Exam Request:
	1		1			
Owner's Name - Last				First	Middle	
STATE OF IOWA - DPS						
Address				City	State Zip	
215 EAST 7TH STREET				DES MOINES	IA 50319	
License Plate No.	State	Year	VIN:	Color	Year Make Model Style	
520WCY	IA		3GN GK26KX8G235503	GLD	2008 CHEV K2500 4W	
Trailer Plate No.	State	Year	VIN:	Tow Tow #	Towed To Approx. Cost to Repair or Replace	
				1	\$2,000.00	
Insurance Company Name			Insurance Co. Phone Number		Insurance Policy Number	
SELF INSURED (STATE OF IOWA)			(319) 266-2677			
Initial Travel Direction	Veh. Act.	Veh. Config.	Cargo Body Type	Veh. Defect	Point of Initial Impact Most Damaged Area Extent of Damage Total Occ. in Veh.	
		03	01			
Special Veh. Func.	Emergency Status	Bus Use	Driver Condition	Vision Obscured	Contributing Circumstances Driver (up to two) Driver Distractions Speed Limit	
					88 02	
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 Override/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 I N J U R E D	DRIVER OF UNIT 1				Phone Number: (319) 266-2677	Sex <input checked="" type="checkbox"/> Seating Position <input checked="" type="checkbox"/> Injury Status <input checked="" type="checkbox"/> Occupant Protection <input checked="" type="checkbox"/> Airbag Deployment <input checked="" type="checkbox"/> Ejection <input checked="" type="checkbox"/> Ejection Path <input checked="" type="checkbox"/> Trapped/extricated <input checked="" type="checkbox"/> Source of Transport <input checked="" type="checkbox"/> Died at scene/enroute <input checked="" type="checkbox"/>
	Transported to:				Transported by:	
	Name		Phone Number		DOB:	
	Address				Transported to:	
	Name		Phone Number		DOB:	
	Address				Transported to:	
Name		Phone Number		DOB:		
Address				Transported to:		
Name		Phone Number		DOB:		
Address				Transported to:		

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:

2023026598

L O C A T I O N	Date of Accident 10/16/2023	Time of Accident 19:00 Hrs.	County GRUNDY - 38	Accident occurred within corporate limits of (city)	Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>	
	Literal Description S75 NB AND 250TH ST				County: 38	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: 499816.093		
	On Road, Street or Highway:			At Intersection with:			Y Coordinate: 4687463
	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		
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"/> 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		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	
Manner of Crash/Collision	Light Conditions	Surface Conditions	Roadway												Type of Roadway Junction/Feature
First Harmful Event (Crash)	WORKZONE RELATED? <input type="checkbox"/>	Yes <input type="radio"/> No <input type="radio"/>	Activity												Location

First Harmful Event (Crash)	WORKZONE RELATED?	Yes <input type="radio"/> No <input type="radio"/>	Activity	Location	Type	Workers Present
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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					
	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

N P O R N O V P E E H R I T I 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 10/16/2023	Incident Clearance Date 10/16/2023	
Signature of Officer TROOPER H MUELLER	Badge Number 054	Time Officer Notified of Accident 07:00 Hrs.	Roadway Clearance Time 19:10 Hrs.	Incident Clearance Time 19:15 Hrs.
Name of Agency IOWA STATE PATROL - DIST 09	Date of Report 10/17/2023	Time Officer Arrived At Scene 07:20 Hrs.	Total Roadway Clearance Time 000:10	Total Incident Clearance Time 000:15
Report Reviewed By M SIGWARTH	Date of Review 10/17/2023	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

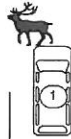
Form 4433003 (11-13)

Law Enforcement Case Number:

2023026598

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



250th Street

S75

N
A
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V
E

Unit 1 was traveling Northbound on S75 and a female deer came out of the East ditch and struck the left front corner of Unit 1.



WITHAM COLLISION CENTER
 FORD-CHEVROLET-VW-KIA
 2033 LAPORTE RD, WATERLOO, IA 50702
 Phone: (319) 236-7217

Workfile ID: d3f4afe2
 PartsShare: 7BVKVC
 Federal ID: 42-1060951

Preliminary Estimate

Customer: Barnes, Jordan

Written By: Branden Frederick

Insured: Barnes, Jordan
 Type of Loss:
 Point of Impact:

Policy #:
 Date of Loss:

Claim #:
 Days to Repair: 0

Owner:
 Barnes, Jordan
 (319) 266-2677 Cell

Inspection Location:
 WITHAM COLLISION CENTER
 2033 LAPORTE RD
 WATERLOO, IA 50702
 Repair Facility
 (319) 236-7217 Business

Insurance Company:

VEHICLE

2008 CHEV Suburban Commercial 2500 4WD (Fleet) 4D UTV 8-6.0L Gasoline SFI

VIN: 3GN GK26KX8G235503
 License:
 State: IA

Interior Color:
 Exterior Color:
 Production Date:

Mileage In:
 Mileage Out:
 Condition:

