

Verita Location*

Incident Type:*

MVA REPORT

Time of Incident:*

Date Reported:*

Incident Date:*

Motor Vehicle Ac	Taylor	02/01/2023		06:45 AM	(J)	02/02/2023	
EMPLOYEE INFORMA	TION						
Employee Name:*						Employee Phone Number:*	
Robert		Pugh				330 807 7526	
Employee Address:							
1243 High Ave. S.W.							
Canton		Ohio		▼	44707		
Employee Email Address:		Job Title:*				Date of Hire:	
bpugh@veritacorp.com		Aerial Constructi				04/04/1993	
INCIDENT DETAILS							
Crew Size:	Crew Foreman/Supervisor:	*					
1	Chris		Taylor				
Incident Location:*							
Niagara Parkway							
Niagara Falls		State		~			
Location on Google map	.			Patulo			
	Niagara Falls Niagara Falls Double	Niagara City Cr Temporarily. Tree Fallsview & Spa by Hilton.	uises co	Rainbo ernational Brid	Wyndhan at Niag Niagara Falls Observation Niagara f Official Visito	Resort &	Niagara Casino Wingate Niagara

Description of Incident: Please describe in detail what happened*				
switched lanes driver of the other vehicle in my blind spot we side swiped his mirror was broken and some minor cosmetics				
very minor damage to my vehicle				
Describe any Unsafe Procedures or Equipment Failures which may h	nave Contributed to the Incident:*			
blind spot incident				
What Has/Will been done to Prevent Similar Incidents from Occurir	ng?*			
check more carefully before switching lanes				
Was a JSA Completed?* Post Accident Drug Test?*	Disciplinary Action			
No V No	Administered?*			
	No			
MOTOR VEHICLE ACCIDENT				
Verita Vehicle Information				
Vehicle Type:*				
Passenger Vehicle Pickup Truck Bucket	Truck	○ Stake Truck		
Flatbed other:				
Vehicle Number:* Did The Vehicle Have a Trailer Attached?*	Trailer Number:*			
42 No	n/a			
Vehicle Year: Vehicle Make:	Vehicle Model:	License Plate Number:*		
2017 Ford	Escape	GXT1796		
Vehicle Damage (Severity):*				
Slight Damage (Driveable)				

Damage Location: Select Al	ll That i	Apply*							
Hood	Grill Bun		Bumper	r Head Light(s)		Fender(s)			
Quarter Panel(s)	Door(s)		Mirror(s	☐ Mirror(s)		☐ Side Window(s)		Windshield	
Trunk	ПТ	Tire/Wheels)		ts	Accessories		Other		
Picture of Damage 1:*	Picture of Damage 2:*		Picture of Damage 3:		Picture of Damage 4:				
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Description of Picture 1:*		Description of Pic	cture 2:*	Descriptio	on of Picture :	3:	Descr	iption of Picture 4:	
Side damage		sSide damage							
Second Vehicle Inform	nation								
Driver First / Last Name:								Phone Number:	
George	George			ıll				234 788 3948	
Vehicle Year:	chicle Year: Vehicle Make:			Vehicle Model:			License Plate Number:		
2004		Ford	rd		r		VFM	VFM1429	
Insurance Carrier:		Ins	urance Carrier P	Phone Numbe	er: Ir	nsurance Po	olicy Nu	mber:	
Erie Insurance		##	## ### ####						
Vehicle Damage (Severity): Slight Damage (Driveable)		•							
Damage Location: Select Al	Il That i	Apply							
Hood		Grill	Bumper		☐ Head Light(s)			Fender(s)	
Quarter Panel(s)		Door(s)	Mirror(s	Mirror(s)		Side Window(s)		Windshield	
Trunk		ire/Wheels)	☐ Tail Light	ts Accessories		sories		Other	
Picture of Damage 1:		Picture of Damag	2: Picture of		of Damage 3:		Picture of Damage 4:		
Choose files or drag here		Choose files of	or drag here	Choo	oose files or drag here		Choose files or drag here		
Description of Picture 1: Description		Description of Pic	cture 2: Descripti		tion of Picture 3:		Description of Picture 4:		

File / Image upload File / Image upload Choose files or drag here	File / Image upload	File / Image upload	File / Image upload		File / Image upload Choose files or drag here File / Image upload		
Choose files or drag here Choose files or drag	Choose files or drag here	Choose files or drag here	Choose files or dr	ag here			
Report Completed By:* Robert Pugh Aer.Const.Supv. Phone number:* Signature:* Date:*	File / Image upload	File / Image upload	File / Image upload				
Report Completed By:* Robert Pugh Aer.Const.Supv. Phone number:* Email address:* bpugh@veritacorp.com Date:*	Choose files or drag here Choose files or drag here		Choose files or dr	ag here	Choose files or drag here		
Robert Pugh Aer.Const.Supv. Phone number:* Signature:* Date:*	SUBMISSION						
Phone number:* Email address:* bpugh@veritacorp.com Date:*	Report Completed By:*			Job Title:*			
330 807 7526 bpugh@veritacorp.com Signature:* Date:*	Robert	Pugh		Aer.Const.S	Supv.		
Signature:* Date:*	Phone number:*		Email address:*				
	330 807 7526		bpugh@veritacorp.c	com			
02/02/2023	Signature:*				Date:*		
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V							