DA 2073
3/93

VEHICLE GLASS REPAIR / REPLACEMENT LOSS NOTICE

AGENCY'S NAME

ADDRESS

CONTACT PERSON'S NAME

PHONE NUMBER

DATE OF BREAKAGE

TIME AM PM

DATE REPORTED

REPORTED TO

PHONE NUMBER

LOCATION CODE

CHECK ONE ○ STATE VEHICLE ○ OTHER

COMPLETE IF DIFFERENT FROM AGENCY NAME
VEHICLE OWNER'S NAME

ADDRESS

WORK PHONE

HOME PHONE

LOCATION OF VEHICLE

VEHICLE INFORMATION

YEAR	MAKE	MODEL	BODY STYLE	LIC. / EQUIPMENT NO.	VIN

DID BREAKAGE OCCUR DUE TO ACCIDENT ○ YES ○ NO

MOTOR VEHICLE ACCIDENT REPORT ATTACHED ◉ YES ◉ NO

GLASS DAMAGED REPLACEMENT ○ ○ REPAIR

DESCRIBE HOW BREAKAGE OCCURED

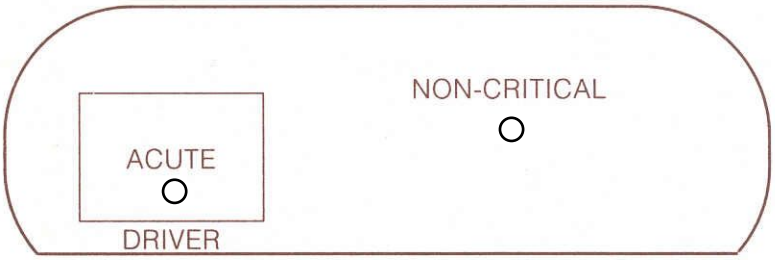
DAMAGED AREA INSPECTED BY

PHONE NUMBER

DATE

IF WINDSHIELD, CHOOSE THE TYPE OF DAMAGE AND INDICATE LOCATION ON DIAGRAM

1. STAR BREAK ✳ ○
2. BULL'S EYE ◉ ○
3. HALFMOON ◕ ○
4. CRACKED ≷ ○
5. PITTED ○
6. SHATTERED ○



COMMENTS

SIGNATURE OF AGENCY REPRESENTATIVE

DATE

For internal use only: 6410 State of Louisiana Glass-Auto

Email to 6410StateofLouisiana@sedgwickcms.com or fax to 855-563-2447