



# MVA REPORT

Incident Type: <sup>*</sup>	Verità Location <sup>*</sup>	Incident Date: <sup>*</sup>	Time of Incident: <sup>*</sup>	Date Reported: <sup>*</sup>
<input type="text" value="Motor Vehicle Ac..."/>	<input type="text" value="Taylor"/>	<input type="text" value="02/01/2023"/>	<input type="text" value="06:45 AM"/>	<input type="text" value="02/02/2023"/>

## EMPLOYEE INFORMATION

Employee Name: <sup>*</sup>	Employee Phone Number: <sup>*</sup>
<input type="text" value="Robert"/>	<input type="text" value="330 807 7526"/>
<input type="text" value="Pugh"/>	

Employee Address:

<input type="text" value="Canton"/>	<input type="text" value="Ohio"/>	<input type="text" value="44707"/>
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Employee Email Address:	Job Title: <sup>*</sup>	Date of Hire:
<input type="text" value="bpugh@veritacorp.com"/>	<input type="text" value="Aerial Constructi"/>	<input type="text" value="04/04/1993"/>

## INCIDENT DETAILS

Crew Size:	Crew Foreman/Supervisor: <sup>*</sup>
<input type="text" value="1"/>	<input type="text" value="Chris Taylor"/>

Incident Location:<sup>\*</sup>

<input type="text" value="Niagara Falls"/>	<input type="text" value="State"/>	<input type="text"/>
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Location on Google map



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

switched lanes  
driver of the other vehicle in my blind spot  
we side swiped  
his mirror was broken and some minor cosmetics  
  
very minor damage to my vehicle

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

blind spot incident

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

check more carefully before switching lanes

Was a JSA Completed?\*

No

Post Accident Drug Test?\*

No

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:\*

42

Did The Vehicle Have a Trailer Attached?\*

No

Trailer Number:\*

n/a

Vehicle Year:

2017

Vehicle Make:

Ford

Vehicle Model:

Escape

License Plate Number:\*

GXT1796

Vehicle Damage (Severity):\*

Slight Damage (Driveable)

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 checked="" 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:\*

202302... (557 KB)

Picture of Damage 2:\*

202302... (408 KB)

Picture of Damage 3:

Choose files or drag here

Picture of Damage 4:

Choose files or drag here

Description of Picture 1:\*

Side damage

Description of Picture 2:\*

sSide damage

Description of Picture 3:

Description of Picture 4:

## Second Vehicle Information

Driver First / Last Name:

George

Burton II

Phone Number:

234 788 3948

Vehicle Year:

2004

Vehicle Make:

Ford

Vehicle Model:

Freesatar

License Plate Number:

VFM1429

Insurance Carrier:

Erie Insurance

Insurance Carrier Phone Number:

### ### ####

Insurance Policy Number:

Vehicle Damage (Severity):

Slight Damage (Driveable)

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 checked="" type="checkbox"/> Door(s)	<input checked="" 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:

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**SUBMISSION**

Report Completed By:\*

Robert

Job Title:\*

Pugh

Aer.Const.Supv.

Phone number:\*

330 807 7526

Email address:\*

bpugh@veritacorp.com

Signature:\*

Handwritten signature of Robert Pugh over a horizontal line. The text "Sign here" is faintly visible in the background.

Date:\*

02/02/2023 