



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)

