



VEHICLE GLASS BREAKAGE FORM

_____ Date _____

To Gilbert Edgewater, Jr. Fleet Service Manager

From (Employee) _____

Department _____

Date, time and Location _____
of breakage: _____

Vehicle description Make _____ Year _____ Model _____

Vin No. # _____ Vehicle No. _____

Describe glass damages (windshield, side glass, etc.) _____

Describe incident (full details) _____

If caused by another person: Name _____ Driver license No. _____

Address _____ City/State _____ Zip _____

Vehicle being driven at the time: Yes _____ No _____ (check one)

If vehicle was parked, was the driver in attendance: Yes _____ No _____

Signature of Driver

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FOR IMMEDIATE SUPERVISOR:

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

Yes _____ No _____

Signature of Supervisor