DA 2073
3/93

VEHICLE GLASS REPAIR / REPLACEMENT LOSS NOTICE

AGENCY'S NAME		COMPLETE IF DIFFERENT FROM AGENCY NAME VEHICLE OWNER'S NAME	
ADDRESS		ADDRESS	
CONTACT PERSON'S NAME	PHONE NUMBER [ ] -		
DATE OF BREAKAGE	TIME ☐ AM ☐ PM	DATE REPORTED	WORK PHONE [ ] -
			HOME PHONE [ ] -
REPORTED TO	PHONE NUMBER [ ] -	LOCATION OF VEHICLE	
LOCATION CODE	CHECK ONE ☐ STATE VEHICLE ☐ OTHER		

VEHICLE INFORMATION

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

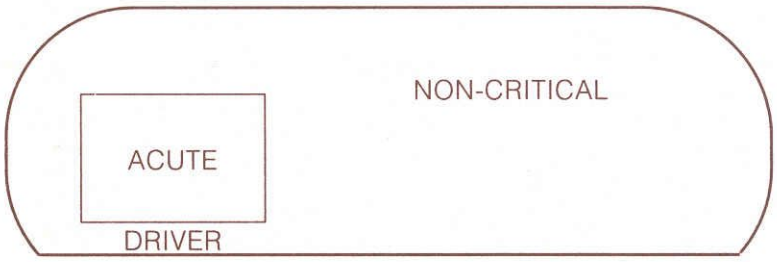
DID BREAKAGE OCCUR DUE TO ACCIDENT ☐ YES ☐ NO	MOTOR VEHICLE ACCIDENT REPORT ATTACHED ☐ YES ☐ NO	☐ GLASS DAMAGED _____ ☐ REPLACEMENT ☐ REPAIR

DESCRIBE HOW BREAKAGE OCCURED

DAMAGED AREA INSPECTED BY	PHONE NUMBER [ ] -	DATE / /

IF WINDSHIELD, CIRCLE 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 / /