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*LLBO Fleet Management
06209 Golf Course Rd NW
Cass Lake, Mn. 56633
Phone (218)335-4450
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Vehicle Risk Management and Windshield Repair/Replacement Claim Questionnaire

License Plate Number: _____

Date and Time of Loss: _____ Year, Make, Model: _____

Department Assigned to vehicle: _____ Vin Number: _____

Driver's Name: _____ Phone: _____

Driver's License Number: _____ Injury? Yes No

Passengers Names: _____

Date of Manufacture: _____

Description and location of Claim:

Description of Damage to Vehicle:

Program Account Number _____

What would prevent Loss/Claim? _____

Form Completed by: _____ Date: _____

Phone Number: _____

Fax to: LLBO Fleet Management |