



LEECH LAKE HEALTH & SAFETY

*Leech Lake Health & Safety
6280 Upper Cass Frontage Rd
Cass Lake MN, 56633*

Vehicle Accident and Windshield Repair Replacement Claim Questionnaire

Date & 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) Names: _____

Program Assigned to Vehicle: _____ Program Account Number: _____

Description/ Location of Claim: _____

Description of Vehicle Damage: _____

Police Dept.: _____ Police ICR Number: _____ Other

Parties Information

Owners Name: _____ Phone #: _____

Drivers Name: _____ Phone #: _____

Vehicle Info.

Year _____ Make: _____ Model: _____

Insurance Company: _____ Policy Number: _____

Body or Property Damage? YES NO If yes, please explain: _____

Email Completed forms: LLBOVEHICLECLAIMS@leechlakegaming.com

Health and Safety Contact Information: Ernest Robinson, Health and Safety Director 218-507-5296 – Rocky Papasodora, Health and Safety Officer –

Leona Howard, EMS Manager 218-766-1302

