

THE NAVAJO NATION
Fleet Management Auto Body Shop
P.O. Box # 608 Window Rock, AZ 86515
(928) 871-7037 or 7801 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: _____

Description of broken item (windshield, side glass, etc.): _____

How occurred: (Give full particulars): _____

If caused by another person, give name:

Address: _____ Employer: _____

Vehicle being driven at time: ☐ Yes ☐ No (Check one)

If vehicle parked, (driver attendance): _____

Signature of Driver

FOR IMMEDIATE SUPERVISOR:

Was above accident attributable to negligence by driver in control of vehicle at time
of occurrence? ☐ Yes ☐ No If "Yes", explain: _____

Signature of Supervisor