

# Windshield Damage Claim Report

*Submit to Risk Management within 30 Days of Loss Date*

**Employees are to complete immediately upon notice of windshield damage  
to County Owned Vehicles**

**Department:** \_\_\_\_\_

**Driver's Name:** \_\_\_\_\_

**Date of Loss:** \_\_\_\_\_

**Description of Loss:** \_\_\_\_\_

**Location of Loss:** \_\_\_\_\_

**Year, Make, Model of County Vehicle:** \_\_\_\_\_

**Unit Number (if known):** \_\_\_\_\_

**Windshield is:** \_\_\_\_\_ Cracked \_\_\_\_\_ Chipped

**Signature of Employee Completing Form:** \_\_\_\_\_

**Date:** \_\_\_\_\_

***Submit Form to Department Supervisor after Completion***

**Supervisor Use:**

**To be completed by Supervisor**

*Submit this form to Risk Management upon receiving notice.*

***NOTE: Repair invoices should be submitted to Risk Management within 30 days of loss to  
be eligible for payment through Marathon County's insurance program***

**Supervisor Signature:** \_\_\_\_\_

