

Incident Detail

Incident Name: Truck 2210 passenger side mirror struck by hit and run vehicle		Date of Incident: 01/05/2023 02:33 PM
Incident Type: VEHICLE		
Workday Period: During normal work activities	Activity Details: Driving from completed job site to new job site	
Person's Name: Tim Rose	<input type="checkbox"/> Self <input checked="" type="checkbox"/> Employee <input type="checkbox"/> 3rd Party/Visitor	
Location: Northville - Dickerson st and Frankfort st, Detroit		
Was vehicle inspected prior to incident? : Yes	Does the driver have the correct license? : Yes	
Was employee sent for a drug/alcohol screen?: No	Was JSA posted and properly filled out?: Yes	
Verita Vehicle #:: 2210		

Incident Activities

What lead up to the incident?

Tim was headed to his new job site and an old 90's Dodge Ram hauling a 5'x7' trailer passed him on the right side and struck his passenger side mirror.

Describe what happened?

Tim was headed north on Dickerson St going 30 mph when a 90's Dodge Ram hauling a 5'x7' trailer passed him on the right side doing approximately 40 mph and struck Tim's trucks passenger side mirror. The Dodge Ram kept going, never making an attempt to stop. Tim tried catching up the Dodge Ram but the Ram kept running red lights and blowing through stop signs so Tim gave up and contacted management.

Accident Information

<p>You were heading: <input checked="" type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Northwest <input type="checkbox"/> Northeast <input type="checkbox"/> Southwest <input type="checkbox"/> Southeast <input type="checkbox"/> Unknown</p> <p>Your vehicle speed: 30</p> <p>You intended to:</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Go straight ahead</td> <td><input type="checkbox"/> Make right turn</td> <td><input type="checkbox"/> Make left turn</td> </tr> <tr> <td><input type="checkbox"/> Make "U" turn</td> <td><input type="checkbox"/> Back up</td> <td><input type="checkbox"/> Enter driveway</td> </tr> <tr> <td><input type="checkbox"/> Remain stopped in traffic</td> <td><input type="checkbox"/> Enter parked position</td> <td><input type="checkbox"/> Slow or stop</td> </tr> <tr> <td><input type="checkbox"/> Leave driveway</td> <td><input type="checkbox"/> Start in traffic lane</td> <td><input type="checkbox"/> Remain parked</td> </tr> <tr> <td><input type="checkbox"/> Overtake or pass</td> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table> <p>Traffic control in effect: <input type="checkbox"/> No traffic control <input type="checkbox"/> Other <input type="checkbox"/> Stop sign <input type="checkbox"/> Traffic light <input type="checkbox"/> Yield sign</p>	<input checked="" type="checkbox"/> Go straight ahead	<input type="checkbox"/> Make right turn	<input type="checkbox"/> Make left turn	<input type="checkbox"/> Make "U" turn	<input type="checkbox"/> Back up	<input type="checkbox"/> Enter driveway	<input type="checkbox"/> Remain stopped in traffic	<input type="checkbox"/> Enter parked position	<input type="checkbox"/> Slow or stop	<input type="checkbox"/> Leave driveway	<input type="checkbox"/> Start in traffic lane	<input type="checkbox"/> Remain parked	<input type="checkbox"/> Overtake or pass	<input type="checkbox"/> Other		<p>Accident Diagram: <#VehicleAccidentImage#></p>
<input checked="" type="checkbox"/> Go straight ahead	<input type="checkbox"/> Make right turn	<input type="checkbox"/> Make left turn														
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<input type="checkbox"/> Overtake or pass	<input type="checkbox"/> Other															
Other conditions:																

Vehicle Information

Vehicle:
 Passenger Car Passenger Truck Passenger Van
 Motorcycle Straight Truck Semi Truck w trailer
 Bus/School Bus Farm Tractor Construction Equipment
 Other Forklift

Vehicle Damage:
 No apparent damage Significant damage - drivable Significant damage - undrivable
 Slight damage - drivable Unknown Vehicle Totalled

Estimated Damage:
 < \$500 < \$1,000 < \$2,500 < \$5,000 < \$10,000
 < \$25,000 < \$50,000 > \$50,000 Unknown

*Photos Continued on end of report

Other Property Damage

Verita vehicle 2210 passenger side mirror plastics damaged



*Photos Continued on end of report

Accident Conditions

Accident Occurred In:
 Construction area Other Parking lot Private Residence
 Roadway/Street

Road Surface Condition:
 Dry Icy Muddy Other Snowy Wet

Weather Conditions:
 Clear Fog Other Raining Sleet Snowing

Light Conditions:
 Daylight Dusk or Dawn In Darkness (lighted)
 In Darkness (unlighted) Other

Road Character:
 Curve Hillcrest Level
 On grade Straight

Road Surface Type:
 Asphalt Brick Off Road
 Paved/Concrete Unpaved/Gravel/Dirt

Roadway Type:
 City Street Highway Interstate
 Other Parking Lot Private
 Residential

Incident Behaviors

Behaviors contributing to incident:
 Distracted Driving Impaired (Alcohol/Drugs)
 Speeding Aggressive Driving
 Driving While Tired Other

Why did unsafe acts/behaviors occur?
 No unsafe behaviors by Verita employee contributed

Witness Information

Name	Phone	Email	Address	City	State	Zip
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Name	Phone	Email	Address	City	State	Zip
Tim Rose	2489899509	trose@veritacorp.com	3716 Fieldview Ave	West Bloomfield	Mi	48324

Submission Detail

Submitted by: Jason Riley

Date/Time: 01/05/2023 01:43 PM

Doc ID: #10661

I was driving down the road and was passed on the passenger side when that persons trailer struck my mirror. They started running red lights and stop signs and would not stop.

A handwritten signature in black ink, appearing to read 'Tim Rose', written in a cursive style.

Other Property Damage Photo(s)



Incident Photo(s)

