

Verita Location\*

Incident Type:\*

## **MVA REPORT**

Time of Incident:\*

Date Reported:\*

Incident Date:\*

Motor Vehicle Ac	Northville •	01/16/2023	11:35 AM	(L)	01/16/2023	···
EMPLOYEE INFORMA	TION					
Employee Name:*		Sauers			Employee Phone Number:* 734 536 7098	
Employee Address:						
4111 Filbert						
Wayne		Michigan	▼	48184		
Employee Email Address:		Job Title:*			Date of Hire:	
tsaiers@veritacorp.com		Pre-construction S	Survey		02/17/2020	
INCIDENT DETAILS						
Crew Size:	Crew Foreman/Supervisor:	*				
1	Tim		Sauers			
Incident Location:*						
Niagara Parkway						
Niagara Falls		State	~	L2G 3N4		
	Niagara Falls  Allenda	Niagara City Contemporarily  Tree Fallsview & Spa by Hilton.  FALLS VIEV	International Brid	Wyndham at Niagara Falls Observation Niagara F Official Visitor	Resort & C The Cade Calls USA	ence Dug Wingate

Description of Incident: Please des	scribe in detail what happened*		
At stop light, vehicle in front got in	n left turn lane. I creeper up reached	for my coffee and bumped vehicle in	front of me.
Describe any Unsafe Procedures o	Equipment Failures which may hav	ve Contributed to the Incident:*	
Reached for coffee			
What Has/Will been done to Preve	nt 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 ACCIDEN	Т		
Verita Vehicle Information Vehicle Type:*			
Passenger Vehicle     P	ckup Truck Bucket Tr	ruck Fiber Lab	Stake Truck
○ Flatbed ○ of	her:		
Vehicle Number:* Did The Vehic	cle Have a Trailer Attached?*	Trailer Number:*	
1904 No	•	Na	
Vehicle Year:	Vehicle Make:	Vehicle Model:	License Plate Number:*
2019	Ford	Escape	DC 67848
Vehicle Damage (Severity):*  No Apparent Damage			

Hood	Grill  Door(s)		<b>☑</b> Bumper	Bumper  Mirror(s)		☐ Head Light(s) ☐ Side Window(s)		Fender(s)  Windshield	
Quarter Panel(s)			Mirror(s)						
☐ Trunk	☐ Tire/Wheels)		☐ Tail Light	☐ Tail Lights		Accessories		Other	
Picture of Damage 1:*		Picture of Dama	ge 2·*	Picture of	Damage 3		Pictur	e of Damage 4:	
202301 (355 KB)	×	202301 (349	-	_		•	Treate of Barriage 1.		
			,	Choose files or drag here		Choose files or drag here			
Description of Picture 1:*	escription of Picture 1:* Description of Pictu		icture 2:*	Description of Picture 3:		Description of Picture 4:			
Front grill and bumper Front bumper									
Second Vehicle Inforn Driver First / Last Name:	nation	1						Phone Number:	
Caleb		Sadler	Sadler				### ### ####		
Vehicle Year:	cle Year: Vehicle Make:			Vehicle Model:			Licens	e Plate Number:	
2012		Ford		Fusion se		Elu 3173			
nsurance Carrier:		In	surance Carrier P	hone Numb	er:	Insurance Po	olicy Nu	mber:	
Cure auto insurance	########		PAMI0626		60				
Vehicle Damage (Severity):									
Slight Damage (Driveable	)	•							
Damage Location: <i>Select A</i>	ll That i	Apply							
Hood		Grill Bumper			☐ Head Light(s)			Fender(s)	
Quarter Panel(s)		Door(s) Mirror(s)			Side Window(s)			Windshield	
Trunk		Tire/Wheels)		Accessories		Other			
Picture of Damage 1:		Picture of Dama	ge 2:	Picture of	Damage 3	:	Pictur	re of Damage 4:	
202301 (300 KB)	×	202301 (295 KB) ×							
Description of Picture 1:		Description of Pi	icture 2:	Cho	ose files or d	rag here		Choose files or drag here	
Description of Picture 1.									
Rear bumper		Rear bumper		Description	on of Pictu	re 3:	Descr	iption of Picture 4:	

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 di	rag here	Choose files or drag here		
SUBMISSION						
Report Completed By:*			Job Title:*			
Guy	Garver		Field supe	rvisor		
Phone number:*		Email address:*				
734 391 9336		ggarver@verita.con	n			
Signature:*				Date:*		
				01/16/2023		