

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

Today's Date: _____

TO: Marvin Segay, Auto Body Shop Supervisor
Fleet Management Auto Body Shop

FROM (Driver): _____

DEPARTMENT: _____

Time and Date of Breakage: _____

Place: _____

Vehicle Description: Year _____ Make _____ Model _____

Vehicle Number: _____ Mileage: _____

Description of broken items (windshield, side glass, chip repair, etc.) _____

How the damage occurred: _____

If caused by another, give name: _____

Address: _____ Employer: _____

Was the vehicle being driven at the time: ☐ YES ☐ NO (Check one)

If vehicle was parked, (was the driver in attendance): _____

Signature of the driver

FOR IMMEDIATE SUPERVISOR:

Was the above accident attributable to negligence by driver in control of the vehicle at time of occurrence?

☐ YES ☐ NO If "Yes", explain: _____

Supervisor's Signature

REPORTS: __YES__NO

CLAIM# _____