



# INCIDENT/INJURY REPORT

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

Incident Without... Other 01/18/2023 05:55 PM 01/18/2023

## EMPLOYEE INFORMATION

Employee Name:\* Employee Phone Number:\*

Daniel Yarnell 330 671 8775

Employee Address:

2775-Killian Rd.

Uniontown State 44685

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

Driver/Ground Hand MM/DD/YYYY

## INCIDENT DETAILS

Crew Size: Crew Foreman/Supervisor:\*

4 George Pointer Jr.

Incident Location:\*

Niagara Parkway

Niagara Falls State 44260

Location on Google map



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

Daniel parked the bucket truck in the lower lot/warehouse parking lot at the end of the workday. In doing so he failed to use his wheel chocks. Overnight the hand brake failed and the vehicle rolled over the embankment and into the creek.

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

Not using wheel chocks.  
Hand brake failure.

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

Make certain that everyone is double checking their hand brakes in the vehicles.  
Insistance as to the use of wheel chocks.

#### ADDITIONAL PHOTOS AND DOCUMENTS

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IMG\_55... (123 KB)



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IMG\_06... (158 KB)



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#### SUBMISSION

Report Completed By:\*

Bob

Job Title:\*

Pugh

Aer.Const.Supv.

Phone number:\*

330 807 7526

Email address:\*

bpugh@veritacorp.com

Signature:\*

Date:\*

Robert Bush

01/19/2023

