

INCIDENT/INJURY REPORT

Incident Type:*	Verita Location	ı*	Incident Date:*		Time of Inc	ident:*	Date Reported:*	
Injury	Taylor	•	01/24/2023		09:00 AM	(L)	01/24/2023	
EMPLOYEE INFORMA	TION							
Employee Name:*							Employee Phone Number:*	
Ed			Nicely				330 958 1441	
Employee Address:								
5725 Manchester Rd.								
New Franklin			Ohio		~	44319		
Employee Email Address:			Job Title:*				Date of Hire:	
			Aerial Construct	tion CDL (Class A Drive	r	MM/DD/YYYY	
INJURY AND TREATM	1 E N T							
Type of Treatment*	Fatality:*		Amputation*		Eye Injury*			
Emergency Room	No	_	No	_	No			
Cause of Injury:*		Nature of Inj	ury:*		Bod	y Part:*		
Slip/Trip	~	Other			Le	3		V
Treating Facility:								
Treating Facility Address:								
			State		•			
Treating Dr.:			State		~	Dr./Facility	Phone#:	

Did/Will the Employee Miss any Days of Work?	How Many Days of Work Missed?	Was Modified/Restricted Duty Assigned?*		
Yes ▼	1.0553.1	No		
INCIDENT DETAILS				
Crew Size: Crew Foreman/Sup	ervisor:*			
Josh		Hartman		
Incident Location:*				
Niagara Parkway				
Niagara Falls	State			
Location on Google map				
Pure Vegetarian Ir Search Address Niagara F Sylvia P Peer St P	Denny's Niagara City Crui Temporarily.cl			
Description of Incident: Please describe in detail	l what happened*			
Ed Nicely exited vehicle to begin setting up for	job and slipped on patch of ice.			
Describe any Unsafe Procedures or Equipment F	Failures which may have Contri	buted to the Incident:*		
None.				

What Has/Will been done to Pr	event Similar Incidents from Occuring	g [?] *		
Cold Weather Awareness Train	ning			
ADDITIONAL PHOTOS A	ND DOCUMENTS			
File / Image upload	File / Image upload	File / Image upload	File / Image upload Choose files or drag here	
Choose files or drag here	Choose files or drag here	Choose files or drag here		
File / Image upload	File / Image upload	File / Image upload	File / Image upload	
Choose files or drag here	Choose files or drag here	Choose files or drag here	Choose files or drag here	
SUBMISSION				
Report Completed By:*		Job Title:*		
Chris	Taylor	Director		
Phone number:*		Email address:*		
330 807 8263		ctaylor@veritacorp.com		
Signature:*			Date:*	
	Sign here		01/26/2023	