

TRAFFIC VIOLATION/ACCIDENT NOTICE

I am hereby submitting a notice of a reportable event as per the Medina County Vehicle Operation policy.

Employee Name: _____

Office/Department: _____

Date Violation/Accident Occurred: _____

Violation/Accident Occurred During Work Time: Yes No

Court Date (If applicable): _____

Conviction Date: _____

Points Applied (If applicable): _____

Description of Violation/Accident:

A copy of the violation/accident citation (if issued) must be attached.

Employee Signature **Date**

Department Director/Department Supervisor **Date**

cc: Human Resources -- Personnel file
Finance Department