



MVA REPORT

Incident Type: [*]	Verita Location [*]	Incident Date: [*]	Time of Incident: [*]	Date Reported: [*]
<input type="text" value="Motor Vehicle Ac..."/>	<input type="text" value="Grand Rapids W..."/>	<input type="text" value="01/12/2023"/>	<input type="text" value="12:08 PM"/>	<input type="text" value="01/12/2023"/>

EMPLOYEE INFORMATION

Employee Name: [*]	Employee Phone Number: [*]
<input type="text" value="Marc Carroza"/>	<input type="text" value="917 741 5793"/>

Employee Address:

<input type="text" value="Muskegon"/>	<input type="text" value="Michigan"/>	<input type="text" value="49445"/>
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Employee Email Address:	Job Title: [*]	Date of Hire:
<input type="text" value="bighousfan@gmail.com"/>	<input type="text" value="locator"/>	<input type="text" value="01/12/2023"/>

INCIDENT DETAILS

Crew Size:	Crew Foreman/Supervisor: [*]
<input type="text" value="3"/>	<input type="text" value="Todd Klein"/>

Incident Location:^{*}

<input type="text" value="Niagara Falls"/>	<input type="text" value="State"/>	<input type="text" value="9418"/>
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Location on Google map



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

While putting the spud bar in the back of the truck he lost his grip and it hit the back window.

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

NA

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

He will be more careful.

Was a JSA Completed?*

Yes

Post Accident Drug Test?*

No

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:*

2095

Did The Vehicle Have a Trailer Attached?*

No

Trailer Number:*

NA

Vehicle Year:

2022

Vehicle Make:

Chevy

Vehicle Model:

3500

License Plate Number:*

3331491

Vehicle Damage (Severity):*

Slight Damage (Driveable)

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 checked="" type="checkbox"/> Other

Picture of Damage 1:*

JSA.pdf (1 MB) ×

Picture of Damage 2:*

vmacoc... (495 KB) ×

Picture of Damage 3:

state... (246 KB) ×

Picture of Damage 4:

Choose files or drag here

Description of Picture 1:*

jsa

Description of Picture 2:*

damage

Description of Picture 3:

statement

Description of Picture 4:

Second Vehicle Information

Driver First / Last Name:

NA

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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File / Image upload

Choose files or drag here

File / Image upload

Choose files or drag here

File / Image upload

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SUBMISSION

Report Completed By:*

Dan

Cooper

Job Title:*

Safety Specialist


Phone number:*

616 250 7006

Email address:*

dcooper@veritacorp.com

Signature:*



Date:*

01/13/2023 