



# NSHE

## WINDSHIELD/GLASS LOSS REPORT

Please complete this form and submit to:

BCN – Risk Mgt: Lisa Schaller (775) 784-6139 Fax: (775) 784-4363

BCS – Risk Mgt: Michael Means (702-895-5735 Fax: 702-895-4690

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:


**Please attach original invoice if you wish for NSHE Risk Management to pay the vendor.**