

**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