



LEECH LAKE BAND OF OJIBWE

*LLBO Fleet Management
06209 Golf Course Rd NW
Cass Lake, Mn. 56633
Phone (218)335-4450*

Vehicle Accident and/or Windshield Repair/Replacement Claim Questionnaire

Date and Time of Loss: _____ License Plate Number: _____

Year, Make, Model: _____

Date of Manufacture: _____ Vin Number: _____

Driver's Name: _____ Phone: _____ Injury? YES NO

Driver's License Number: _____ Passenger(s) Name(s): _____

Program Assigned to vehicle: _____ Program Account #: _____

Description/Location of Claim: _____

Description of Damage to Vehicle: _____

Police Dept. _____ Police Report ICR # _____

Other Parties Information:

Owners Name and Phone #: _____

Drivers Name and Phone #: _____

Vehicle Info. (Year, Make, Model): _____

Insurance Company: _____ Policy #: _____

Bodily and/or Property Damage? YES NO If yes explain: _____

Contact: Ernest Robinson: Cell # (218) 368 – 7837

Email to: ernie.robinson@llojibwe.org