



Department of Administration  
**RISK MANAGEMENT**



**STATE OF NEVADA**

**WINDSHIELD/GLASS LOSS REPORT**

Please complete this form and submit with a Journal Voucher for the \$300.00 deductible to Risk Management for processing (201 S. Roop St. Suite 201 Carson City NV 89701)

Date of Loss:		Location of Vehicle:	
Driver's Name:			
Agency Contact:		Business ph#:	
License/Unit #:		Year/Make/Model:	
Agency:		Budget Account:	
VIN#:			

Is this a MOTOR POOL Vehicle?  yes  no

STATEMENT:


**ATTACH ORIGINAL INVOICE ~ NO COPIES**  
 (REVISED 03/99)

RM-001(W)

