



INCIDENT/INJURY REPORT

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

Incident Without... Northville 01/19/2023 01:54 PM 01/19/2023

EMPLOYEE INFORMATION

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

INCIDENT DETAILS

Crew Size: Crew Foreman/Supervisor:*

4 Zak Bellanger

Incident Location:*

Niagara Parkway

Niagara Falls State L2G 3N4

Location on Google map



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

While loading the 22 on the trailer, G Bridges ran into water tank

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

Wet and muddy deck

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

Keep deck neat and clean

ADDITIONAL PHOTOS AND DOCUMENTS

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Resized... (1.2 MB) ×

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SUBMISSION

Report Completed By:*

David

Job Title:*

Tacoma

Field supervisor

Phone number:*

734 292 5605

Email address:*

dtacoma@veritacorp.com

Signature:*



Date:*

01/19/2023 