## THE NAVAJO NATION

Fleet Management Auto Body Shop P.O. Box # 608 Window Rock, AZ 86515 (928) 871-7037 FAX (928) 871-7133

## **VEHICLE GLASS BREAKAGE FORM**

Todays Date	2:							
TO:	Marvin Segay, Auto Body Shop Supervisor Fleet Management Auto Body Shop							
FROM (Driv	er):		_					
DEPARTME	ENT:		<u> </u>					
Time and Da	ate of Breakage:							
	cription: Year		Model					
Vehicle Nun	nber:	Mileage:						
			epair, etc.)					
How the dan	nage occurred:							
	another, give name:	Empolyer						
Was the vehi	icle being driven at the time	: YES	NO (Check one)					
If vehicle wa	s parked, (was the driver in	attendance):						
		-	Signature of the driver					
	TEDIATE SUPERVISOR: The accident attributable to neg  NO If "Yes ", explain:	ligence by driver in co	ontrol of the vehicle at time of occurrence?					
		_						
			Supervisor's Signature					

V	EH	<b>#:_</b> _	FLEET MANAGEMENT AUTO I	BODYS	HOP	REPORTS:	YESI		
D	mg	Ty	pe: WINDSHIELD WORK REG	QUEST	•	CLAIM#			
Da	ate l	ln:	Vehicle#: Mileage:			Dept #:			
	ke:		Model: VIN#:						
	me:		Model:VIN#: Phone/Fax:	EMAIL:					
In	dica	te S	pecific Vehicle Damages:			AILING ADDRESS			
				Div. Na					
				Dept Na					
				P.O BO					
				STAT		ZIP CODE:			
			* PLEASE CHECK (X) OFF ITEMS LEFT IN TH			ZIF CODE.			
Ja	Jacks &Spare Tire Tools Mileage log Gas/Insurance Card Office Equipment								
			tems Extra Items						
			"PLEASE CLEAN YOUR VEHICLE INSIDE AND OUT BEFORE DROPPING IT OFF FOR SE "FLEET MGMT AUTO BODY SHOP IS NOT RESPONSIBLE FOR MISSING PERSONAL ITEMS L	<mark>RVICES OR W</mark> EFT IN VEHIC	E WILL NOT LES NOR PR	WORK ON IT" OPERTY DAMAGE "			
Di	visi	on							
Pa	rts O	rder l	Name: Class: Rgst: ate: ENG/WB/AMPS: Li	c#:		Cost of Estimate: \$			
ES	T W	/0 N	O#: REPAIRER'S #:	Date &	& Time S	Started			
1	W/C	) NO	#: Mileage:	Date 8	Time I	inish:			
R&R	STR	R&I	I fully inspected the vehicle for other damages. (YES /NO ) see note	s below	HRS	NUMBERS			
N	OTE	is:							