

INCIDENT/INJURY REPORT

Incident Type:	Verita Location*	Incident Date:*	Time of Incider	nt:"	Date Reported:*	
Incident Without	Northville v	01/20/2023	01:34 PM	(J	01/19/2023	
EMPLOYEE INFORMA	TION					
Employee Name:*					Employee Phone Number:*	
Grayling		Bridges			810 835 1666	
Employee Address:						
		State	*			
Employee Email Address:		Job Title:*			Date of Hire:	
		Locator			MM/DD/YYYY	<u></u>
INCIDENT DETAILS						
Crew Size:	Crew Foreman/Supervisor:	*				
4	Zak		Bellanger			
Incident Location:*						
Niagara Parkway						
Niagara Falls		State		L2G 3N4		
Location on Google map						
Pure Vegetarian I Sylvia Pi- Peer St Barker St Barker St	Niagara Falls	Denny's Niagara City Cru Temporarily.ci Tree Fallsview & Spa by Hilton			Garden 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Niagara Temporar
Rob	pinson St	FALLS VIEW		345	Resort & C The Cade alls USA	nce Dug
Google	Fallsview Casino	Resort	/ 44.3	Niagara	data ©2023 Google Reporta	diamara l

Description of Incident: Please de	escribe in detail what happened*						
While loading the drill, G Bridges	sidestepped the water tank causing	g the hood to be damaged					
Describe any Unsafe Procedures of	or Equipment Failures which may ha	ve Contributed to the Inci	dent:*				
Trailer deck was wet and muddy							
What Has/Will been done to Prevent Similar Incidents from Occuring?*							
Keep deck clean ADDITIONAL PHOTOS AND	D DOCUMENTS						
File / Image upload	File / Image upload	File / Image upload	File / Image upload				
Resized (71 KB) ×	Resized (1.2 MB) ×	Choose files or drag l	Choose files or drag here				
File / Image upload	File / Image upload	File / Image upload	File / Image upload				
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SUBMISSION							
Report Completed By:*		Jo	b Title:*				
David		Field supervisor					
Phone number:*		Email address:*					
773 429 2560		dtacoma@veritacorp.com					

Signature:* Date:*

A Scran

01/19/2023