



MVA REPORT

Incident Type: [*]	Verità Location [*]	Incident Date: [*]	Time of Incident: [*]	Date Reported: [*]
<input type="text" value="Motor Vehicle Ac..."/>	<input type="text" value="Taylor"/>	<input type="text" value="01/10/2023"/>	<input type="text" value="08:30 AM"/>	<input type="text" value="01/10/2023"/>

EMPLOYEE INFORMATION

Employee Name: [*]	Employee Phone Number: [*]
<input type="text" value="John Andrews"/>	<input type="text" value="330 352 8008"/>

Employee Address:

Employee Email Address:	Job Title: [*]	Date of Hire:
<input type="text"/>	<input type="text" value="UG Laborer"/>	<input type="text" value="MM/DD/YYYY"/>

INCIDENT DETAILS

Crew Size:	Crew Foreman/Supervisor: [*]
<input type="text" value="2"/>	<input type="text" value="Shane Stinard"/>

Incident Location:^{*}



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 be done to Prevent Similar Incidents from Occuring?*

TBD

Was a JSA Completed?*

N/A

Post Accident Drug Test?*

Yes

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:*

120

Did The Vehicle Have a Trailer Attached?*

Yes

Trailer Number:*

1

Vehicle Year:

Vehicle Make:

Vehicle Model:

License Plate Number:*

PKF8063

Vehicle Damage (Severity):*

Unknown

Damage Location: *Select All That Apply**

<input type="checkbox"/> Hood	<input type="checkbox"/> Grill	<input type="checkbox"/> Bumper	<input type="checkbox"/> Head Light(s)	<input type="checkbox"/> Fender(s)
<input type="checkbox"/> Quarter Panel(s)	<input type="checkbox"/> Door(s)	<input type="checkbox"/> Mirror(s)	<input type="checkbox"/> Side Window(s)	<input type="checkbox"/> Windshield
<input type="checkbox"/> Trunk	<input type="checkbox"/> Tire/Wheels)	<input type="checkbox"/> Tail Lights	<input type="checkbox"/> Accessories	<input checked="" type="checkbox"/> Other

Picture of Damage 1:*

PR_-_P... (499 KB)

Picture of Damage 2:*

PR_-_P... (499 KB)

Picture of Damage 3:

Choose files or drag here

Picture of Damage 4:

Choose files or drag here

Description of Picture 1:*

Police Report

Description of Picture 2:*

Police Report

Description of Picture 3:

Description of Picture 4:

Second Vehicle Information

Driver First / Last Name:

First

Last

Phone Number:

####

Vehicle Year:

Vehicle Make:

Vehicle Model:

License Plate Number:

Insurance Carrier:

Insurance Carrier Phone Number:

####

Insurance Policy Number:

Vehicle Damage (Severity):

Please select

Damage Location: *Select All That Apply*

<input type="checkbox"/> Hood	<input type="checkbox"/> Grill	<input type="checkbox"/> Bumper	<input type="checkbox"/> Head Light(s)	<input type="checkbox"/> Fender(s)
<input type="checkbox"/> Quarter Panel(s)	<input type="checkbox"/> Door(s)	<input type="checkbox"/> Mirror(s)	<input type="checkbox"/> Side Window(s)	<input type="checkbox"/> Windshield
<input type="checkbox"/> Trunk	<input type="checkbox"/> Tire/Wheels)	<input type="checkbox"/> Tail Lights	<input type="checkbox"/> Accessories	<input type="checkbox"/> Other

Picture of Damage 1:

Choose files or drag here

Picture of Damage 2:

Choose files or drag here

Picture of Damage 3:

Choose files or drag here

Picture of Damage 4:

Choose files or drag here

Description of Picture 1:

Description of Picture 2:

Description of Picture 3:

Description of Picture 4:

File / Image upload

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Choose files or drag here

SUBMISSION

Report Completed By:*

Cynthia

Job Title:*

Rininger

OFFICE MANAGER


Phone number:*

330 807 7633

Email address:*

CRININGER@VERITACORP.COM

Signature:*



Date:*

01/25/2023 