



# MVA REPORT

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

## EMPLOYEE INFORMATION

Employee Name:\*   Employee Phone Number:\*

Employee Address:

Employee Email Address:  Job Title:\*  Date of Hire:

## INCIDENT DETAILS

Crew Size:  Crew Foreman/Supervisor:\*

Incident Location:\*

Location on Google map



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

At stop light, vehicle in front got in left turn lane. I creper up reached for my coffee and bumped vehicle in front of me.

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

Reached for coffee

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

Don't reach for drink or food

Was a JSA Completed?\*

N/A

Post Accident Drug Test?\*

N/A

Disciplinary Action Administered?\*

N/A

## MOTOR VEHICLE ACCIDENT

### Verita Vehicle Information

Vehicle Type:\*

Passenger Vehicle

Pickup Truck

Bucket Truck

Fiber Lab

Stake Truck

Flatbed

other:

Vehicle Number:\*

1904

Did The Vehicle Have a Trailer Attached?\*

No

Trailer Number:\*

Na

Vehicle Year:

2019

Vehicle Make:

Ford

Vehicle Model:

Escape

License Plate Number:\*

DC 67848

Vehicle Damage (Severity):\*

No Apparent Damage

Damage Location: *Select All That Apply\**

<input type="checkbox"/> Hood	<input checked="" type="checkbox"/> Grill	<input checked="" 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:\*

202301... (355 KB)

Picture of Damage 2:\*

202301... (349 KB)

Picture of Damage 3:

Choose files or drag here

Picture of Damage 4:

Choose files or drag here

Description of Picture 1:\*

Front grill and bumper

Description of Picture 2:\*

Front bumper

Description of Picture 3:

Description of Picture 4:

## Second Vehicle Information

Driver First / Last Name:

Caleb

Sadler

Phone Number:

### ## ####

Vehicle Year:

2012

Vehicle Make:

Ford

Vehicle Model:

Fusion se

License Plate Number:

Elu 3173

Insurance Carrier:

Cure auto insurance

Insurance Carrier Phone Number:

### ## ####

Insurance Policy Number:

PAMI062660

Vehicle Damage (Severity):

Slight Damage (Driveable)

Damage Location: *Select All That Apply*

<input type="checkbox"/> Hood	<input type="checkbox"/> Grill	<input checked="" 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:

202301... (300 KB)

Picture of Damage 2:

202301... (295 KB)

Picture of Damage 3:

Choose files or drag here

Picture of Damage 4:

Choose files or drag here

Description of Picture 1:

Rear bumper

Description of Picture 2:

Rear bumper

Description of Picture 3:

Description of Picture 4:

File / Image upload

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File / Image upload

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**SUBMISSION**

Report Completed By:\*

Guy

Garver

Job Title:\*

Field supervisor

Phone number:\*

734 391 9336

Email address:\*

ggarver@verita.com

Signature:\*



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Date:\*

01/16/2023 