Vehicle Out:
 Job #:

TRANSMISSION

Automatic Transmission
 Overdrive
 4 Wheel Drive

POWER

Power Steering
 Power Brakes
 Power Windows

Power Locks

Power Mirrors

Heated Mirrors

Power Driver Seat

DECOR

Dual Mirrors

Privacy Glass

CONVENIENCE

Air Conditioning
 Tilt Wheel

Cruise Control

Rear Defogger

Keyless Entry

Rear Window Wiper

Climate Control

Dual Air Condition

RADIO

AM Radio

FM Radio

Stereo

Search/Seek

CD Player

Auxiliary Audio Connection

SAFETY

Drivers Side Air Bag

Passenger Air Bag

Anti-Lock Brakes (4)

4 Wheel Disc Brakes

Traction Control

Stability Control

Head/Curtain Air Bags

Communications System

ROOF

Luggage/Roof Rack

SEATS

Cloth Seats

Reclining/Lounge Seats

WHEELS

Styled Steel Wheels

PAINT

Clear Coat Paint

TRUCK

Trailer Hitch

Trailer Package

Running Boards/Side Steps

Get live updates at www.carwise.com/e/4CAxa7

Preliminary Estimate

Customer: Barnes, Jordan

2008 CHEV Suburban Commercial 2500 4WD (Fleet) 4D UTV 8-6.0L Gasoline SFI

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		FRONT BUMPER					
2	* <>	Rpr Bumper cover				3.0	3.0
3		Add for Clear Coat					1.2
4		O/H bumper assy				2.9	
5	R&I	R&I bumper cover				Incl.	
6	R&I	Skid plate				0.3	
7	Repl	LT Bumper cover side bracket	15923612	1	43.48	Incl.	
8	#	R&I Push Bar				2.0	
9		GRILLE					
10	R&I	Upper grille black				0.2	
11	R&I	Lower grille black				0.2	
12	R&I	Mount panel				0.3	
13		FRONT LAMPS					
14	Repl	LT Headlamp assy	22853025	1	184.68	Incl.	
15		Aim headlamps				0.5	
16	R&I	RT Headlamp assy				0.5	
17	R&I	RT Fog lamp assy				0.2	
18	R&I	LT Fog lamp assy				0.2	
19		HOOD					
20	**	Repl A/M CAPA Hood	15939876	1	548.00	1.0	3.0
21		Overlap Major Adj. Panel					-0.4
22		Add for Clear Coat					0.5
23		Add for Underside(Complete)					1.5
24	R&I	Insulator				Incl.	
25		FENDER					
26	**	Repl A/M CAPA LT Fender Suburban	22977475	1	575.00	2.6	2.0
27		Overlap Major Adj. Panel					-0.4
28		Add for Clear Coat					0.3
29		Add for Edging					0.5
30		Add for Inside					1.0
31		Add for Clear Coat					0.2
32	R&I	LT Fender liner Suburban w/o Z71				Incl.	
33		FRONT DOOR					
34		Blnd LT Door shell Suburban & Yukon XL					1.2
35	R&I	LT Belt w/strip				0.3	
36	*	R&I LT Body side mldg Suburban, w/o chrome insert all				0.3	
37	Repl	LT Nameplate "SUBURBAN"	15825694	1	96.04	0.2	
38		MISCELLANEOUS OPERATIONS					
39	#	Hazardous waste removal		1	4.00 T		
40	#	Corrosion protection		1	10.00	0.3	

Preliminary Estimate

Customer: Barnes, Jordan

2008 CHEV Suburban Commercial 2500 4WD (Fleet) 4D UTV 8-6.0L Gasoline SFI

41	#	Repl Flex Additive	1	5.00	
42	#	4 Wheel Alignment	1	125.00	
43	#	Pull back Push Bar	1		1.0
SUBTOTALS				1,591.20	16.0
					13.6

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			1,587.20
Parts Discount	\$ 324.20	-10.0 %	-32.42
Body Labor	16.0 hrs @	\$ 72.00 /hr	1,152.00
Paint Labor	13.6 hrs @	\$ 132.00 /hr	1,795.20
Miscellaneous			4.00
Subtotal			4,505.98
Grand Total			4,505.98
Deductible			0.00
CUSTOMER PAY			0.00
INSURANCE PAY			4,505.98

MyPriceLink Estimate ID / Quote ID:

1143554172721831936 / 130445484

AUTHORIZED AND ACCEPTED: YOU ARE HEREBY AUTHORIZED TO MAKE THE ABOVE REPAIRS. I UNDERSTAND THAT PAYMENT IN FULL WILL BE DUE UPON RELEASE OF VEHICLE, INCLUDING ADDITIONAL SUPPLEMENTAL DAMAGE CHARGES, AND HEREBY GRANT YOU AND/YOUR EMPLOYEES, PERMISSION TO OPERATE THE CAR, TRUCK, OR VEHICLE HEREIN DESCRIBED ON STREETS, HIGHWAYS, OR ELSEWHERE FOR THE PURPOSE OF TESTING AND / OR INSPECTION. AN EXPRESS MECHANIC'S LIEN IS HEREBY ACKNOWLEDGED ON THE ABOVE CAR, TRUCK, OR VEHICLE TO SECURE THE AMOUNT OF REPAIRS THERETO. YOU WILL NOT BE HELD RESPONSIBLE FOR LOSS OR DAMAGE TO THE VEHICLE OR ARTICLES LEFT IN VEHICLE IN CASE OF FIRE, THEFT, ACCIDENT, OR ANY OTHER CAUSE BEYOND YOUR CONTROL.

