

Verita Location*

Incident Type:*

MVA REPORT

Time of Incident:*

Date Reported:*

Incident Date:*

Motor Vehicle Ac	Taylor	01/10/2023	08:30 AM	(J)	01/10/2023	
EMPLOYEE INFORMA	TION					
Employee Name:*					Employee Phone Number:*	
John		Andrews			330 352 8008	
Employee Address:						
		State				
Employee Email Address:		Job Title:*			Date of Hire:	
		UG Laborer			MM/DD/YYYY	
INCIDENT DETAILS						
Crew Size:	Crew Foreman/Supervisor:	*				
2	Shane		Stinard			
Incident Location:*						
Niagara Parkway						
Niagara Falls		State		L2G 3N4		
Location on Google map						
	Niagara Falls	Denny's Niagara City Cru Temporarily. Tree Fallsview & Spa by Hilton.		Wyndham at Niag Niagara Falls Observation Niagara F Official Visitor	Resort & The Cad	ence Dug Wingate

Description of Incident: Please describe in detail what happened*
Truck was pulling trailer with large reel which came off into traffic, unaware it happened. It hit 2 personal SUVs, no one was injured.
Describe any Unsafe Procedures or Equipment Failures which may have Contributed to the Incident:*
Employee did not verify it was properly secure.
What Has/Will been done to Prevent Similar Incidents from Occuring?* TBD
Was a JSA Completed?* Post Accident Drug Test?* 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:* Did The Vehicle Have a Trailer Attached?* Trailer Number:* 120 Yes 1
Vehicle Year: Vehicle Make: Vehicle Model: License Plate Number:* PKF8063
Vehicle Damage (Severity):* Unknown

Damage Location: Select All Tha	nt Apply*					
Hood	Grill	Bumper		☐ Head Light(s)	Fender(s)	
Quarter Panel(s)	Door(s)	Mirror(s)		Side Window(s)	Windshield	
☐ Trunk	Tire/Wheels)	Tire/Wheels)		Accessories	⊘ Other	
Picture of Damage 1:*	Picture of Damage	Picture of Damage 2:* Picture of		Damage 3:	Picture of Damage 4:	
PRP (499 KB) ×	PRP (499 K	PRP (499 KB) × Choose		ose files or drag here	Choose files or drag here	
Description of Picture 1:*	Description of Pict	ture 2:*	Descriptio	n of Picture 3:	Description of Picture 4:	
Police Report	ce Report Police Report					
Second Vehicle Information	on					
Driver First / Last Name:					Phone Number:	
First		Last			### #####	
Vehicle Year:	Vehicle Make:		Vehicle Mo	odel:	License Plate Number:	
Insurance Carrier: Insurance Policy Number: Insurance Policy Number: ### ####						
Vehicle Damage (Severity): Please select	_					
Damage Location: Select All Tha	at Apply					
Hood	Grill	Bumper		☐ Head Light(s)	Fender(s)	
Quarter Panel(s)	Door(s)	Door(s) Mirror(s)		Side Window(s)	Windshield	
Trunk	Tire/Wheels)	Tail Light	ī.S	Accessories	Other	
Picture of Damage 1:	Picture of Damage	e 2:	Picture of	Damage 3:	Picture of Damage 4:	
Choose files or drag here	Choose files or	r drag here	Choo	ose files or drag here	Choose files or drag here	
Description of Picture 1:	escription of Picture 1: Description of Picture 2:		Description of Picture 3:		Description of Picture 4:	

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SUBMISSION					
Report Completed By:*			Job Title:*		
Cynthia	Rininger		OFFICE MA	ANAGER	
Phone number:*		Email address:*			
330 807 7633		CRININGER@VERI	TACORP.COI	М	
Signature:*				Date:*	
				01/25/2023	
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