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*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:**

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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

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