AUTHORIZED BY: _____ DATE _____

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF AFTERMARKET CRASH PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR VEHICLE. ANY WARRANTIES APPLICABLE TO THE REPLACEMENT PARTS ARE PROVIDED BY THE MANUFACTURER OR DISTRIBUTOR OF THESE PARTS RATHER THAN THE MANUFACTURER OV YOUR VEHICLE.

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF AFTERMARKET CRASH PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. ANY WARRANTIES APPLICABLE TO THESE REPLACEMENT PARTS ARE PROVIDED BY THE MANUFACTURER OR DISTRIBUTOR OF THESE PARTS RATHER THAN THE MANUFACTURER OF YOUR VEHICLE.

Preliminary Estimate

Customer: Barnes, Jordan

2008 CHEV Suburban Commercial 2500 4WD (Fleet) 4D UTV 8-6.0L Gasoline SFI

Estimate based on MOTOR CRASH ESTIMATING GUIDE and potentially other third party sources of data. Unless otherwise noted, (a) all items are derived from the Guide DR1GA07, CCC Data Date 10/10/2023, and potentially other third party sources of data; and (b) the parts presented are OEM-parts. OEM parts are manufactured by or for the vehicle's Original Equipment Manufacturer (OEM) according to OEM's specifications for U.S. distribution. OEM parts are available at OE/Vehicle dealerships or the specified supplier. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships with discounted pricing. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor data provided by third party sources of data may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. The symbol (<>) indicates the refinish operation WILL NOT be performed as a separate procedure from the other panels in the estimate. Non-Original Equipment Manufacturer aftermarket parts are described as Non OEM, A/M or NAGS. Used parts are described as LKQ, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries.

Some 2023 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The CCC ONE estimator has a list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

The following is a list of additional abbreviations or symbols that may be used to describe work to be done or parts to be repaired or replaced:

SYMBOLS FOLLOWING PART PRICE:

m=MOTOR Mechanical component. s=MOTOR Structural component. T=Miscellaneous Taxed charge category. X=Miscellaneous Non-Taxed charge category.

SYMBOLS FOLLOWING LABOR:

D=Diagnostic labor category. E=Electrical labor category. F=Frame labor category. G=Glass labor category. M=Mechanical labor category. S=Structural labor category. (numbers) 1 through 4=User Defined Labor Categories.

OTHER SYMBOLS AND ABBREVIATIONS:

Adj.=Adjacent. Algn.=Align. ALU=Aluminum. A/M=Aftermarket part. Blnd=Blend. BOR=Boron steel. CAPA=Certified Automotive Parts Association. D&R=Disconnect and Reconnect. HSS=High Strength Steel. HYD=Hydroformed Steel. Incl.=Included. LKQ=Like Kind and Quality. LT=Left. MAG=Magnesium. Non-Adj.=Non Adjacent. NSF=NSF International Certified Part. O/H=Overhaul. Qty=Quantity. Refn=Refinish. Repl=Replace. R&I=Remove and Install. R&R=Remove and Replace. Rpr=Repair. RT=Right. SAS=Sandwiched Steel. Sect=Section. Subl=Sublet. UHS=Ultra High Strength Steel. N=Note(s) associated with the estimate line.

CCC ONE Estimating - A product of CCC Intelligent Services Inc.

The following is a list of abbreviations that may be used in CCC ONE Estimating that are not part of the MOTOR CRASH ESTIMATING GUIDE:

BAR=Bureau of Automotive Repair. EPA=Environmental Protection Agency. NHTSA= National Highway Transportation and Safety Administration. PDR=Paintless Dent Repair. VIN=Vehicle Identification Number.

Preliminary Estimate

Customer: Barnes, Jordan

2008 CHEV Suburban Commercial 2500 4WD (Fleet) 4D UTV 8-6.0L Gasoline SFI

PARTS SUPPLIER LIST

Line	Supplier	Description	Price
20	Keystone, Inc 100 EAST 5TH ST WATERLOO IA 50703 (800) 258-8885	#GM1230350PP A/M CAPA Hood Quote: 2223807299 Expires: 12/01/23	\$ 548.00
26	Keystone, Inc 100 EAST 5TH ST WATERLOO IA 50703 (800) 258-8885	#GM1240333PP A/M CAPA LT Fender Suburban Quote: 2223809078 Expires: 12/01/23	\$ 575.00