

**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