



**THE NAVAJO NATION**  
**DIVISION OF GENERAL SERVICES**  
**FLEET MANAGEMENT DEPARTMENT**  
 PO Box 608 \* Window Rock, Arizona 86515 \* (928) 871-6425 \* Fax: (928) 871-7038

Ben Shelly,  
President

Rex Lee Jim,  
Vice-President

**VEHICLE GLASS BREAKAGE REPORT**

MVRB MEMBER

Stanley Yazzie  
Community Dev.  
Chairperson

Shirley Barney  
Risk Management  
Vice-Chairperson

Ben Manuelito Jr  
Fleet Management  
Non-voting Member

Jonathan Hale  
Legislative Branch  
Member

Edward Martin  
Judicial Branch  
Member

Lawrence John  
Legislative Branch  
Member

William Nakai  
Judicial Branch  
Member

DATE : \_\_\_\_\_

TO : Perry J. Begaye Sr., Fleet Service Manager  
Shiprock Fleet Management Service Center

FROM (Driver) : \_\_\_\_\_  
 Title \_\_\_\_\_  
 Department \_\_\_\_\_

Vehicle Number: \_\_\_\_\_ License Number: \_\_\_\_\_ Mileage: \_\_\_\_\_

Vehicle Description Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Date of Breakage: \_\_\_\_\_ Time of Breakage: \_\_\_\_\_ AM / PM

Was Vehicle Being Driven at Time? \_\_\_\_\_ Yes \_\_\_\_\_ No (Check One)

Location Occurred: \_\_\_\_\_

Description of Broken Item (Windshield, Door Glass, etc.): \_\_\_\_\_

How Occurred (Give Full Description): \_\_\_\_\_

If Caused by Another Person, Give Name: \_\_\_\_\_

Address: \_\_\_\_\_ Employer: \_\_\_\_\_

X  
\_\_\_\_\_  
Driver's Signature

**FOR IMMEDIATE SUPERVISORS:**

Was above accident attributable to negligence by driver in control of vehicle at time of occurrence?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No (Check One)

If "Yes", Explain: \_\_\_\_\_

X  
\_\_\_\_\_  
Supervisor's Signature