



MVA REPORT

Incident Type:* Verita Location* Incident Date:* Time of Incident:* Date Reported:*

EMPLOYEE INFORMATION

Employee Name:* Employee Phone Number:*

Employee Address:

Employee Email Address: Job Title:* Date of Hire:

INCIDENT DETAILS

Crew Size: Crew Foreman/Supervisor:*

Incident Location:*

Location on Google map



Description of Incident: *Please describe in detail what happened**

crew driving home for the night, had the front pasanger side wheel barring go out and catch fire. fire was put out with water bottles

Describe any Unsafe Procedures or Equipment Failures which may have Contributed to the Incident:*

Tire barring failure

What Has/Will be done to Prevent Similar Incidents from Occuring?*

Will need to go incident, with safety to see what can be done.

Was a JSA Completed?*

N/A

Post Accident Drug Test?*

N/A

Disciplinary Action Administered?*

No

MOTOR VEHICLE ACCIDENT

Verita Vehicle Information

Vehicle Type:*

Passenger Vehicle

Pickup Truck

Bucket Truck

Fiber Lab

Stake Truck

Flatbed

other:

Vehicle Number:*

1814

Did The Vehicle Have a Trailer Attached?*

No

Trailer Number:*

N/A

Vehicle Year:

2017

Vehicle Make:

Dodge

Vehicle Model:

Ram

License Plate Number:*

BC43235

Vehicle Damage (Severity):*

Unknown

Damage Location: *Select All That Apply**

<input type="checkbox"/> Hood	<input type="checkbox"/> Grill	<input type="checkbox"/> Bumper	<input type="checkbox"/> Head Light(s)	<input type="checkbox"/> Fender(s)
<input type="checkbox"/> Quarter Panel(s)	<input type="checkbox"/> Door(s)	<input type="checkbox"/> Mirror(s)	<input type="checkbox"/> Side Window(s)	<input type="checkbox"/> Windshield
<input type="checkbox"/> Trunk	<input checked="" type="checkbox"/> Tire/Wheels)	<input type="checkbox"/> Tail Lights	<input type="checkbox"/> Accessories	<input type="checkbox"/> Other

Picture of Damage 1:*

167538... (2.6 MB)

Picture of Damage 2:*

167538... (1.8 MB)

Picture of Damage 3:

Choose files or drag here

Picture of Damage 4:

Choose files or drag here

Description of Picture 1:*

Real looking view of tire

Description of Picture 2:*

Front looking view of tire

Description of Picture 3:

Description of Picture 4:

Second Vehicle Information

Driver First / Last Name:

N/A

Last

Phone Number:

####

Vehicle Year:

Vehicle Make:

Vehicle Model:

License Plate Number:

Insurance Carrier:

Insurance Carrier Phone Number:

####

Insurance Policy Number:

Vehicle Damage (Severity):

Please select

Damage Location: *Select All That Apply*

<input type="checkbox"/> Hood	<input type="checkbox"/> Grill	<input type="checkbox"/> Bumper	<input type="checkbox"/> Head Light(s)	<input type="checkbox"/> Fender(s)
<input type="checkbox"/> Quarter Panel(s)	<input type="checkbox"/> Door(s)	<input type="checkbox"/> Mirror(s)	<input type="checkbox"/> Side Window(s)	<input type="checkbox"/> Windshield
<input type="checkbox"/> Trunk	<input type="checkbox"/> Tire/Wheels)	<input type="checkbox"/> Tail Lights	<input type="checkbox"/> Accessories	<input type="checkbox"/> Other

Picture of Damage 1:

Choose files or drag here

Picture of Damage 2:

Choose files or drag here

Picture of Damage 3:

Choose files or drag here

Picture of Damage 4:

Choose files or drag here

Description of Picture 1:

Description of Picture 2:

Description of Picture 3:

Description of Picture 4:

File / Image upload

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Choose files or drag here

File / Image upload

Choose files or drag here

File / Image upload

Choose files or drag here

SUBMISSION

Report Completed By:*

David

Job Title:*

Wilburn

Construction Manager

Phone number:*

260 403 1694

Email address:*

dwilburn@veritacorp.com

Signature:*

Signature area with a sample signature and a pen icon. Text: "Sign here".

Date:*

02/02/2023 