

TRAFFIC VIOLATION/ACCIDENT NOTICE

I am hereby submitting a notice of a reportable event as per Section VIII of the Wood County Motor Vehicle Policy. A copy of the violation/accident citation (if issued) must be attached.

Name of Employee: _____

Office/Department: _____

Date Violation Occurred: _____

Violation Occurred During Work Time: Yes No

Description of Violation/Accident: _____

Court Date (If applicable): _____

I understand and acknowledge that I must provide copies of all court documentation related to this reportable event to my supervisor within three days of the action: changes in court dates, extensions, final outcome of court proceedings, etc.

Employee Signature _____ Date _____

Received by _____ Date: _____

All documentation regarding this reportable event shall be copied to the Board of County Commissioners upon receipt from the employee. Supervisors shall check with the Commissioners' Office regarding the employee's ability to operate a motor vehicle while on County business.

Supervisor's Signature _____ Date _____

cc: personnel file
07-2041